



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Braefield
RQIA Number:	1428
Date of Inspection:	14 December 2014
Inspector's Name:	John McAuley
Inspection ID:	IN017861

**The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Braefield
Address:	2-6 Carncomb Road Connor Ballymena BT42 3LA
Telephone Number:	0282589 2233
Email Address:	laura.dowie@carecircle.co.uk
Registered Organisation/ Registered Provider:	CARE CIRCLE LIMITED Mr Ciaran Sheehan
Registered Manager:	Mrs Lesley McKillen
Person in Charge of the Home at the Time of Inspection:	Staff Nurse Jogin George then joined by registered manager from 11:50am
Categories of Care:	NH – I, DE, PH(E) and RC - I
Number of Registered Places:	50
Number of Patients Accommodated on Day of Inspection:	48
Scale of Charges (per week):	Nursing - £570 Residential - £460
Date and Type of Previous Inspection:	10 February 2014 – Secondary Unannounced
Date and Time of Inspection:	14 December 2014 10:30am – 2:15pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients
- Consultation with relatives
- Review of a sample of staff training records
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	20
Staff	6
Relatives	3
Visiting Professionals	0

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Braefield Nursing home is situated on the Carncorne Road in the village of Connor outside Ballymena, County Antrim.

The nursing home is owned and operated by Care Circle Limited.

The registered manager is Mrs Lesley McKillen, who has been in this position for approximately six months.

Accommodation for patients/ residents is provided over two floors of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided in each floor.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home has three distinct units, facilitating registered categories of care.

The home is registered to provide care for a maximum of 50 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH(E)	physical disability other than sensory impairment over 65 years
DE	dementia care... to a maximum of 13 patients accommodated within the dementia unit on the ground floor.

Residential care

I	old age not falling into any other category
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8.0 Executive Summary

The unannounced/announced inspection of Braefields Private Nursing Home was undertaken by John McAuley on Sunday 14 December 2014 between 10:30am and 2:15pm.

The inspection was facilitated by Staff Nurse in charge Jogin George, and later joined by the registered manager who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and three visiting relatives. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 10 February 2104, six requirements and three recommendations were issued. A review of these, found all were addressed within timescale. Details can be viewed in the section immediately following this summary.

The DHSSPS Nursing Homes Minimum Standard 19 on Continence Management was reviewed on this occasion. The review found that there were individualised assessments and care plans pertaining to continence care. A recommendation has been made for staff to receive training in continence management. However general observations of care practices found that patients' personal care needs were attended to promptly and with privacy and sensitivity. This standard has been overall assessed as substantially compliant.

Discussions with patients / residents in accordance with their capabilities were all positive, in respect of the provision of care and their relationship with staff. Details of this consultation are in 11.0 of this report.

Observations of care practices found that duties and tasks were carried out at an organised, unhurried pace, and patients / residents were treated with dignity and respect.

Discussions with staff on duty, confirmed staff were positive about their roles and duties, the teamwork and managerial support. No concerns were expressed.

A requirement has been made in respect of notification of accidents as detailed later in this report.

The home was clean and tidy with a good standard of décor and furnishings being maintained.

Conclusion

The inspector can confirm that at the time of this unannounced inspection the delivery of care to patients was evidenced to be of a good standard. Patients / residents were observed to be treated with dignity and respect.

One requirement and one recommendation were made as a result of this inspection. These are detailed in 11.0 of this report and in the attached quality improvement plan (QIP).

The inspector would like to thank the patients / residents, staff and registered manager for their assistance and co-operation received throughout this inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20(1) and(2)	<p>It is required that any member of staff providing assistance to patients with modified diets or thickened fluids are appropriately trained on how to feed a patient with swallowing difficulties, understanding SALT guidance for thickening fluids, how to thicken fluids correctly and recognising the signs and symptoms of aspiration.</p> <p>Records of this training must be maintained in accordance with DHSSPS minimum standards for nursing homes.</p> <p>Records of competency, capability and supervision in relation to assisting a patient who has swallowing difficulties to eat and drink, must be implemented on a formal basis.</p>	<p>Staff training has taken place with assisting patients with feeding difficulties.</p> <p>The records of this training were maintained in accordance the DHSSPS minimum standard on recording training.</p> <p>In implementing the training the competency and capability of staff is assessed in assisting with patients with feeding difficulties.</p>	Compliant

