

Unannounced Care Inspection Report 4 February 2021



Brae Valley

Type of Service: Residential Care Home (RCH)
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Inspector: Alice McTavish

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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 residential care home registered to provide residential care for up to 30 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Catherine Jack	Registered Manager and date registered: Louise Radcliffe, acting manager since 30 November 2020
Person in charge at the time of inspection: Ola Johnston, deputy manager	Number of registered places: 30
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 17

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 4 February 2021 between 10.00 and 18.30 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements.

Residents said that staff treated them well and they liked living in Brae Valley.

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*	0

*The total number of areas for improvement includes two which have been carried forward for review at the next inspection. No new areas for improvement were identified during this inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ola Johnston, deputy manager and Louise Radcliffe, manager, who was present for the latter part of the inspection. The timescales for completion commence from the date of inspection.

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:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection.

During the inspection the inspector met with four residents, two residents' visitors, four care staff and the chef. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff training
- statement of purpose
- resident guide
- a selection of quality assurance audits
- complaints and compliments
- accidents and incidents
- three residents' care records
- fire safety checks
- fire risk assessment
- annual quality audit report.

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

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 October 2020.

Areas for improvement from the last inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are available for administration as prescribed.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure any non-administration of medicines due to stock supply issues is reported to the prescriber for guidance and to next of kin, care management and RQIA.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered provider should review the management of warfarin as detailed in the report.	No longer applicable
	Warfarin was not prescribed for any residents at the time of this inspection. This area may be reviewed in future should any resident be prescribed this medication.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall review and revise the management of thickening agents as detailed in the report.	Met
	Action taken as confirmed during the inspection: Inspection of a range of records confirmed that the use of thickening agents is correctly managed. Records of prescribing and administration were maintained. Up to date care plans and speech and language reports were available.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed before entering the home.

There was a dedicated room for staff to put on and take off the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic.

Residents had health monitoring checks completed twice daily with records maintained. Staff told us that they had only one temperature check completed daily; this was not in line with current guidance. This was discussed with the manager who agreed to instigate a second check immediately. The also confirmed this by email.

We saw that most staff used PPE correctly according to the current guidance. We noted, however, that one member of agency staff wore a mask below their chin for two brief periods. The manager took immediate action to remind all staff of the importance of wearing PPE correctly and correspondence was sent to the agency setting out the expectations of staff.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, the dining room and the visiting area.

All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. Residents' bedrooms were comfortably furnished. Seating in the lounges and the dining room had been arranged to allow for social distancing. The home was decorated to a good standard, was well ventilated and comfortable. The manager reported that refurbishment of the home was planned and capital funding was secured to carry out the improvements.

The home had a current fire risk assessment and recommendations had been actioned. Regular fire checks were completed and records maintained.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required. The manager advised that staff were provided with additional hours to complete on-line training as face to face training was not available during the Covid-19 pandemic. The manager reported that care staff had completed the Mental Capacity Act and Deprivation of Liberty Safeguards training but that ancillary staff had not. The manager later provided written confirmation that this was raised with the Trust's Patient Experience management for appropriate action.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We saw that all staff participated in two short daily 'huddles' which were designed to allow for the exchange of information between management and staff; this also offered staff support as any issues or concerns raised were addressed immediately by the management team. This represented good practice. Agency staff reported that the regular communication had helped them become familiar with how the home operated and how the needs of residents could be best met.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff, including domestic and catering staff, spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Residents made the following comments:

- “I love it here, the music is great.”
- “The staff are very nice to us all.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements to facilitate relatives visiting their loved ones at the home had resumed and some window visits continued.

We met with two visitors who made the following comments:

- I am very happy with the care here. I know my (relative) is safe...the staff are excellent, A one...they let me know if there is anything wrong with (my relative), if she has had an accident or if the doctor needs to see her; the staff communicate with me well. It's a weight off my mind seeing her looking so well and being in good form.”
- “I am very happy with the care here. The staff made sure to talk to me to find out (my relative's) social history, choices and preferences and we were involved in planning (my relative's) care. The staff keep in good contact with us too.”

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. Residents were offered extra portions and there was a variety of drinks available. We saw that staff were helpful and attentive to residents. Staff told us that the kitchen could be accessed during the evening and night so that residents could have drinks and snacks if they wished. The cook and care staff were able to describe the individual food and drink preferences of residents and any special or modified diets.

No questionnaires were completed by residents and returned to RQIA.

6.2.5 Care records

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. The manager, who is a senior Trust manager providing temporary cover, advised that there were firm plans in place to recruit a permanent manager and that a thorough induction would be given to her replacement. Staff commented positively about the manager and deputy manager and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as IPC, nutrition, activities, medications and care records. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately. We noted, however, that the use of the unique identifier for residents was not used consistently. This was discussed with the manager who agreed to ensure that a consistent system was used in future and that this would be shared with all staff. This will be monitored when notifications of accidents and incidents are received.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that compliments were received by staff, for example, a card read "To all the staff at Brae Valley House, thank you for all your wonderful care of (our relative), she was very happy and settled during her time with you."

We looked at the home's annual quality report which provided further assurance that the care and services provided were of a good standard and that the residents and their relatives were consulted appropriately.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, communication between management, staff and residents' relatives, and to the systems to ensure good management and governance.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Brae Valley was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during the last inspection are detailed in the QIP. Details of the QIP were discussed with Louise Radcliffe, manager, and Ola Johnston, deputy 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 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that medicines are available for administration as prescribed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 6.1
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure any non-administration of medicines due to stock supply issues is reported to the prescriber for guidance and to next of kin, care management and RQIA.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 6.1

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



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