

Inspection Report

Name of Service: Braefield Court
Provider: Healthcare Ireland (Belfast) Limited
Date of Inspection: 20 May 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:	Ms Andrea Louise Campbell
Registered Manager:	Ms Leeanna Bonar
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to seven residents living with a learning disability. The home is situated over one floor with individual suites and gardens for each resident and communal lounges and bathrooms also available.</p> <p>There is a separate registered nursing home which occupies the same site and the registered manager for this home is separate from the residential home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2025, from 9.25 am to 3.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 29 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider; three areas for improvement have been carried forward for review at a future inspection. 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.

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 resident'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

Residents spoken with said staff were looking after them and they were looking forward to going out in the bus. Residents who were unable to tell us how they felt were observed to be comfortable in their rooms or interacting with staff in a relaxed manner.

Staff were complimentary about the support from the management team, the training provided and said they had no concerns about staffing levels.

Observation confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, go out for trips or spend time outside in their garden area.

Throughout the day, staff offered choices to residents which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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 residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Review of the system to manage the registration of care staff evidenced that it was well managed.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs; their daily routine wishes and preferences.

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

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Falls risk assessments were not in place for each resident to put measures in place to reduce this risk. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Meals were provided depending on individual preferences of residents, however, there was very limited choice of dessert. This was discussed with the manager and will be reviewed at a future inspection.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Residents' needs were met through a range of individual activities such as arts and crafts or hand massage, one to one trips out in the bus or visits to the swimming pool.

Residents were well informed of the activities planned for the day and of their opportunity to be involved and looked forward to attending the planned events.

3.3.3 Management of Care Records

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

Residents care records were held confidentially.

Care records were, well maintained, however the evaluation of care plans was often repetitive and required to be more person centred. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and warm. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Maintenance was required to the heater in the activities hut, a chipped counter top and chipped door. An area for improvement was identified.

Additionally, cleaning was required to the activities hut and a glass door leading to the activities hut. An area for improvement was identified.

The outside area of the home required maintenance as grass was overgrown and individual gardens were unkempt. An area for improvement was identified.

In a bedroom and lounge, paint cans were observed not securely stored. This was brought to the attention of the manager for action and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Leeanna Bonar has been the acting manager in this home since 25 February 2025.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and their relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

A record of compliments about the quality of care provided in Braefield Court was retained in the home and shared with staff.

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	1	8*

* the total number of areas for improvement includes three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Leeanna Bonar, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 5 June 2025	The Registered Person shall ensure that paint cans are stored appropriately to maintain a safe environment for residents. Ref: 3.3.4
	Response by registered person detailing the actions taken: Daily manager walkaround is in place to ensure maintaining of a safe environment. The importance of safely storing hazardous liquids has been discussed in team meetings and supervisions.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: Immediately and ongoing (29 August 2024)	The Registered Person shall ensure that robust systems are in place to dispose of expired medicines promptly. Ref: 2.0 & 3.3.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing (29 August 2024)	The Registered Person shall ensure that robust systems are in place for the receipt of incoming medicines. Ref: 2.0 & 3.3.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing (29 August 2024)	The Registered Person shall ensure that robust systems are in place for the management of handwritten medicine administration records, which should be verified and signed by two members of staff to ensure accuracy. Ref: 2.0 & 3.3.3
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2025</p>	<p>The Registered Person shall ensure an up to date falls risk assessment is in place for residents to identify actions required to maintain safety.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Falls risk assessments are in place for all residents and these are reviewed on a monthly basis. Compliance in this area is governed during manager monthly audit process.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2025</p>	<p>The Registered Person shall ensure care plan evaluations are person-centred and informative.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The importance of meaningful care plan evaluation has been discussed with team leaders during supervision sessions and in team meetings. Person centred and informative care plan evaluation will be a focus area during monthly manager auditing.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The Registered Person shall ensure repairs and maintenance are carried out to a heater in the activities hut, a chipped counter top and chipped door.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: These repairs have been escalated to the estates team for urgent action.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2025</p>	<p>The Registered Person shall ensure cleaning is completed and maintained for the activities hut and a glass door leading to the activities hut.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Daily manager walkaround is in place to ensure cleanliness throughout the building, including activities hut and corridor leading to activities hut. The importance of ensuring cleanliness in this area has been discussed with the domestic team.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The Registered Person shall ensure the outside area of the home is well maintained for the use of residents.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: There is a plan in place to ensure the outside area of the home is well maintained for the use of residents. Grass will be maintained to an acceptable standard and paths will be cleared of moss.</p>
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