The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Braefield Court**

Provider: **Healthcare Ireland (Belfast) Limited**

Date of Inspection: **13 February 2026**

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:	Miss Lauren Gallagher – not registered

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 divided into seven apartments with access to communal lounges and an outside activities area. Each apartment has its own garden area.

There is a separate registered nursing home, which occupies the same site and is managed by a separate manager.

2.0 Inspection summary

An unannounced inspection took place on 13 February 2026, from 9.30 am and 3.00 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 care inspection on 20 May 2025: and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident 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 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 five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 residents, 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.

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 they liked living at Braefield Court. Residents were observed carrying out activities and having friendly interactions with staff.

Residents' activity records showed that they could go out to local shops or other activities in the community and activities were planned around individual residents' preferences.

Staff said they were happy working in Braefield Court. Staff also told us that they received training for their roles and worked well as a team. No concerns were raised about staffing levels in the home.

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 teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that the number of the staff on duty met residents' needs.

Review of the staff rota identified that not all staff on duty were included on the rota and a key code was required to read the rota. An area for improvement was identified.

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. Staff took time to let residents express their preferences and explained the plans for the day in a way residents understood.

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 generally in place to safeguard residents and to manage this aspect of care, however one Deprivation of Liberty Safeguard (DoLs) assessment lacked clarity on a date for review. This was discussed with the manager for her action and will be reviewed at a future inspection.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Review of individual activities records confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their apartment with their chosen activity such as reading, listening to music or watching TV.

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.

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 continues to be repetitive and lacks detail. This area for improvement has been stated for a second.

It was also evident that a risk assessment for ingestion of toiletries lacked detail to ensure the delivery of care. This was discussed with the manager for her action and will be reviewed at a future inspection.

Review of one identified residents care records and discussion with staff identified uncertainties regarding the home working within its registered categorise of care. This was discussed with the manager who agreed to reassess this and keep the inspector updated on progress. This will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

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

Observation of the environment identified areas which required maintenance or repair including, sofas, broken shower flooring, curtain poles, interior and exterior doors and a hand sanitiser. An area for improvement was identified.

Review of the bedrooms and communal areas of the home identified a number of infection prevention and control (IPC) issues; for example, lack of hand soap, hand sanitiser, signs requiring lamination and staff wearing false nails and jewellery. 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. Miss Lauren Gallagher has been the manager in this home since 5 June 2025.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

The record of complaints was reviewed and identified that they lacked the detail of the complaint, action taken and the outcome of the complaint. An area for improvement was identified.

A record of thanks and compliments received was kept by the manager 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	0	8*

* the total number of areas for improvement includes one standard that has been stated for a second time and 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 Miss Lauren Gallagher, 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 Minimum Standards (Dec 2022)	
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
	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
	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
	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 4 **Ref:** Standard 6 **Stated:** Second time **To be completed by:** 14 February 2026	The Registered Person shall ensure care plan evaluations are person-centred and informative. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Registered Manager to complete supervisions with all staff regarding the importance of meaningful care plan evaluations. Compliance in this area will be monitored monthly by the manager as part of her internal governance procedures. Regional manager will also oversee compliance in this area during the regulation 29 visits. Individual residents' analysis of incidents will be carried out also in an attempt to identify trends in behaviour

	and to ensure care plans remain effective. These analysis will then inform monthly care plan evaluations.
Area for improvement 5 **Ref:** Standard 25 **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure the staff rota includes all staff working over the 24-hour period in the home and a key code. Ref: 3.3.1
	Response by registered person detailing the actions taken: Registered Manager to ensure all staff are clearly identified on the rota according to the role they are carrying out; this includes team leader cover at short notice. Key code system to de utilised to denote full name of training courses which are being delivered. Registered manager to review rota weekly to ensure compliance in this area. Regional manager to review rota during monitoring visits to ensure compliance is maintained.
Area for improvement 6 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure the home is well maintained and suitable for its purpose. This is in relation to repair or replacement of torn sofas, broken shower flooring, curtain poles, interior and exterior doors and a hand sanitiser Ref: 3.3.4
	Response by registered person detailing the actions taken: The condition of the environment is monitored during manager daily walkarounds. Any maintenance issues are reported via the elogs platform for action by the estates team. Regional manager oversees completion of actions during monitoring visits, rag rates issues as required and escalates outstanding tasks to the Responsible Person for follow up as needed.Refurbishment Plan to be further developed and reviewed monhtly by regional manager and registered manager.
Area for improvement 7 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure that action is taken to minimise the risk of spread of infection. This is in relation to lack of hand soap, hand sanitiser, signs requiring lamination and staff wearing false nails and jewellery Ref: 3.3.4
	Response by registered person detailing the actions taken: Compliance of bare below the elbow policy to be discussed and monitored during daily handovers. Managers oversee compliance in their daily walkaround also. Any non compliance will be addressed via internal disciplinary policy and procedures. The importance of infection prevention control measures will be discussed with all staff during individual supervision sessions. Registered Manager to ensure all signs and posters are laminated. Regional Manger will review compliance with infection prevention measures during the monitoring visits. Individual risk assessments to be completed for all residents to review the

	possibility of availability of hand soap and sanitisers in their individual rooms. Alternatives, such as portable sanitisers to be considered also and reflected in the relevant risk assessment.
Area for improvement 8 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure a full record is kept of the management of complaints; for example, action taken and outcome of the complaint. Ref: 3.3.5
	Response by registered person detailing the actions taken: Healthcare Ireland has developed a new system for management of complaints group wide, which will clearly document action taken and outcome. This system commenced on 30.03.2026 and will support with governance in this area. Registered Manager to ensure this system is used as per Healthcare Ireland policy and procedures. Regional Manager will review compliance during monitoring visits.

Please ensure this document is completed in full and returned via the Web Portal

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