

Unannounced Care Inspection Report 11 August 2016



Brae Valley

Type of service: Residential Care Home
Address: 2 Breda Terrace, Newtownbreda, Belfast, BT8 7BY
Tel No: 02895042940
Inspector: Patricia Galbraith

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brea Valley took place on 11 August 2016 from 07:30 to 13:30.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two requirements were made and one recommendation stated in regard to the delivery of safe care. Requirements stated were in relation to the duty rota accurately reflecting the hours worked by all staff, and all records being available for inspection. A recommendation was stated in relation to care records accurately reflecting residents individual needs. There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection prevention and control, and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and review of the effectiveness and quality of care and to communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to delivery of the service being well led. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Christine Kennedy senior carer, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 December 2015.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Gerry Robinson
Person in charge of the home at the time of inspection: Christine Kennedy senior carer	Date manager registered: Acting manager
Categories of care: DE – Dementia	Number of registered places: 30

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with seven residents individually and with others in groups, the senior carer in charge of the home on day of inspection, one care assistant, and one domestic assistant.

The following records were examined during the inspection:

- staff duty rota
- staff training schedule/records
- three resident's care files
- minutes of recent staff meetings
- complaints and compliments records
- audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- infection control register/associated records
- equipment maintenance / cleaning records
- accident/incident/notifiable events register
- minutes of recent residents' meetings
- monthly monitoring report
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- policies and procedures manual

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 25 November 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The senior carer confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The duty rota was reviewed, it was noted that it did not accurately reflect the hours worked by staff. A requirement was made in this regard.

On the day of inspection the following staff were on duty:

- x1 Senior carer (From night duty sleep in who gave the hand over to am staff)
- x2 carers (night duty)
- x1 Senior carer
- x4 carers
- x2 domestic staff
- x1 cook
- x2 kitchen assistants
- x1 laundry

One senior carer and three care assistants were due to be on the pm shift. One senior carer on sleep in duty and two carers were due to be on night duty.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. Staff training records of safeguarding training were not available for inspection a requirement was made in this regard.

Discussion with the senior carer, 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 senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that they did not accurately reflect residents' individual care needs a recommendation was made in this regard.

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

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The senior carer and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The senior carer confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. On the day of the inspection some equipment had been checked by an outside organisation.

Discussion with staff established that they were knowledgeable and had understanding of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer 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 was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The senior carer confirmed that the registered manager has requested that the home is redecorated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the senior carer 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 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed 6 monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

No completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Some comments received from residents were as follows:

- "Staff are so good"
- "The staff always make sure I have everything I need"

Areas for improvement

Three areas for improvement were identified in relation to duty rota; staff training records and residents care plans to accurately reflect residents' individual needs.

Number of requirements:	2	Number of recommendations:	1
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4.4 Is care effective?

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

A review of four care records found they did not have appropriate risk assessments, and care plans did not accurately reflect individual residents' needs. A recommendation was made in this regard as already stated in section 4.3. The care records reflected the multi-professional input into the resident's health and social care.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The senior carer confirmed 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 last staff meeting had taken place on 29 June 2016. The senior carer and staff confirmed 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 and other key stakeholders. Minutes of resident and/or their representative meetings were available for inspection. The last residents meeting had taken place on 13 March 2016.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The senior carer confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The senior carer confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior carer, residents and/ or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected for example, they knocked on residents' bedroom doors before entering and ensured information was passed on in a private area normally the office

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of the inspection a group of residents had gone out to have coffee.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus were provided in pictorial form.

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

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/ leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/ incident/ notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; on the day of inspection these were not available however a sample were sent to RQIA on 31/08/16.

The senior carer confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The senior carer confirmed that staff could also access line management to raise concerns and to offer support to staff.

Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The senior carer 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.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christine Kennedy, Senior Carer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/ 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 provider 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 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have

been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 4 number 7 Regulation Stated: First time To be completed by: 11 September 2016	<p>The registered person shall ensure that the duty roster accurately reflects the hours of all persons working in the home.</p> <p>Response by registered provider detailing the actions taken: Registered Manager has reviewed duty roster to reflect hours of all staff working within home.name ..</p>
Requirement 2 Ref: Regulation 19.-(3) (b) Stated: First time To be completed by: 11 September 2016	<p>The registered person shall ensure records are available for inspection in the home. This is in respect to Regulation 29 reports and training records which were not available on day of inspection.</p> <p>Response by registered provider detailing the actions taken: Registered Manager has ensured that Training Matrix and Monthly monitoring forms are placed in folders and available for inspection.</p>
Recommendations	
Recommendation 1 Ref: Standard 6.6 Stated: First time To be completed by: 11 October 2016	<p>The registered provider shall ensure residents care plans are kept up to date and accurately reflect their needs.</p> <p>Response by registered provider detailing the actions taken: All residents Care Plans have been reviewed and updated as required. Care plans within Brae Valley have been audited to ensure they reflect areas raised by inspector on day of inspection.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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