



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 4 March 2019



## Brae Valley

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

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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 provider 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 residential care home with 30 places that provides care and accommodation for residents living with a dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Martin Dillon	<b>Registered Manager:</b> Joan Telford
<b>Person in charge at the time of inspection:</b> Janette Ferguson, senior care assistant	<b>Date manager registered:</b> 23 July 2018
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 11.25 to 14.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection and 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 regard to the mealtime experience, communication with residents and their families and in regard to the environment.

An area requiring improvement was identified in regard to the format of the daily menu.

Residents said that they were happy living in the home, that they enjoyed the company, had good relations with staff, enjoyed the food and liked the way the environment was decorated.

Residents' relatives said that they were made to feel welcome by staff and that they were happy with the standard of care delivered to their relative. They said that communication was good with staff and that they were satisfied that the food was good and with activity provision.

Staff said that the quality and variety of the meals was good, that the home's environment had greatly improved, that the registered manager was supportive and responsive and that there was a good range of activities available in the home.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents, staff and relatives during the inspection

## 4.1 Inspection outcome

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jane Hagan, assistant services manager and following the inspection with Joan Telford, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 2018.

## 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 previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

The inspector greeted most residents during the inspection, speaking with six residents during lunch and with four residents after lunch. The inspector also met with three relatives, the assistant services manager, two care staff and one support services staff. Following the inspection, the inspector spoke with the registered manager.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of 'Have we missed you?' cards were left on display inviting feedback from relatives or visitors. No questionnaires or feedback were received within the agreed timescale.

The following records were examined during the inspection:

- care records for two residents
- the menu

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the assistant services manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 16 May 2018**

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

**6.2 Review of areas for improvement from the last care inspection dated 16 May 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that the practice of wedging open fire doors ceases immediately; carry out a review of the need to hold open fire doors and where a need is identified, develop a schedule to address with a suitable solution.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following an inspection of the environment.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The registered person shall ensure that the following areas in need of attention are addressed: <ul style="list-style-type: none"> <li>• the grass is cut to a suitable length to ensure the safety of residents when walking on it</li> <li>• the surface of the wooden fascia board is made good</li> <li>• the guttering is repaired and maintained</li> <li>• the wallpaper in the smoking lounge is made good</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the environment and discussion with staff and with the registered manager following the inspection.	

## 6.3 Inspection findings

### 6.3.1 Meals and mealtimes

Part of the lunch-time meal was observed which was provided at a conventional time. The dining room had been re-decorated to resemble a café; a large wall mural depicting a cobble street had been used to good effect to create interest and atmosphere. One resident commented, "Many say, oh, I'd love to be walking up that path."

The dining tables were set with condiments and table cloths which added to the overall ambience of the room and dining experience for residents. The dining room was clean, well lit and there was sufficient space around the tables to afford residents and staff ease of movement. Observation and discussions with the registered manager confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents. The registered manager reported that more pieces of crockery suitable for persons with a dementia would be purchased.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines. A white board was used to write the daily menu to inform residents, relatives and any interested parties; an area for improvement was identified to improve the format by complimenting the written format with a pictorial format.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff who had attended training. A colour IDDSI chart was available in the kitchen and in the office for staff reference.

Meals are delivered to the home by a cooked chilled meal service and are heated in the kitchen by support services staff. A staff member commented, "The majority of residents, if they are able, we get them to go up and pick what they want (to eat)."

The lunch consisted of a choice of Irish stew or turkey and stuffing with boiled and mashed potatoes, turnip, green beans and gravy. Canadian tart and custard was available for dessert with semolina and pineapple for dessert. Staff verified that variations are accommodated and that there is good communication between care staff and support services staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during lunch evidenced that staff were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate or bowl and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement.

Staff providing assistance were attentive towards residents, demonstrated a person centred approach and compassion in their manner. Some staff sat with resident's and ate their lunch whilst engaging in conversation. Throughout the lunch, staff discretely prompted residents, sought feedback asking "Are you enjoying that?" from residents about their meal and offered

more drinks and 'seconds'. Suitable background music added to the overall ambiance and resident's enjoyment during lunch.

Discussion with staff, residents and relatives confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

A review of two residents' care records and discussion with the registered manager confirmed that residents' weight is monitored at suitable intervals. Where a resident's appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

### **6.3.2 Feedback received from residents, staff and relatives during the inspection**

Residents said that they had good relations with staff, that they were happy with the food and the home's environment, describing it as 'colourful' with 'plenty to look at'. The home are commended with winning one of the BHSCT Chairman's WOW! Awards in November 2018 for the improvements made to the home's environment. The registered manager advised that the prize money would be used to enhance the garden for residents.

Comments received from residents included:

- "It's (lunch) lovely."
- "I enjoyed it (lunch)."
- "There is good company."
- "The food is good. I'm not a great eater but there's always something to please me."
- "You get a good laugh here."
- "It's cosy."
- "We are a happy little bunch."

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and that they had time in the afternoon and evening to do activities with residents. Staff spoke positively in regard to the registered manager being approachable.

Comments received from staff included:

- "We have all gone to the SALT course lately."
- "There is plenty of choice (of food)."
- "Joan (the registered manager) has got as many people in (to engage in activities with residents) as she can. Joan is amazing, she has turned this place around. The environment is so much better."
- "The residents love music, they are up dancing and singing now in the lounge."
- "The quality of the food is good. I would eat it and the portion sizes are good. There is always enough to go round."
- "It's a great home. The standards in every detail are next to none."

Relatives spoken with said that they were made to feel welcome by staff when visiting and were happy with the standard of care delivered in the home. Discussions confirmed that they believe that the food was good, that their relative enjoys the activities and that communication was good with the home.

Comments received included:

- “We (me and my family) find the staff are very good. They seemed to be well trained in how to care (for my relative)...They are very attentive.”
- “The food is good and they have a selection and they always provide something else. I stayed one day for a meal with (my relative) and it was lovely.”
- “It’s great, they (staff) are always very helpful.”
- “(Mr relative) goes out on bus runs and she was out in a limo to see the lights (at Christmas time).”
- “(My relative) eats well and cleans the plate every time.”

**Areas of good practice**

Areas of good practice were identified in regard to the mealtime experience, communication with residents and their families and in regard to the environment.

**Areas for improvement**

One area for improvement was identified in regard to the menu board.

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Hagan, assistant services manager and following the inspection with Joan Telford, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2019</p>	<p>The registered person shall ensure that the written daily menu is complimented with pictures to provide a more user-friendly format for residents.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Our Art Therapist in conjunction with our residents, will create a pictorial menu board and this will be completed and dsplayed by the end of April 2019</p>

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



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