

**Unannounced Care Inspection  
of  
Brae Valley**

**3 June 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 3 June 2015 from 09.20 to 17.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. The assistant services manager confirmed to us that an absence of registered manager notification form would be submitted without delay. We received this notification form prior to the report being issued.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care (2013).

### 1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	6

The details of the QIP within this report were discussed with Gerry Robinson, temporary acting manager. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Belfast Health and Social Care Trust/ Mr Martin Joseph Dillon	<b>Registered Manager:</b> Helen Margaret Boal
<b>Person in charge of the home at the time of inspection:</b> Mr Gerry Robinson, Temporary Acting Manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 30
<b>Number of residents accommodated on day of inspection:</b> 19	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The registered manager is on extended leave. A temporary manager had been covering the home. The inspection sought to confirm formal arrangements for the registered manager's absence. The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Process

Prior to the inspection we analysed the following records: notifications.

During the inspection we met with the temporary acting manager, the assistant services manager, four residents, two care staff, one ancillary staff, one activity co-ordinator and one resident's visitor/ representative.

Records inspected during the inspection included:

- Three care records
- The homes complaint record
- Staff training records in regard to fire safety
- A number of policies and guidelines pertaining to the areas inspected
- Minutes of residents meetings
- The activity board

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

An estates inspection had been undertaken on 7 May 2015. The report had not been issued at the time of this care inspection.

The previous inspection of the home was an unannounced pharmacy inspection dated 13 November 2014. The completed QIP was returned and approved by the pharmacy inspector.

## 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Regulation 14 (2) (a, b, c)	The registered manager must ensure that the static bath is replaced with a level deck shower (with appropriate aids) and controlled by a suitable 'type 3' thermostatic mixing valve to give choice to residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The temporary acting manager reported to us that work had begun and would be completed within the next two weeks.	
<b>Requirement 2</b> Regulation 18 (2) (N)	The registered manager must ensure that an activities co-ordinator is recruited or alternative arrangements put into place to arrange and deliver activities that meet the residents' needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussions with the temporary acting manager, care staff and activity co-ordinator, we confirmed this had been addressed.	
<b>Requirement 3</b> Regulation 15 (2)	The registered manager must ensure that a needs assessment is available in each residents care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of care records and discussion with the temporary acting manager and staff, we confirmed this had been addressed.	
<b>Requirement 4</b> Regulation (13) (1) (a)	The registered manager must ensure that in regard to the identified resident: liaise with the GP, re-refer to a dietician and dementia specialist nurse and any other professional necessary; review and improve use of validated risk assessment tools in use in the home including the areas of pain, skin breakdown and nutrition; the care plan for the identified resident should be reviewed and updated to reflect the resident's current needs; the care record should be reviewed and updated to reflect all communication with relatives including changes in a resident's needs.	<b>Partly Met</b>

	<b>Action taken as confirmed during the inspection:</b> Following discussion with the assistant services manager, we confirmed that all but one action had been addressed. The assistant services manager reported to us that a review of the use of validated risk assessment tools in residential care is on-going.	
<b>Requirement 5</b> Regulation 20 (1) (a)	The registered manager must review and address issues raised by staff and a visiting professional in regard to staffing levels.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussions with the assistant services manager and staff we confirmed this had been addressed.	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  Standard 8	The registered manager should ensure that all required records for residents are in the home file, and are accurate, signed and dated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed this had been addressed following an inspection of three care records.	
<b>Recommendation 2</b>  Standard 35	The registered manager should review infection control practices with all staff in the areas of de-contamination of commodes. Ensure practice is compliant with trust policy and procedures and NICE guidelines, Regional Healthcare Hygiene and Cleanliness Standards and that cleaning products are used according to the manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed this had been addressed following discussions with staff.	

<b>Recommendation 3</b>  Standard 10.3, 10.2	The registered manager should ensure that care plans are reviewed and improved to detail of how the behaviours manifest and the specific approaches/ techniques staff should use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed this had been addressed following an inspection of three care plans and discussions with staff.	
<b>Recommendation 4</b>  Standard 10.7	The registered manager should review the statement of purpose to include details of any restraint and restrictive practices which may be used in the home. These should include the areas of physical, environmental, mechanical, technological, chemical and psychological.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed this had been addressed following an inspection of the Statement of Purpose.	
<b>Recommendation 5</b>  Standard 13.4	The registered manager should review and improve the format of the programme of activities displayed in the home.	<b>Partly Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed that this had been partly addressed following inspection of the board. The temporary acting manager confirmed that the schedule would include pictures.	
<b>Recommendation 6</b> Standard 13.5, 13.9 and 13.10	The registered manager should ensure that: the programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.; review the need for staff to attend training in reminiscence activities and ensure the duration of activities are recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed this had been addressed following an inspection of activity records and discussions with the temporary acting manager and staff.	