2	13(1)	<p>It is required that the following issues regarding record keeping and care planning are addressed as follows:</p> <ul style="list-style-type: none"> • staff must ensure repositioning charts accurately reflect the time patients are repositioned. For example, if the patient is repositioned at 11:20 record that time, rather than 'ticking' the record for 12:00 hours; • the rationale for providing a soft or puree diet if not prescribed by SALT or dietician must be recorded in the patient's care plan; and • when there are changes to a patient's prescribed nutritional supplement, registered nurses should discontinue the care plan and write a new care plan to reflect the change. Recording the change in treatment plan in the care plan 	<p>A review of a sample of these records found that these have been reviewed and amended accordingly.</p>	<p>Compliant</p>
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		review alone is not sufficient.		
3	19(2) schedule 4 (21)	It is required that training records clearly evidence the names and signatures of those attending the training event, the date of the training, the name and qualification of the trainer or training agency and the content of the training delivered.	A review of the record of staff training found this to be recorded in accordance with the DHSSPS Minimum Standard criterion.	Compliant
4	19(2) schedule 4(11)	It is required that any expression of dissatisfaction/complaint is recorded in the home's complaints record in a timely manner.	A review of the record of complaints found evidence to confirm that expressions of dissatisfaction / complaint are recorded.	Compliant
5	27(2)(b) and (d)	It is required that all areas of the home are kept in a good state of repair, clean and reasonably decorated. Housekeeping staffing levels must be maintained to ensure the home is maintained clean.	At the time of this inspection the home was clean and tidy with a good standard of décor and furnishings being maintained. Observations also found that organised housekeeping arrangements were in place.	Compliant

		Cleaning schedules should be reviewed to ensure they are effective and revised if required.		
6	13(7)	It is required that the content of the monthly infection prevention and control audit for the environment is reviewed to ensure it meets the needs of the home and regional guidance.	The monthly infection prevention and control audit has been reviewed in keeping with the needs of the home and regional guidance.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	27	It is recommended that any record/s generated on behalf of the nursing home or relating to patients/residents are signed by the person making the record (author) in accordance with professional guidance and DHSSPS minimum standards.	A review of care records confirmed these to be signed for appropriately.	Compliant
2	25.13	It is recommended that a copy of the annual report on the quality of nursing and service provision is forwarded to RQIA on completion before the end of 2013.	The annual quality assurance report for 2013 has been submitted to RQIA.	Compliant
3	E15 and 16	It is recommended that management consult and confirm with RQIA regarding the changes to the use of lounge and dining space within the dementia unit.	Appropriate consultation has been put in place with the home's aligned estates inspector.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in February 2014, RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The Northern Health and Social Care Trust safeguarding team are managing the SOVA issues under the regional adult protection policy/procedures.

RQIA is satisfied that the registered manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	
Inspection Findings:	
<p>A review of patients / residents' care records found that there were individualised assessments in place of continence care needs and management of same. The outcome of these assessments, including the type of continence products to be used, was incorporated into patients / residents' care plans. The care plans had supporting evidence of patient / resident and / or their representative consultation.</p> <p>Added to this, general observations of care practices found that patients / residents' personal care needs were attended to promptly and with privacy and sensitivity.</p> <p>There was also found to be adequate provision of aids and equipment in place to management this area of care.</p>	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: Staff have not received training in continence management for which a recommendation was made to put in place. There was guidance, with policies and procedures on continence management, including catheter care and stoma care.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Information is available on the promotion of continence and on request can be made available on accessible format for patients and their representatives.	Compliant
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussions with the two nurses on duty confirmed that they are in receipt of up to date training in urinary catheterisation and stoma care management.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially compliant
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11.0 Additional Areas Examined

11.1 Patients / residents' views

The inspector met with a large number of patients / residents throughout this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home, the provision of care, their relationship with staff and the provision of meals.

Some of the comments made included statements such as;

“We are all treated very well, you couldn't complain about a thing”

“It is a nice home to live in, I am happy here”

“Everyone is kind and caring”

“The home is a peaceful and caring place to be”

“The food is lovely”

No concerns were expressed or indicated.

11.2 Staff views

The inspector met with six members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for.

No concerns were expressed.

11.3 Relatives' views

The inspector met with three visiting relatives at the time of this inspection. These relatives spoke in complimentary terms about the provision of care and the kindness and support received from staff.

No concerns were expressed.

11.4 General environment

The home was found to be clean and tidy, with a good standard of décor and furnishings being maintained.

Patients / residents' facilities were comfortable and accessible to avail of.

11.5 Care practices

Discreet observations of care practices throughout this inspection, evidenced patients residents being treated with dignity and respect. Staff interactions with patients / residents were observed to be polite, friendly, warm and supportive.

Care duties and tasks were organised and carried out in an unhurried pace.

A visiting choir was in attendance in the morning of the inspection, for which a number of patients / residents enjoyed.

11.6 Fire Safety

The home's most recent fire safety risk assessment, as dated 9 July 2014, was reviewed. There was corresponding evidence in place to confirm that recommendations from the assessment are / or being will be dealt with.

