

Inspection Report

Name of Service: Braefield Nursing Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 24 and 25 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual/Responsible Person:	Ms Andrea Louise Campbell
Registered Manager:	Ms Tina Moca
<p>Service Profile –This home is a registered nursing home which provides nursing care for up to 56 patients. The home is divided over two floors with communal lounges, dining rooms, bathrooms and individual bedrooms. On the first floor nursing patients with or without a physical disability are accommodated as well as two units for patients who live with mental health needs. Patients living with dementia are accommodated on the ground floor.</p> <p>There are mature gardens surrounding the home and access to the local village.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2025, from 9.30 am to 5.00 pm and 25 June 2025, from 9:30 am to 1.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection? What date and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of this inspection, 12 areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients and staff were spoken with individually and in small groups about living and working in Braefield Nursing Home.

Patients said staff looked after them well and responded if they used their call bell. They were also complimentary about the food provided and the cleanliness of their rooms. One patient said "I am getting on really well." and "The staff are good."

Staff confirmed they received training for their roles, worked well as a team and knew patients' individual care needs. One staff member felt that staffing could be increased at meal times. This was brought to the manager's attention for her review and action as required.

There were eight responses received from the online survey and two questionnaires that were provided during the inspection. All responses evidenced a satisfaction with the services provided in the home. One comment received raised concerns regarding the staffing levels in the ground floor unit. All comments were passed to the manager for review and action as needed.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Patients mostly said that there was enough staff on duty to help them. However, it was observed in the Ballee unit, patients remained in their bedroom throughout the day and for meals, discussions with patients confirmed this. It was observed on the second day of the inspection, that whilst some patients were observed in the dining room, breakfast was not served until 10.10 am. This was discussed with the manager and an area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role and that they were mostly satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed and pleasant. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends.

Patients who were less able to mobilise required attention to their skin care. These patients were assisted by staff to change their position regularly.

For a number of patients in their bedrooms, call bells were not within reach. This was discussed with the manager and an area for improvement was identified.

A number of bedrails were in use in the home. Risk assessments and care plans were in place however, it was observed that some of these were detachable bedrails. The need for regular checks of these types of bedrails was discussed with the manager in line with best practice guidance. The manager confirmed that beds with integrated bedrails had been ordered and the frequency of the checks was increased and careplans were updated to reflect this. Progress will be reviewed at the next inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. A system was in place to make sure staff were informed when a patient's dietary needs changed.

Patients confirmed that activities took place in the home and they could choose to attend or not. Such as musical events, arts and crafts and games. The manager told of their planned garden party for patients, relatives and staff.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

An archive store within the Ballee unit was unlocked. This was discussed with the manager and an area for improvement was stated for a second time

Deficits were identified in regards to the recording of wound care provision in relation to the ongoing wound assessment and the care plan was not sufficiently detailed to direct the care required. Details were shared with the manager and an area for improvement was identified.

A review of records evidenced some careplans lacked sufficient detail to direct the care required for example those care plans for activities, bespoke one to one supervision and for those patients living with dementia. A number of these careplans were addressed at the time of inspection. These deficits had not been identified in the auditing processes. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was mostly clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some deficits in the cleaning of equipment was observed such as a small number of wheelchairs and fans. Details were discussed with the manager who confirmed that these would be addressed.

Storage of equipment was observed in two of the communal lounges. This was discussed with the manager and an area for improvement was identified

Toiletries were accessible in a side board in an identified dining area and staff belongings were also accessible in an unlocked store room and office. An area for improvement in regards to the management of unnecessary risks to patients was identified.

Thickening agents were also accessible within cupboards in two dining areas this was addressed at the time of inspection. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Tina Moca has been the manager in this home since 7 October 2024.

Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care, other services and staff practices. However, as discussed in section 3.3.2 an area for improvement was identified in regards to the care plan audit.