<b>Recommendation 7</b> Standard 27	The registered manager should: review and improve signage in the home to orientate and direct residents; confirm a schedule to redecorate the home and improve furnishings, bed-linen and pictures; provide safe storage of the pool table and ensure that wet floor signs are not used inappropriately ie to deter/prevent access to the garden.	<b>Partly Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed that this had been partly addressed following inspection of the environment, discussions with the temporary acting manager and staff. Signage had not been improved in the home.	
<b>Recommendation 8</b> Standard 6	The registered manager should; review the system in place for recording residents' weight to evidence analysis of changes and action taken; review and improve the detail and consistency of completing records pertaining to resident food and fluid intake.	<b>Partly Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of residents' weight and food/fluid intake records and discussions with staff we confirmed that this had been partly addressed. Residents' weight records did not record action taken.	
<b>Recommendation 9</b> Standard 20.15	The registered manager should improve the completion of accident and incident notification records and audit tool to ensure evidence that all persons and agencies have been notified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the incidents register and discussion with staff we confirmed this had been addressed.	

<b>Recommendation 10</b>  Standard 12	The registered manager should: review the quality of food provision in the home with staff, residents and residents representatives; review training needs for kitchen staff and care staff in nutritional needs for persons with a dementia.	<b>Partly Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussions with the assistant services manager, temporary acting manager, staff and residents and an inspection of minutes of residents meetings, we confirmed that this had been partly addressed. Staff training in nutritional needs had not been completed.	

### Areas for Improvement

There were five areas of improvement identified. One requirement and four recommendations had been partly met. These have been re-stated for the second time.

<b>Number of requirements</b>	1	<b>Number of recommendations:</b>	4
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## 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

### Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

The assistant services manager, temporary acting manager and staff reported to us that assessment and care plan templates had been improved. They reported to us that these records were being re-written. Following an inspection of three residents' care records, we confirmed that these had been amended as changes occurred to residents' care or welfare. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. Newly completed needs assessments and care plans were appropriately signed.

The new assessments included a section to record residents' or their representatives' wishes regarding any specific arrangements at the end of life. Spiritual and cultural wishes of the residents were detailed in care records. When there had been discussion with the General Practitioner relating to a care pathway, staff confirmed that this would be noted within the care records.

### Is care effective? (Quality of management)

The home had policy and procedure dated 2008 relating to dying and death of a resident. These did not fully reflect current best practice guidelines. We made a recommendation in this regard. The home had copies of current best practice guidance regarding palliative care.



The assistant services manager, temporary acting manager and staff confirmed to us that training in end of life care had not been delivered. We made a recommendation in regard to the provision of this training to staff.

In our discussions with staff they confirmed to us that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of care)**

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin care within the home as they related to dying and death of a resident.

Staff described how several years ago a resident had been cared for in the home at the end of life. It was confirmed that the family were involved during this time and that staff had accommodated the family making them comfortable within the home.

The temporary acting manager and staff reported to us that due to the individual capacity of residents in the home, most would be unaware of when residents are receiving end of life care.

Staff confirmed to us that arrangements are made to provide spiritual care for residents who are dying, if they so wish. Staff gave an account of how they had created a suitable environment for a resident who was dying which included, appropriate equipment, low noise and low lighting.

Staff confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

### **Areas for Improvement**

Two areas of improvement were identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	2
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## **5.4 Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

Staff members reported to us that they had not received training in continence management. We made a recommendation in this regard. Staff were able to demonstrate knowledge and understanding of continence care. They reported to us that training would be beneficial.

Following an inspection of residents' care records we confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the temporary acting manager we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home had a policy and procedure dated 2013 relating to continence management. Following an inspection of three care records we confirmed that continence needs were documented. Staff members were knowledgeable regarding where guidance and advice could be sought.

In our discussion with staff and through an inspection of care records we confirmed that no residents had reduced skin integrity associated with poor continence management. The home was fresh-smelling.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they related that staff members provide care and support in a sensitive, kind and caring manner.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence. Staff members were able to describe how care is delivered in a compassionate manner and to articulate those values that underpin care within the home as they related to continence management and support.

### **Areas for Improvement**

One area of improvement was identified within this theme. Overall, this theme was assessed to be safe, effective and compassionate.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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## **5.5 Additional areas examined**

### **5.5.1 Residents' views**

We met with four residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- “Certainly happy.”
- “They are polite.”
- “They are good. We all get together when you are dancing.”