Fire safety training, including fire safety drills was found to be maintained on an up to date basis with staff. There were a programme of fire safety checks maintained in the home, and these were recorded on an up to date basis.

11.7 Staffing

Staffing levels at the time of this inspection appeared appropriate to meet the needs of patients taking account the layout of the home. Discussions with staff on duty identified no issues of concern pertaining to same.

11.9 Accident Reports

A review of these reports was undertaken from November 2014 to date of inspection. These were found to be appropriately managed other than a requirement has been made for RQIA to be notified of accidents when an injury has been sustained and in particular facial type bruising.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lesley McKillen, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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The Regulation and Quality Improvement Authority
9th Floor
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5 Lanyon Place
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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
A pre-admission assessment is carried out on each resident prior to confirming placement in the home and an up to date care plan is received from care management. A full assessment is carried out on admission based on the Roper, Logan and Tierney model. A nutritional screening tool is in place and completed on day of admission. Braden score is used to assess pressure ulcer risk and a continence assessment forms part of care plan. The Abbey pain scale is available to monitor effectiveness of analgesia.	Compliant

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Patient care is provided based in accordance on individual assessments and care plans. All care plans and assessments are reviewed by the named nurse monthly or more often if required in consultation with the patient or next of kin. A referral system is in place to liaise with all health care professionals. All patients who have been assessed as being at risk or have issue of skin integrity have an individual plan of care to treat/address the problem. All patients with nutritional concerns have a dietary plan of care based on dieticians recommendations.</p>	<p>Compliant</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Each patients care is evaluated a minimum of twice daily. Named nurses review care plans on a monthly basis or more often if a change in patient condition occurs. The care plans and evaluations reflect input from other health care professionals.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All care plans and assessments are carried out and based on recognised tools and guidelines issued by the relevant bodies/organisations. Any pressure ulcer in the home is treated by staff following a plan of care agreed with the tissue viability practitioner. Nutritional guidelines are available in the home and are used in the planning of menus.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>All nursing documentation is completed in accordance with NMC guidelines and includes input from other relevant professionals.</p> <p>A daily record is kept of all meal choices, dietary and fluid intake for all patients.</p> <p>Any concerns regarding reduced/excessive appetite are discussed with GP and referral made to dietician and if required S.A.L.T.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.7</p> <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Care is evaluated for each patient a minimum of twice daily. All care plans are reviewed by named nurse monthly or more often if required. A care review is held 6 weeks following admission and then annually thereafter by care management. Patients and next of kin are invited to attend meetings. Review meetings may be held more frequently if there are any issues needing addressed. In the absence of a care manager the home has held some reviews independently. Copies of all reviews are available in patient files.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Patients are encouraged to attend any review meetings held and to participate in the planning of their care. Any actions or changes following review meetings are made to care plan and a copy of the minutes kept in the individuals file.	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The menu is reviewed on a seasonal basis or more often if required. Patients are invited to make suggestions for changes to menu through food questionnaires and resident meetings. There is choice available at each meal and an alternative is always on offer is required. Any input from dietician or S.A.L.T. is included in the individual plan of care and kitchen staff are made aware.	Compliant

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.

Criterion 12.5

- Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.

Criterion 12.10

- Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:
 - risks when patients are eating and drinking are managed
 - required assistance is provided
 - necessary aids and equipment are available for use.

Criterion 11.7

- Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All nurses are required to keep their knowledge and skills current as per NMC. Training is provided for all grades of staff in relation to swallow, positioning and use of thickeners. Nurses liaise with S.A.L.T. and dietician and ensure that all instructions are implemented. Guidance on food textures and use of thickeners are clearly displayed throughout the home. Meals are provided at times which have been agreed with patients. Snacks and drinks and fresh drinking water are available throughout the day. Staff are allocated to ensure adequate supervision at meal times. All patients with wound care needs are treated in conjunction with T.V.N or podiatry if required. Wound care training for nurses is scheduled for 10th June 2014. Care staff have attended prevention of pressure sore training by RCN (when available). In the interim training will be provided within the home.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	<p>Provider to complete</p>



Quality Improvement Plan

Secondary Unannounced Care Inspection

Braefield

14 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the (Registered Manager Mrs Lesley McKillen) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30(1)(c)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of – (c) any serious injury to a patient in the nursing home;</p> <p>Reference to this is made in that RQIA must be notified of any accident that an injury is sustained and in particular facial type bruising.</p>	One	All accidents are being reported to RQIA	15 December 2014

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.2	<p>There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p> <p>Reference to this is made in that all care staff should receive training in continence management.</p>	One	Training is arranged for 24/3/2015	14 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	L McKillen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	27/01/15
Further information requested from provider			