

Inspection Report

Name of Service: Braefield Nursing Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 21 and 22 July 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:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Anca Marin – not registered
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.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2026 from 8.55 am to 4.50 pm, and 22 July 2026 from 8.50 am to 10.30 am 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 24 and 25 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Overall, patients said that living in the home was a good experience, although, some patients raised concerns about the availability of staff at times. This is addressed further in sections 3.2 and 3.3.1 of this report. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Further detail on patient feedback can be found in section 3.2 of this report.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Three areas for improvement were not fully met and were stated

again. 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 patients, 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 spoken with said that they were overall satisfied with the delivery of care and described staff as "friendly." However, the majority of patients spoken with told us that they felt there was not enough staff on shift each day, and gave examples of times when they would have to wait for long periods of time for staff to respond, or that staff were very task orientated and could not spend time to chat after providing assistance. Comments included, "Staff are hard to get, I have to shout and they are slow to come", "They are short staffed...they are so busy they can hardly get to you, and then they are away again", and "Staff are good when I see them." Patient concerns were discussed with the management team, who took action to address the staffing arrangements. This is detailed in section 3.3.1 of this report.

Patients told us that they were happy with the food and confirmed they had choices each day.

Following the inspection, RQIA received two questionnaires completed by patients. Both respondents indicated that they were overall satisfied with the care and services provided in the home. One respondent said that staff were "...always available when I need them and this makes me feel safe", while the other said, "Most of the time the care provided is good but at times they (staff) are very slow...the care is pretty good overall but no one stays to talk to me." Themes from questionnaire feedback were shared with the management team.

Relatives spoken with said that they were happy with care delivery. One relative reiterated concerns about staffing levels saying, “There is not enough on...if more than one person at a time needs something the staff aren’t available...they are so lovely but busy.” As stated above, these concerns were discussed with the management team.

Relatives said that they were happy with the visiting arrangements and that they were kept informed about their loved one’s needs and care. Relatives knew how to raise concerns and said they would be happy to approach the manager or person in charge.

Following the inspection RQIA received two questionnaires completed by relatives. Both respondents were satisfied that the care and services provided were safe, effective, delivered with compassion, and the home was well led. They were complimentary about the home saying, “The care is very good...staff make sure my (loved one) is always clean and dressed...my (loved one) is very happy with the staff and always have a smile for them”, “I am extremely happy with the care”, “The care provided to my (loved one) is excellent...the staff make sure all (their) needs are met and always make sure they are happy”, and “My (loved one) knows they are safe by the way staff approach...they are very kind and always ask permission...this means a lot...I am very happy with the care...”

Staff spoken with said that they were happy working in the home and understood their roles and responsibilities. Staff gave mixed feedback in relation to staffing arrangements with some saying there was enough staff on each shift and some saying they felt pressured to get all their work done and respond to patients in a timely manner. Comments about staffing indicated that the Ballee unit was particularly impacted negatively by the number of staff on shift. This is addressed in section 3.3.1 of this report.

Staff said that there was good teamwork and that the management team were supportive.

Following the inspection RQIA received 11 survey responses from staff. All 11 respondents indicated that they were either satisfied or very satisfied that the care delivered in the home was compassionate and effective, and the home was well managed. Ten staff indicated that they felt the care and services delivered were safe, while one person indicated that they were very dissatisfied with safety in the home. Unfortunately this person did not provide any further comment.

The staff survey included two comments: “Satisfactory, fair, and just”, and “The home is providing adequate training and support for staff to effectively meet our residents’ needs.”

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. There was evidence of systems in place to ensure all pre-employment checks were completed prior to anyone starting work in the home.

There was a system for induction of new staff and all staff were provided with training relevant to their roles. The manager had oversight of training compliance and this was reviewed regularly.

The management team provided evidence to demonstrate how they determine staffing levels and skill mix. This system was reviewed at least monthly. However, at the last care inspection, RQIA had identified an area for improvement relating to staffing, particularly in Ballee unit.

Observation of daily life in Ballee unit and discussion with staff, patients, and relatives, evidenced that the staffing arrangements were not sufficient to meet the patients' needs in a timely manner. This was discussed with the management team and RQIA stressed that the previously identified area for improvement had not been met. On the second day of the inspection, the management team informed the inspector that the care assistant hours in Ballee unit had been increased by 12 hours per day. This was later confirmed in writing via email to RQIA.

While RQIA were concerned that the previously identified area for improvement had not been addressed by the provider prior to this inspection, RQIA were satisfied with the remedial action taken. The area for improvement was confirmed as met, however, RQIA made a further request that the home must notify RQIA of any occasions whereby the numbers fall below planned staffing levels. This arrangement will be in place until such times as RQIA are satisfied that staffing arrangements are adequate and stable.

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 patients. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

It was observed that 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The management of wound care was reviewed. Care records clearly evidenced treatment plans and inclusion of recommendations from other relevant professional specialisms such as tissue viability or podiatry. Records were found to be accurate and person centred, and there was a system in place for management oversight. A previously identified area for improvement was assessed as met.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as

needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

The lunchtime meal was observed on day one of the inspection, and the serving of breakfast on day two of inspection. Staff wore the appropriate personal protective equipment (PPE) and were seen to handle food safely. A structured observation during the breakfast meal highlighted positive interactions between staff and patients. These interactions were seen to be warm and encouraging.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was noted that the menu for each day was displayed handwritten on a white board and no other format. During discussion it was evident that even staff could not fully identify what meals were planned for that day. An area for improvement was identified.