### **5.5.2 Staff views / returned questionnaires**

We met with two care staff, one activity staff member and one ancillary staff member. All staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

One questionnaire returned from a staff member following the inspection indicated dissatisfaction with a number of areas not raised during the inspection. These included: training in respect of safeguarding, whistleblowing; the timely support from the multi-disciplinary team; obtaining equipment; time to listen and talk to residents and the environment. We discussed these issues with the temporary acting manager following the inspection, who confirmed that they would be discussed with the staff team.

Some comments included:

- “We were very quiet. It was awful, so sad, I cried. We all sat with (the resident). You don’t want to leave them on their own.”
- “It’s well run.”
- “We have had occasions where families have stayed all night. They find comfort talking to us. Care is fantastic and relatives compliment us.”

### **5.5.3 Residents representatives / visitors views**

We met with one resident’s representative/visitor who expressed positive views in regard to staff attitude, the environment, communication with staff and the care and support their relative receives in the home.

Some comments included:

- “It was a move of choice. There is good care staff.”

#### 5.5.4 Environment

Following an inspection of the environment, the home was found to be clean, tidy and decorated to a good standard. The temporary acting manager reported to us that storage cabinets had been ordered to improve management of information and records.

#### 5.5.5 Care practices

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.5.6 Accidents / incidents

The temporary acting manager reported to us that the homes current accident and incident records could not be located. We have made a requirement in regard to this. In our discussions with the assistant services manager and temporary acting manager we identified that notification of accident and incidents had lapsed in recent weeks. The temporary acting manager rectified this immediately.

#### 5.5.7 Absence of the registered manager

We discussed with the assistant services manager arrangements put in place in the absence of the registered manager. Following the inspection we received formal notification of proposed arrangements. These have been approved until 1 September 2015.

#### 5.5.8 Complaints / compliments

Inspection of complaint records and in our discussion with the temporary acting manager it was confirmed that there had been one complaint in the home from 1 January 2014 to 31 March 2015. The complaint had been managed appropriately.

#### 5.5.9 Fire safety

Following a review of staff training records, we can confirm that staff had attended fire safety training in March 2015 and September 2014. An estates inspection had been undertaken in May 2015.

Records indicated that the last fire drill had been undertaken on 1 April 2014. We received confirmation that fire drills had been undertaken on 10/06/15 with day and night staff and that monthly drills were scheduled thereafter. No obvious fire risks observed following an inspection of the environment.

#### Areas for improvement

One area of improvement was identified. This was in regard the provision of staff training in continence management. Two improvements regarding staff training are stated together.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **6. Quality improvement plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gerry Robinson, temporary acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 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.

### **6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### **6.3 Actions taken by the person in charge/ Registered Person**

The QIP should be completed by the registered person/person in charge and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation (13) (1) (a)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 20 August 2015	The registered manager must review and improve use of validated risk assessment tools, including the areas of pain, skin breakdown and nutrition. Ref:5.2
	<b>Response by Registered Person(s) detailing the actions taken:</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 19(2) Schedule 4 (12)  <b>Stated:</b> First time  <b>To be Completed by:</b> 1 August 2015	The registered manager must ensure that accident and incident records are available for inspection at all times. Ref: 5.5.6
	<b>Response by Registered Person(s) detailing the actions taken:</b>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 August 2015	The registered manager must review and improve the format of the programme of activities displayed in the home. The use of pictures should be considered. Ref:5.2
	<b>Response by Registered Person(s) detailing the actions taken:</b>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 August 2015	The registered manager should: review and improve signage in the home to orientate and direct residents. Ref:5.2
	<b>Response by Registered Person(s) detailing the actions taken:</b>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 July 2015	The registered manager should review the system in place for recording residents' weight to evidence analysis of changes and of action taken. Ref:5.2		
	<b>Response by Registered Person(s) detailing the actions taken:</b>		
<b>Recommendation 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 August 2015	The registered manager should review training needs for kitchen staff and care staff in nutritional needs for persons with a dementia. Ref:5.2		
	<b>Response by Registered Person(s) detailing the actions taken:</b>		
<b>Recommendation 5</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2015	The responsible person should review policies and procedures in regard to dying and death to ensure they reflect current best practice. Ref 5.3		
	<b>Response by Registered Person(s) detailing the actions taken:</b>		
<b>Recommendation 6</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2015	The registered manager should ensure staff receive training in the management of dying and death and in continence management and promotion Ref: 5.3 and 5.4		
	<b>Response by Registered Person(s) detailing the actions taken:</b>		
<b>Person in charge completing QIP</b>		<b>Date completed</b>	
<b>Registered Person approving QIP</b>		<b>Date approved</b>	
<b>RQIA Inspector assessing response</b>		<b>Date approved</b>	

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)