The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Braefield Court

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 3 September 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 3 September 2026, from 9.40 am to 3.40 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 13 February 2026; 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 residents 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 residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents 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 been carried forward for review at the next medicines management 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 responded warmly about the provision of care in the home; they were smiling and engaging with staff throughout the day. Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding.

Staff said that they enjoyed working in Braefield, staff comments included, "I am very happy here," and "We have a good staff team, we are well supported."

No additional feedback was received from residents or relatives following the inspection, and there were no replies to the staff online survey.

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. Enhancement of the recruitment paperwork was discussed with the management team and this will be reviewed at the next inspection.

Discussion with staff on duty confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions for permanent staff were not fully completed or robust and; in some cases, signed off in one day. Gaps were noted throughout the induction paperwork, for example there was no evidence that one member had received an induction in fire safety. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded promptly to resident's needs, it was evident that staff knew residents well and knew best to help them.

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

Review of staff training evidenced that mandatory fire training for a number of staff had not been completed within the required timeframe. 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 were observed adapting their communication to meet the needs of each individual resident throughout the day.

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.

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.

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

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. Although the menu for the day was not on display residents had been made aware of the choices.

Mealtimes were flexible to suit the needs of each individual resident. Staff were observed offering choices of meals and where they wished to eat. Staff were also observed supporting residents to be comfortable eat their preferred meal. Staff remained vigilant throughout the lunchtime experience and in one case returned a meal that they felt needed to be of a softer consistency.

The importance of engaging with residents was well understood by the manager and staff. Each resident had their own individual activity planner, activities were person centred and included, sensory sessions, baking, music and puzzles. On the day of the inspection residents were observed to be chatting with staff, taking care of their private gardens, playing games and going out for a walk.

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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

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

Some bathrooms in the home were showing signs of wear and tear for example, in one bathroom the sink area need the sealant replaced and in one ensuite the panelling needed to be replaced. An area for improvement was identified.

Corridors were clean and free from clutter and fire exits were unobstructed. However, two fire doors were found to be propped open. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Review of records and discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

3.3.5 Quality of Management Systems

There has been no 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, the manager has submitted an application to register with RQIA.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. The manager has recently completed her level 5 certificate in leadership and management (residential management).

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.

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	7*

* the total number of areas for improvement includes three standards that have been carried forward for review at the next medicines management inspection.

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 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 23.1 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure that all staff receive a structured, robust induction. Records must be signed and maintained to evidence managerial review and oversight. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: To ensure the complex needs of the service users are met, Management and Team leaders will guide staff through a flexble phased induction with training alongside practical floor experience, use shadow shifts to support staff skills and complete regular reviews to show clear managerial oversight. Compliance

	in this area will be reviewed through the audit and Regulation 29 process.
Area for improvement 5 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure that all staff complete mandatory fire awareness and fire drill training within the required timeframe. Ref: 3.3.1
	Response by registered person detailing the actions taken: Floowing the inspection there has been a significant improvement in the fire training compliance and management are overseeing this. Compliance in this area will be reviewed through the audit process and monthly Regulation 29 visits.
Area for improvement 6 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 31 December 2026	The Registered Person shall ensure the home is well maintained and suitable for its purpose. This is in relation to bathrooms and en suites throughout the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The works required to the bathrooms and ensuites is ongoing and due to be completed by the end of October 2026. The condition of the homes environment including the bathrooms is monitored during the managers daily walkaround and monthly audits
Area for improvement 7 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 3 September 2026	The Registered Person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The manager has informed all staff of the risks associated with propping open fire doors and this has now ceased. Compliance with this area will be monitored through daily walkarounds, auditing, Regulations 29 process.

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

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