The home offered a programme of activities which included music events, parties, games, crafts, shopping trips, and one to one time. There were two full time activity coordinators employed in the home. Patients gave mixed feedback in relation to activities and/or social events. Some patients said that they enjoyed time with the activity staff and talked about shopping trips and a recent summer party. Other patients said that they did not see much in the way of organised activities and sometimes felt bored. Some patients put this down to mobility issues and having to rely on staff to assist them to other parts of the home. Following the home's decision to increase care staff hours during the day it is hoped that this will have a positive impact to patients being able to better access activities. This will be reviewed again at the next care inspection.

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.

Patients care records were held confidentially.

It was positive to note that some improvements had been made in relation to management oversight of the quality of care records. There was a system in place for regular auditing of care records and there was evidence of the management team conducting audits each month and identifying action plans for named nurse to address. However, there was inconsistency in relation to these action plans being completed within the set timeframes. A previously identified area for improvement was assessed as partially met and was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and there was a welcoming atmosphere. While the majority of the home was well maintained, there were a number of minor environmental repairs needed. For example, damaged drawers or fitted units. The management team confirmed that a refurbishment and maintenance plan was in place to address these areas. This will be reviewed again at the next inspection.

A number of infection prevention and control (IPC) issues were identified in the environment that had not been picked up during the home's IPC audits. For example, worn surfaces that could not be effectively cleaned such as bedrail bumpers, communal toilet brushes that were not air drying and only one toilet brush per unit, swing lid bins in some communal toilets/bathrooms, and inappropriate storage in some communal bathrooms. An area for improvement was identified.

A number of potential hazards were found in the environment. For example, unsecured rooms that contained chemicals and/or trip hazards such as hairdressing and audio vision room, and a communal seating area that was also used to store equipment such as a vacuum cleaner. In addition, staff belongings were found unsupervised in two communal lounges. A previously identified area for improvement was stated for a second time.

A number of communal rooms were found to be used to store equipment and supplies and were therefore not easily accessible for patients. A previously identified area for improvement was stated for a second time.

It was noted that there was a lack of dementia friendly signage around the home, particularly in Kells unit which specialises in dementia care. Given the size and layout of the home, this could make it more difficult for patients to navigate their way around without the assistance of staff. An area for improvement was identified.

3.3.5 Quality of Management Systems

There had been a change in the management of the home since the last inspection. Mrs Anca Marin became manager of the home on 9 March 2026 but was not yet registered with RQIA. Discussion with the management team indicated that Anca would come forward for registration with RQIA in the near future.

Staff told us that they felt the home was well led and that the manager was "good", approachable, and available for support and/or guidance. Staff said that they felt listened to by the management team.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Discussion in section 3.3.3 of this report details further improvements specific to care record audits.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, and/or the quality of services provided by the home.

A records of compliments received about the home was maintained. A recent card commented, "A massive thank you to every member of staff who shared smiles, laughs, and love freely with our (loved one)...we know our (loved one) would be delighted to be able to provide you all with lunch to thank you for all the times you brought (their) lunch."

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*	5*

* The total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: 22 July 2026	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 toiletries and staff belongings. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Supervisions and sheared learning with the all staff in realltion with the hairdresser room to be locked after each visit. Home manager exploring proper area within the home of placing staff lockers.Weekly spot checks and daily walk arroung on going by DM and HM with weekly audits .
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 19 August 2026	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. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Montlhy audtis on going undertaken by DM and HM.Actione plan of the audits to be signed and dates when completed by the assigned staff. Staff reminded via focus learning and supervision to date and sign on completion of tasks.
Area for improvement 2 Ref: Standard 5 Stated: Second time To be completed by: 22 July 2026	The registered person shall ensure equipment is not stored within communal lounges. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Staff reminded of the proper placement of the equipment not to be placed in the communal area. On going supervisions and focus learning trough out the units. Old equipment to be returned to trust ASAP after a resident passed away or is being discharged . Dedicated area within the home to be identified and clear signage will be put in place...

Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 27 August 2026	The registered person shall ensure that daily menus are available in a range of suitable formats to improve accessibility for all patients, including those people living with dementia and/or communication impairments. Ref: 3.3.2 Response by registered person detailing the actions taken: HM and DM exploring different option such as laminated pictures with the served food and the name underneath, that will be displayed via magnet strip to the white board. Also a mobile small flip board that can be taken into residents room to promote the choice will be implemented. Pictures of the menu will be displayed via TV screen , in the dinning hall
Area for improvement 4 Ref: Standard 46 criteria 2 Stated: First time To be completed by: 19 August 2026	The registered person shall ensure that there is a robust system in place to monitor and assure best practice in relation to infection prevention and control in the home. This includes, but is not limited to, monitoring of the environment to ensure surfaces can be effectively cleaned, appropriate storage of equipment, use of pedal operated bins in communal toilets, and availability of toilet brushes that are air drying. Ref: 3.3.4 Response by registered person detailing the actions taken: Decontamination folder in place and completed by the care staff. Spot checks done by DM and HM. Toilet brusher for all communal toilets are now ordered, same as pedal bins for the assisted toilets. Domestic audit on going and focus will be on the touching points . Deep cleaning scheduled in place for each bedroom .
Area for improvement 5 Ref: Standard 43.1 Stated: First time To be completed by: 19 August 2026	The registered person shall review the environment and put measures such as signage and/or pictures in place to promote orientation and way finding, in particular for patients living with dementia. Ref: 3.3.4 Response by registered person detailing the actions taken: Laminated signage will be implemented and a name will be assigned to each small lounge across the home .

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