



# **Unannounced Care Inspection Report 20 January 2020**



## **Brae Valley**

**Type of Service: Residential Care Home**  
**Address: 2 Breda Terrace, Newtownbreda, Belfast, BT8 7BY**  
**Tel No: 028 9504 2940**  
**Inspector: Debbie Wylie**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual(s):</b> Martin Joseph Dillon	<b>Registered Manager and date registered:</b> Joan Telford 23 July 2018
<b>Person in charge at the time of inspection:</b> Joan Telford	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 19

### 4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 09.45 hours to 15.15 hours. This inspection was undertaken by the care inspector.

The inspection sought 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, training, activities, the dining experience and the culture and ethos of the home.

Areas requiring improvement were identified in relation to care records, rotas, Control of Substances Hazardous to Health (COSHH) and reporting of notifiable events.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from residents, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Joan Telford, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 30 June 2019

No further actions were required to be taken following the most recent inspection on 30 June 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 10 to 30 January 2020
- staff training schedule and training records
- a sample of staff induction records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits
- a sample of competency and capability records
- a sample of accident/incident records from June 2019 to January 2020
- a sample of monthly monitoring reports from June to December 2019
- a sample of minutes from residents' meetings
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 30 June 2019

There were no areas for improvement made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that staffing levels were maintained to meet the assessed needs of residents in the home. This was evident during discussions with staff and from a review of the staffing rota. The job roles of staff were not clearly stated on the rota and this was discussed with the manager. An area for improvement was made.

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

Any staff left 'in charge of the home' in the absence of the manager told us that they had completed their competency assessment to do this. Records reviewed also confirmed this.

Staff confirmed that they had time to care for residents and they received regular training to help them to care for the residents. Training records reviewed also confirmed that staff received regular mandatory training.

Staff had excellent knowledge of residents' care needs and were seen to give safe and appropriate care throughout the day. Residents were assisted with drinks and snacks and supported with care. Residents looked well and were appropriately dressed. Clothing was clean and personal care had been attended to. Residents unable to express their opinions were found to be comfortable and relaxed.

The home was well lit, warm and well-presented throughout. Corridors were tidy and fire exits free from obstacles. Domestic cleaning was ongoing during the inspection and we observed the home to be clean and tidy. A cleaning trolley containing cleaning chemicals was noted to be unlocked in an open sluice room, which had the potential to be accessed by residents. This was discussed with the manager who ensured that this was locked. An area for improvement was made.

## Areas for improvement

The following areas were identified for improvement in relation to the staff rota and control of substances hazardous to health (COSHH).

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.4 Is care effective?

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

We spoke with one family member about the delivery of care in the home. They were complimentary about the care of their relative and the staff attitude towards them. They said staff told them of any changes in the care of their relative.

We reviewed residents' care records and saw that they were legible and contained resident's photographs. There was also evidence that residents care was reviewed with other professionals on a regular basis when required or at least once per year and this review was available in the records. We found that not all care plans and risk assessments for falls, behaviours which challenge and smoking were in place. An area for improvement was made.

Staff were well informed with regard to residents' needs, what areas residents were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Staff demonstrated a good knowledge of adult safeguarding procedures and were able to describe actions they would take about any concerns or poor practice.

## Areas for improvement

Areas for improvement were identified in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 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.**

We spoke with residents who told us that they were well looked after and staff listened to them. There was a relaxed and calm atmosphere in the home. Interaction between residents and staff were observed to be respectful, caring and kind. Residents were seen to be comfortable and those spoken with confirmed they received very good care and staff were helpful and responded to their needs.



No complaints had been received since the last inspection and there were lovely examples of compliments and thank you cards for the care and compassion shown in the home including:

“Thanks you for caring for mum so well.”

“Thank you for looking after our mum.”

Throughout the home there were lovely example of the Butterfly Project for dementia, designed to aid residents in memories and provide areas of interest for them to look at or take part in. This included themes such as gardening, career, music, the library and colour stimulus. Residents were seated in different parts of the home enjoying these themed areas.

We observed the serving of the mid-morning snack and the lunchtime meal in the dining room. During the lunch time meal residents were asked about their preference of drink and were able to choose which meal they preferred. The mealtime experience was relaxed and staff were assisting residents appropriately and responding to requests to change the meal choice. A menu board was displayed in a pictorial format so residents could see what was available for lunch. Residents said that they enjoyed their meal. We saw that the majority of residents ate their lunch in the dining room. Other residents choose to eat in their bedrooms.

Residents were shown respect and treated with dignity throughout the day. They were given the choice of were to sit, what snack they preferred and how they wished to spend their day. A relative told us:

“I would recommend this home to anyone.”

“My mum would laugh and join in the activities.”

Residents were singing and enjoying tea and a chat at the happy hour activity which is provided each day. This was a popular activity and residents and staff told us how much they enjoyed it. Staff told us:

“This is the best home I have ever worked in.”

“There is good team work.”

We reviewed a record of the residents’ meeting which showed that residents’ views and opinions were sought and valued about daily life in the home.

We provided questionnaires for residents and relatives to complete; none were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

### **Areas for improvement**

No areas for improvement were identified in this domain.

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

## 6.6 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.**

The manager confirmed to us that the home was working within its registered categories of care.

Staff confirmed that they were well supported by the manager in all aspects of their roles. This was seen in interaction between the manager and staff throughout the day. Staff said:

"We are well supported by the senior staff and manager."

"I love supervision as it makes me feel better in my work here."

"We share ideas at team meetings."

"It's a good supportive team here."

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the care and other services provided to residents.

We saw that audits were undertaken regularly for example, care records, falls, accidents and incidents and any deficits identified were addressed in a timely manner. There was evidence of the manager's evaluation of the information produced by the audits which helped the manager to identify any patterns or trends which could be addressed.

A review of the record of incidents and accidents in the home between June 2019 and January 2020 evidenced that not all notifiable events have been reported to RQIA. Details were discussed with the manager and an area for improvement was made.

### Areas for improvement

The following areas were identified for improvement in relation to reporting of accidents and incidents in the home to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Joan Telford, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> immediately from the date of inspection	The registered person shall ensure that cleaning chemicals are kept in a locked cupboard.  <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> E mail sent immediately to Support Service Manager who advised he will discuss the COSHH policy with the Support Services Team and ensure that cleaning chemicals are kept in locked cupboard as per policy. Learning shared at care staff meeting 24 <sup>th</sup> January 2020
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> immediately from the date of inspection	The registered person shall ensure notifiable events are reported to RQIA as required; in keeping with the regulation.  <b>Ref:</b> 6.6
	<b>Response by registered person detailing the actions taken:</b> All unwitnessed falls will be notified as directed by the inspector along with all others proactively reported in keeping with regulations. Learning shared at staff meeting.

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> immediately from the date of inspection	The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked.  <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> Rotas have been amended to include the capacity in which they work i.e. Band 3 Care Assistant . We continue to work towards developing a rota which includes all staff including senior staff on one template for ease of reference
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> immediately from the date of inspection	The registered person shall ensure that care plans and risk assessments are in place for falls, behaviours which challenge and smoking.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> Care plans and risk assessments continue to be reviewed and updated on monthly basis or as required and the manager has reiterated the importance of ensuring files are maintained in order that documents can be easily referenced. Learning from this incident will

	be discussed at our next staff meeting in March and emphasis put on all staff re. good record keeping as per policy and procedures.
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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