There was a system in place to manage any complaints received. Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	3

* the total number of areas for improvement includes two under regulations that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Tina Moca , manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2025</p>	<p>The Registered Person shall ensure that patients' care records are stored securely in the nursing home.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Daily walkarounds to ensure all care records are stored securely in the home. Archiving rooms checked and locked daily, and access restricted to authorised staff only. A care records audit tool has been implemented, with weekly Service Improvement Plan updates completed by the Home Manager to evidence compliance. Focus Learning session delivered to staff on the importance of record security, confidentiality, and GDPR compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2025</p>	<p>The Registered Person shall ensure that medicine which is kept in the home is stored in a secure place.</p> <p>Ref:2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Medication storage reinforced through daily walkarounds, ensuring clinical rooms remain locked at all times. Thickening agents included in medication checks and secured appropriately. A Medication Storage Audit Tool has been introduced, and weekly checks are evidenced in the Service Improvement Plan. Focus Learning completed with staff team to reinforce professional accountability and the risks of unsafe storage.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2025</p>	<p>The Registered Person shall review the staffing arrangements in the home to include the levels of staff on duty; deployment of staff and working practices to ensure the needs of the patients are met. This is stated in particular, but not limited to the morning routine in the Ballee unit.</p> <p>Ref: 3.3.1</p>

	<p>Response by registered person detailing the actions taken: Staffing arrangements in the Ballee Unit have been reviewed to ensure appropriate deployment during peak times, including the morning routine. Duty rotas and skill mix monitored daily by the Home Manager and Deputy Managers, with adjustments made as required to ensure residents' needs are met. Ongoing monitoring and feedback included in staff handovers and SIP reviews.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by:30 September 2025</p>	<p>The Registered Person shall ensure that the record keeping in relation to wound management is maintained appropriately and in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref:3.3.3</p>
	<p>Response by registered person detailing the actions taken: A weekly wound care audit tool has been developed and implemented to ensure all wound records meet professional guidance and minimum standards. This includes checks on body maps, wound photographs with resident identifiers, assessments, treatment regimes, evaluations, and renewal dates in the diary. Deputy Managers now complete regular weekly audits, monitored by the Home Manager. Focus Learning has been shared with staff, and wound care documentation is reinforced during clinical meetings.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by:30 September 2025</p>	<p>The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in reference to access to toiletries and staff belongings</p> <p>Ref:3.3.4</p>
	<p>Response by registered person detailing the actions taken: Toiletries and staff belongings are now monitored through daily walkarounds. A toiletries audit tool has been introduced covering rooms and communal areas. Focus Learning poster developed and displayed to reinforce the risks, especially in dementia units. Lesson Learned completed and shared with the team. Compliance monitored and logged within Service Improvement Plan.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that all patients who require a nurse call bell have these within reach.</p> <p>Ref: 3.3.2</p>

<p>To be completed by: 25 July 2025</p>	<p>Response by registered person detailing the actions taken: A Call Bell Audit Tool has been implemented and is completed weekly by Deputy Managers, with a summary log signed off by the Home Manager. Daily checks also included in handovers. Focus Learning poster developed and shared with staff, reinforcing that call bells must always be within reach for residents who require them. Lesson Learned completed and filed in Service Improvement Plan file.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2025</p>	<p>The Registered Person shall ensure the homes current auditing process are reviewed to ensure they are effective. This is stated in reference to the care record audit.</p> <p>Ref:3.3.3</p> <p>Response by registered person detailing the actions taken: The care records auditing process has been strengthened. A structured Care Records Audit Tool is now in use, with weekly validity checks completed by the Home Manager and three additional validity checks carried out by the Regional Manager during Reg 29 visits. Outcomes are recorded in Service Improvement Plan with actions shared with the staff team. Focus Learning developed and shared with deputy managers and staff to reinforce the importance of accurate and effective auditing.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2025</p>	<p>The Registered Person shall ensure equipment is not stored within communal lounges.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: An equipment audit tool has been developed to ensure communal lounges are free from stored equipment. This is checked daily by the Home Manager during walkarounds. Staff have received Focus Learning on the importance of keeping communal areas safe and homely, with Lesson Learned documented and shared. Compliance monitored and recorded in Service Improvement Plan.</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews