

Unannounced Care Inspection Report 07 November 2017



Brae Valley

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

www.rqia.org.uk

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 residential care home with 30 places that provides care and support for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Mr Martin Dillon	Registered Manager: see below
Person in charge at the time of inspection: Joan Telford	Date manager registered: Mrs Joan Telford- application received - "registration pending".
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 30

4.0 Inspection summary

An unannounced care inspection took place on 07 November 2017 from 09.00 to 16.15.

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 since 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 relation to staff supervision, the home's environment, communication between residents, staff and other key stakeholders and changes made to routines and care practices.

Whilst there were no areas requiring improvement identified, the inspector gave advice in regard to the submission of a variation application and that in regard to monthly monitoring reports, persons spoken to are identified in a manner that protects their confidentiality.

Residents and their representatives said that they enjoyed the activities, that staff were friendly and knowledgeable and that they liked the environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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 24 April 2017.

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, the returned QIP, notifiable events and communication since the previous care inspection.

During the inspection, the inspector met with eight residents, two resident's representatives, the manager, the assistant services manager and two care staff.

The lay assessor, Trevor Lyttle was present during part of the inspection and his comments are included within this report. He spoke to a number of residents and completed questionnaires with six residents. In a returned questionnaire to RQIA, the lay assessor commented:

- "Brae Valley is a very good home and the manager is making excellent improvements. The atmosphere was homely, calm and relaxed."

Questionnaires were also provided for distribution to residents and/or their representatives for completion and return to RQIA. A poster was provided detailing how staff could complete an online questionnaire. No further questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Induction programme for one new staff
- Schedule of annual appraisals to be undertaken in October and November 2017
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of a recent residents' meeting
- A sample of questionnaires completed for the home's annual quality assurance survey
- Sample of monthly monitoring reports
- One manager's report
- Fire safety risk assessment and fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 24 April 2017

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 24 April 2017

Areas for improvement from the last care 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 24.5 Stated: First time	The registered provider should ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Inspection of two staff records and discussion with staff and the manager confirmed that this had been addressed.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered provider should ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: Discussion with the manager, staff and inspection of a manager's monthly report evidenced that completed training was being monitored and full compliance was expected by 30 January 2018.	

Area for improvement 3 Ref: Standard 8.6 Stated: First time	The registered provider should ensure that the resident's records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: Inspection of three residents' care records confirmed that this had been addressed.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	The registered provider should ensure that an individual comprehensive care plan is drawn up for the management of diabetes.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of two residents' care records confirmed that this had been addressed.	

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 manager advised of the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The manager and assistant services manager stated that a recruitment process was taking place regarding three care positions. In addition, the manager stated that two care staff were due to return to work in January 2018 following extended planned leave. Staff spoken to stated that bank staff working in the home have knowledge and experience of working in the home and know the residents.

Review of one partly completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Following the inspection the manager advised that the induction record had been fully completed.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager stated that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of two completed staff competency and capability assessments were reviewed.

Discussion with the manager and staff confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Discussions with the manager confirmed that arrangements were in place to confirm that enhanced AccessNI disclosures and all checks had been completed.

Discussions with the manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to stated that they were registered with the Northern Ireland Social Care Council (NISCC).

The home had a local adult safeguarding procedure in place and the BHSCT had updated their adult safeguarding policy and procedure, dated August 2017 in response to the NIASP Adult Safeguarding Operational Procedures, September 2016.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Discussion with the manager, staff and a review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated that there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The manager stated that there were restrictive practices employed within the home, notably locked doors, keypad entry systems, wheelchair lap belts and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager stated that the Statement of Purpose and Residents Guide were under review and agreed to forward a copy to the inspector once this was completed. Copies were received just prior to this report being approved for issue. Once reviewed, the inspector will provide feedback to the manager.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home and discussion with the manager and assistant services manager confirmed that the décor throughout the home had been greatly improved, as a result of the staff team participating in a 'butterfly' dementia training project. Residents were observed engaging with or observing items freely available to them throughout the home. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds to the front of the home and the courtyard were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The manager shared some ideas for future plans to transform the garden to the rear of the home and ideas to reconfigure the internal environment. The inspector advised the manager and the assistant services manager to keep RQIA informed regarding these plans and to ensure that a variation is submitted in a timely manner before any structural work commences. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 14 August 2017 which evidenced that actions had been or were being taken to address recommendations made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were last completed on 14 April 2017 and the manager stated that another was scheduled to be completed before the end of November 2017. Records were retained of staff who participated and any learning outcomes. Following the inspection the manager advised the inspector that a fire drill had been undertaken on 20/11/17 and 13 staff had participated.

Staff spoken with during the inspection made the following comments:

- "We use bank staff that have been here for years and know the residents, so it's good."

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The manager stated that all care records were being reviewed to be signed by the resident and/or their representative during the next care review. Discussion with staff confirmed that a person centred approach underpinned practice. Staff spoke of the positive difference that changes made to the décor and routines in the dining room have made for residents. Staff spoke of residents making 'real choices,' residents having a 'sense of independence' and a more enjoyable dining experience. This is to be commended.

The manager stated that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The manager, for example, stated that audits of medication, fire checks, safety checks and accident and incidents are undertaken. Further evidence of audit was contained within the monthly monitoring visits reports.

The manager stated that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff advised that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives. Minutes of resident meetings were reviewed during the inspection.

A resident's representative spoken with during the inspection made the following comments:

- "It's (the standard of care in the home) very good."
- "It's (the environment) calm. It's always clean, spotless."
- "There's lots of areas to sit."
- "Staff are approachable....they all know her."

Staff spoken with during the inspection made the following comments:

- “All about you records have been updated. It gives us more insight, who they were, where they are and helps us to deliver effective care.”
- “Just little bits make a difference.”

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders and changes made to routines within the home and care practices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussion with the manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with the manager confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. The manager, for example, spoke about a recent situation where a change to a resident's medication resulted in the home arranging a GP visit to discuss concerns that an increase in pain may be contributing to the residents change in behaviour. The resident's medication was changed to manage pain and the resident's behaviour then returned to normal. The manager also advised that end of life care has been delivered in the home with appropriate involvement from the multi-disciplinary team.

The manager and staff advised that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of the importance of promoting residents' rights, independence and dignity.

Discussion with the manager and staff and observation of practice confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their

representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Residents and their representatives are consulted with, at least annually, about the quality of care and environment. This consultation was taking place at the time of the inspection and a sample of returned questionnaires were made available and reviewed as part of the inspection. The manager stated that the findings from the consultation would be collated into a summary report; an action plan would be developed and implemented to address any issues identified.

Discussion with staff, residents and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents were observed, for example participating in a group scrapbooking activity while others were observed singing, chatting and interacting with staff, visitors, each other and interacting with the items sitting around the home. A resident's representative spoke about how staff facilitated her relative to wipe down tables as she likes to help. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and a resident's representative spoken with during the inspection made the following comments:

- "They're (the staff) very, very good with her, she has settled really well, quicker than I thought....they all know her." (representative)
- "The residents seem a bit more content and those who don't interact much they lift things and notice things on the wall." (staff)
- "A very nice place to be." (resident)
- "It is a very nice place to live, friendly staff." (resident)
- "Sometimes I feel a bit trapped." (resident)

The latter comment was discussed with the manager who explained the context and advised that the trust is aware and a solution is being sought.

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The inspector advised that persons spoken to are identified in a manner that protects their confidentiality.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager advised that she would complete a level 5 QCF qualification by the end of December 2017. Discussion with the manager confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussions with the manager confirmed that the registered provider's representative was kept informed regarding the day to day running of the home.

Discussions with the manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Discussion with the manager and assistant services manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Discussion with the manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “Joan is doing a fantastic job. She’s very good at moving things forward.”
- “It’s (the home) is well managed. It’s great to have a manager who is really involved, it’s nice to have a manager to depend on and respect.”

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied or neither satisfied nor dissatisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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