

# Unannounced Care Inspection Report 27 February 2018



## Braefield

**Type of Service: Nursing Home (NH)**

**Address: 2 – 6 Carncomb Road, Connor, Ballymena, BT42 3LA**

**Tel No: 028 2589 2233**

**Inspector: Sharon McKnight**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 50 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Amanda Celine Mitchell	<b>Registered Manager:</b> Philomena McIlwaine
<b>Person in charge at the time of inspection:</b> Philomena McIlwaine	<b>Date manager registered:</b> 12 May 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 50  There may be a maximum of 13 patients accommodated within category NH-DE and located in the designated dementia unit. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 09:40 to 14:30.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and the home's environment. There were examples of good practice found in relation to record keeping, nutrition and the dining experience, the culture and ethos of the home and governance arrangements.

Areas requiring improvement were identified in relation to ensuring care plans are reviewed and updated to reflect changes to patients' diets and to review how the menu is displayed to ensure it is effective in informing patients.

Patients said they were happy living in the home; a number of their comments are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Philomena McIlwaine, registered manager, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 10 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with six patients individually, nine staff and one patients' relative. Questionnaires were also left in the home to obtain feedback from relatives and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 26 March 2018
- staff training records
- five patient care records
- menu choice sheets
- complaints record
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 10 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 10 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(a) Schedule 3, 13  <b>Stated:</b> First time	The registered person shall ensure that records of the meals provided are maintained in sufficient diet to enable any person inspecting it to judge whether the diet for each patient is satisfactory.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the recording of patients' choices had been reviewed to provide greater detail of the actual meals each patient was provided with. A review of the menu choice sheet evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> First time	The registered person shall ensure that patients who are at risk of malnutrition should have a nutritional care plan in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients identified as at risk of malnutrition had a care plan in place. This area for improvement has been met.	

<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.15 <b>Stated:</b> First time	The registered person shall ensure that catering staff receive training on the consistency of modified diets.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that catering staff attended training on the management and care of patients with dysphasia on 23 November 2017.  A meeting was also held with catering staff on 19 October 2017. A review of the minutes of this meeting evidenced in detail the issues discussed.  Observations of the lunchtime meals and discussion with staff and patients evidenced that the action taken has improved the meals provided for patients who require a modified diet. The consistency of the modified diets was in accordance with best practice This area for improvement has been met.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 26 March 2018 evidenced that planned staffing levels were adhered to. In addition to registered nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff. We also sought relatives and staff opinion on staffing via questionnaires. None were returned prior to the issue of this report.

At the time of inspection a weather warning was in place; the registered manager explained that, due to the remote location of the home, they had been in touch with the local PSNI who had agreed to provide assistance with transporting staff if the need arose. This contingency planning was commended.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms and the lounge and dining room. The home was found to be warm, well decorated and clean throughout. With the exception of one identified area the home was fresh smelling. The management of odours in one area was discussed with the registered manager who readily agreed to address the issue. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We reviewed the management of nutrition for five patients. Care records reviewed evidenced that nutritional risk assessments were completed and reviewed regularly. As previously discussed patients identified as at risk of malnutrition had a nutritional care plan in place. Patients were weighed a minimum of monthly and any weight gain or loss calculated.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

Staff reported a change in eating habits for one patient. The daily records consistently evidenced that action staff had taken; however the care plan had not been updated to include the change to the patient’s diet. This was identified as an area for improvement under the standards.

We observed the serving of lunch. Patients had a choice to either come to the dining room for lunch or have lunch in their bedroom or the lounges. Tables were set with cutlery and napkins and a selection of condiments. The menu was not displayed in any of the dining rooms. Wipe boards were hung on the walls in the dining room and staff confirmed that normally the daily menu was displayed. Further discussion with the registered manager identified that on the day of the inspection there was problem with the pens and catering staff had been unable to display the menu; the register manager address the issue immediately after it was brought to her attention. We discussed the manner in which the menu was displayed and if it was effective in informing the patients. Following discussion it was agreed that the registered

manager would review how the menu was displayed to ensure it was effective in informing patients; it was recognised that a different format may be needed for the dementia unit. This was identified as an area for improvement.

Patients away from the dining room had their meals served on a tray; we observed that the meals were covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. We spoke at length to one patient who required a purred meal. They confirmed that meals were varied and of a good quality. All of the patients spoken with enjoyed their lunch.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition and the dining experience.

**Areas for improvement**

Areas for improvement were identified in relation to ensuring care plans are reviewed and updated to reflect changes to patients’ diets and to review how the menu is displayed to ensure it is effective in informing patients.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients’ needs. Staff were observed responding to patients’ needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients’ likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were received:

- “This home is first class.”
- “Lovely flavoured soup, and lovely and hot.”
- “Things are still good.”

We spoke with the relative of one patient. They were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited. The following comments were received:

- “The staff are so compassionate.”
- “There are no words to describe how good the care is.”



Questionnaires were issued to relatives, none were returned prior to the issue of this report.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and responding to patients’ requests.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and observation of patients evidenced that the home was operating within its’ registered categories of care.

Staff confirmed that there was a clear organisational structure within the home. A review of the duty rota evidenced that the registered manager’s hours were recorded. A registered nurse was identified to take charge of the home when the registered manager was off duty.

Discussion with the registered manager and review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints record was well maintained with information of the action taken in response to complaints and a detailed response to the complainant.

A review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. A poster advising the copies of the reports were available for patients, their representatives, staff and trust representatives was displayed in the reception area of the home.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to operation of the home operating within its' registered categories of care and governance arrangements.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philomena McIlwaine, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure that care plans are reviewed and updated to reflect changes to patients' diets.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Care Plans have been reviewed and updated accordingly to meet all client individual nutritional needs. This will be monitored through internal audit and inspection</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure that the review how the menu is displayed is reviewed to ensure it is effective in informing patients.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Meuns are now availabe in various formats, including pictorial and written . They are displayed in all dining areas This will be monitored through audits</p>

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



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