

Announced Post Registration Care Inspection Report 14 March 2017



Braefield

Type of Service: Nursing Home
Address: 2-6 Carncomb Road, Connor, Ballymena, BT42 3LA
Tel No: 0282589 2233
Inspector: Sharon Mc Knight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post registration care inspection of Braefield took place on 14 March 2017 from 11:00 to 15:15.

This inspection sought to assess progress with issues raised during and since the previous care inspection, to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 12 January 2017 ownership of the home transferred to Healthcare Ireland (Belfast) Limited.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2*

*Both of the recommendations have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Philomena McIlwaine, manager and Amanda Mitchell, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 September 2016. There were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Healthcare Ireland (Belfast) Limited Amanda Mitchell	Registered manager: See Box Below
Person in charge of the home at the time of inspection: Philomena McIlwaine	Date manager registered: Philomena McIlwaine has been the acting manager from 13 May 2016.
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I There may be a maximum of 13 patients accommodated within category NH-DE and located in the designated dementia unit. Category RC-PH for 1 identified individual only.	Number of registered places: 50

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients individually and with others in smaller groups, the relatives of five patients, three registered nurses, one senior care assistant, five care assistants and two housekeeping staff.

The following information was examined during the inspection:

- Statement of Purpose
- service users guide
- staff duty rotas for week commencing 13 March 2017
- two patients care records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues identified during this inspection, and a QIP was neither required, nor included, as part of this inspection report.

4.2 Review of requirements and recommendations from the last care inspection dated 20 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	The responsible person must ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided and prepare a written report on the conduct of the home. A copy of the report must be maintained in the home.	Met
	Action taken as confirmed during the inspection: We discussed the arrangements for completion of unannounced monthly visits with the new responsible person and were assured that systems were in place to ensure they were undertaken in accordance with Regulation 30 of The Nursing Homes Regulation (Northern Ireland) 2006. A visit was completed in January 2017 and a copy of the report was available in the home. This requirement has been met.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: Second time	Staff inductions programs should include a section on death and dying, palliative care and end of life.	Met
	Action taken as confirmed during the inspection: The induction programme introduced by the new provider includes a section on death and dying, palliative care and end of life. This recommendation has been met.	

<p>Recommendation 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>It is recommended that a redecoration plan is implemented to bring the décor in the identified unit up to an acceptable standard. The plan should include timescales for completion.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The responsible person discussed the proposed plans for the redecoration of the identified unit with the home. Due to the limited time the registered provider has been in the home the work had not commenced. As planning has commenced this recommendation is assessed as partially met and is stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>It is recommended that the plans for the upgrade of the identified bathroom should be expedited as a matter of urgency and RQIA notified of all proposed changes. RQIA will provide comment prior to the work commencing.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The responsible person discussed the proposed plans for the upgrade of the identified bathroom. Due to the limited time the registered provider has been in the home the work had not commenced however a timescale of approximately six weeks had been identified. As planning has commenced this recommendation is assessed as partially met and is stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • the recording of wound care is reviewed to ensure the detail of care delivered is consistently recorded • where dressing regimes are changed the registered nurse should record the rationale for the change • care plans contain clear detail of the care to be delivered. <p>Ref section 4.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the recording of wound care for two patients evidenced that this recommendation has been met.</p>	<p>Met</p>

4.3 Inspection findings

4.3.1 Transition to new ownership

Discussion with the responsible individual, manager, staff and patients evidenced that they were satisfied with the transition to the new ownership. All confirmed that they had met with the new owners and that opportunities had been provided to raise any concerns. Patients, relatives and staff were reassured that the manager and staff had not changed.

The home's Statement of Purpose and service users guide had been updated to reflect the change of ownership and were displayed in the reception area of the home.

As previously discussed a monthly quality monitoring visit required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 was completed on 17 and 24 January 2017 by the responsible person. A copy of the report was maintained in accordance with regulation and available in the home.

4.3.2 Staffing

The registered manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies. The duty rotas for week commencing 13 March 2017 evidenced that planned staffing levels were adhered to. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily.

Patients and the relatives spoken with commented positively regarding the staff and care delivery. Patients were satisfied with the length of time it took staff to respond to their nurse call bell. Observation on the day of inspection confirmed that call bells were answered promptly and assistance was being given in a timely manner as required.

We sought relatives' opinion on staffing via questionnaires; one completed questionnaire was returned. The respondent indicated that staff had enough time to care for their relative. There were no additional comments included.

Nursing and care staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Staff opinion was also sought via questionnaires; two were returned following the inspection. Both of the respondents answered yes to the question "Are there sufficient staff to meet the needs of the patients?"

4.3.4 Premises

An inspection of the premises was undertaken and the lounges, dining room and a number of bedrooms were reviewed. The home was presented to a high standard of hygiene and cleanliness throughout. The majority of rooms reviewed were well decorated, warm and comfortable. As previously discussed in section 4.2 we discussed the proposed plans for the redecoration of the identified unit and the upgrade of a bathroom to provide shower facilities.

The grounds were observed to be well maintained. Significant work to tidy, clear and prune the gardens and outdoor spaces around the home had been undertaken prior to the inspection and was continuing. This work complimented the external appearance of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Mitchell, responsible individual and Philomena McIlwaine, manager, as part of the inspection process.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: There were no statutory requirements made as a result of this inspection

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2017</p>	<p>It is recommended that a redecoration plan is implemented to bring the décor in the identified unit up to an acceptable standard. The plan should include timescales for completion.</p> <p>Ref section 4.2</p>
	<p>Response by registered provider detailing the actions taken: The internal redecoration plan in identified unit to start on the 15th May 2017 and should be fully completed within 8 weeks of commencement</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2017</p>	<p>It is recommended that the plans for the upgrade of the identified bathroom should be expedited as a matter of urgency and RQIA notified of all proposed changes. RQIA will provide comment prior to the work commencing.</p> <p>Ref section 4.2</p>
	<p>Response by registered provider detailing the actions taken: RQIA confirmed that no variation is required in upgrading the bathroom. The works to commence on 25th April 2017 and should be completed within 2 weeks.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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