Unannounced Care Inspection Report
16 May 2018

Brae Valley

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

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 thirty places that provides care and accommodation for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust **Responsible Individual:** Martin Dillon	**Registered Manager:** Joan Telford
Person in charge at the time of inspection: Eileen Bell, senior care assistant until the arrival of Joan Telford, manager at 10.30	**Date manager registered:** 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 16 May 2018 from 9.40 to 17.00.

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 and appraisal, communication between residents, staff and other interested parties, activity provision and listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified in regard to fire safety and the external environment.

Residents and their relatives said that they were happy with the standard of care in the home, that staff were compassionate in their care and that there was good communication.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Joan Telford, 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

No further actions were required to be taken following the most recent inspection on 7 November 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, the assistant services manager, seven residents, three care staff, two ancillary staff and two residents' visitors/representatives.

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. Two questionnaires were returned by relatives.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessment
- Staff training schedule and training records
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), environment, catering, Infection Prevention and Control (IPC)
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Following the inspection the following records were examined:

- The home's Statement of Purpose and Resident's Guide
- Legionella risk assessment

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 7 November 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 7 November 2017

There were no areas for improvements made as a result of the last care inspection.

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 that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency and trust bank staff were used in the home. The manager stated that this did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing during discussion with residents and residents' representatives. Some staff stated that there had been a few occasions when staffing levels were reduced to two care assistants instead of three and that cover for ancillary staff isn't always available. Staff reported that they were aware that a recruitment processes was taking place. The manager reported that she and/or senior care assistants work on the floor to support care assistants when required. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The manager gave assurances that staffing levels were audited on a monthly basis and findings shared with the assistant services manager.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager confirmed 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. A staff competency and capability assessment was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised 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.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy, local procedure in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. 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 there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of locked doors, lap belts and management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust, were regularly updated and reviewed as necessary. The manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

An IPC environmental compliance audit was undertaken and an action plan developed to address any deficits noted. The inspector provided the manager with details of where she could obtain an audit tool for hand hygiene and an audit tool for environmental cleanliness.

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 and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised 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 was kept tidy, safe, suitable for and accessible to residents, staff and visitors. One hazard to the health and safety of residents, visitors or staff was identified; two fire doors were wedged open, one with a chair and one with a bin. An area of improvement was identified to comply with the regulations. No malodours were detected in the home. The courtyard was observed to be in need of a general tidy up. Discussion with the manager identified that whilst the grass in the courtyard had been cut recently with a strimmer, the grass was too long for residents to safely walk on it, guttering

was observed to be damaged and the paint on a facia board was flaking. One resident commented to the inspector that it needed painted. In addition, the wallpaper in the smoking lounge was peeling off the walls in several places. An area for improvement was identified to comply with the standards.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The home had an up to date Legionella risk assessment in place dated 16 May 2016 and all recommendations had been actioned. The manager reported that a legionella risk assessment was scheduled to be completed by the end of May 2018.

It was established that some residents smoked. Discussion with the manager identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 14 August 2017 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff and a resident's relative spoken with during the inspection made the following comments:

- "It's very safe. We visit once or twice a week and the staff are very nice, very approachable. (My relative) tells me there is always someone there of you need them." (relative)
- "There is enough staff." (resident)
- "Most definitely (feels safe in the home)." (resident)
- "We did a (fire) drill yesterday." (staff)
- "It's a lot better (team-working). The manager has pulled the team together." (staff)

Two completed questionnaires were returned to RQIA from residents' visitors/representatives Respondents described their level of satisfaction with this aspect of care as satisfied and unsatisfied.

The inspector contacted the respondent who indicated that they were unsatisfied who explained that their response was based on an issue that had occurred in February 2018. The respondent indicated that the issue had been resolved and did not want the inspector sharing the detail with the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in regards to fire safety and the environment.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of two 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, smoking, 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. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Staff suggested that choice could be improved for residents with diabetes and those on soft diets. The manager reported that the menus were reviewed the previous month and gave assurances that there are choices for residents with diabetes and those on soft diets. In addition to the cooked chilled meals service, the home orders in a range

of food for the freezer, fridge and store cupboard that care staff can access. The manager stated that the availability of options for people with diabetes and soft diets would be discussed at the next staff meeting. The store cupboard was inspected and a range of food including biscuits, drinks, cereals, tinned foods, yogurts and fresh fruit were available. The manager reported that she, along with staff and relatives regularly sit down with residents at mealtimes and eat the food provided; no complaints have been received in regard to meals.

Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT), as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care is managed by community nursing services. The manager reported that training for staff had been provided by a tissue viability nurse in the prevention and recognition of pressure wounds; the manager reported that new care plan documentation is being developed. This is commended. The manager advised that staff were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection report, annual satisfaction survey report, resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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 manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents, staff and relatives spoken with during the inspection made the following comments:

- "They do what they are supposed to do." (resident)
- "I get the help if needed." (resident)
- "I love the décor." (resident)
- "They do more than enough and it's lovely, homely the way they decorate it and it's the staff who make it feel that way." (relative)
- "There is one (a care review) coming up." (relative)
- "Good communication…Excellent teamwork." (staff)

Two completed questionnaires were returned to RQIA from residents' visitors/representatives Respondents described their level of satisfaction with this aspect of care as satisfied and unsatisfied.

The inspector contacted the respondent who indicated that they were unsatisfied who explained that their response was based on an issue that had occurred in February 2018. The respondent indicated that the issue had been resolved and did not want the inspector sharing the detail with the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example, following discussion with residents, staff described how they planned

to re-decorate a seating area to look like a log cabin with the facility to make a cup of tea or coffee will promote residents' independence, dignity and choice. This is commended.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, nutrition, where appropriate.

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. For example, the activity programme was in a pictorial format. Discussion took place with the manager in regard to consideration being given to the need to develop easy-read versions of care plans.

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 listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

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. For example, residents and staff described a range of activities including scrapbooking, bus runs, a book club and musical and singing activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, staff described the positive outcomes of an inter-generational project when a local school visited the home.

Residents and a residents' relative spoken with during the inspection made the following comments:

- "Some of us go out to the garden." (resident)
- "They come to us with ideas (for activities) and we choose." (resident)
- "They (staff) are very kind and they put their arm around (my relative)." (relative)

Two completed questionnaires were returned to RQIA from residents' visitors/representatives Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Comments received from both relatives were as follows:

- The staff at brae valley achieve a high degree of success due to their dedication and professionalism."
- "They (staff) are very nice, I can't complain. They are looking after him and he is quite happy and he wants to stay there."

Areas of good practice

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 taking account of the views of residents.

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 and stated that 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 were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that there had been no complaints in the last 12 months. Arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The manager reported that records of complaints would include 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.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events records 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 reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager had recently attended training in regard to GDPR and in December 2017 the manager had completed Level 5 in the Qualification and Credit Framework (QCF).

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager reported 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.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents and the manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The boss is great." (resident)
- "We can't complain about anything (fully satisfied)." (resident)
- "Very much so (it is well-led), it couldn't be any better." (relative)
- "It's very well managed. It's very well run as far as I can see. Nothing is too much trouble." (relative)
- "No doubt about it, it's well run."

Two completed questionnaires were returned to RQIA from residents' visitors/representatives Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan Telford, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 18 June 2018	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. Ref: 6.4
	Response by registered person detailing the actions taken: The practice of wedging open fire doors is contrary to BHSCT Fire Policy. Care staff and Support Services have been instructed that this practice is to cease immediately. The Fire Policy will be reiterated at the next staff meeting on Thursday 14th June and staff will sign to verify that they have read it and understood their responsibilites re. fire safety. A meeting was arranged with Marc Mageean Support Services manager on the 22/06/18 to advise him of the outcome of the inspection and he has arranged to meet with his staff to remind them of their responsibilities with regards fire safety. Care staff within Brae Valley have been instructed to report to the manager or the senior in charge any non compliance with regards the fire policy to ensure safe and effective service delivery.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 **Ref**: Standard 27.5 **Stated:** First time **To be completed by:** 1 August 2018	The registered person shall ensure that the following areas in need of attention are addressed: • the grass is cut to a suitable length to ensure the safety of residents when walking on it • the surface of the wooden facia board is made good • the guttering is repaired and maintained • the wallpaper in the smoking lounge is made good Ref: 6.4
	Response by registered person detailing the actions taken: All maintenance issues as noted above have been reported through to Estates Department. for completion. Review of residential homes is underway which includes commissioning of assessment in relation to the building within Brae Valley and the investment that is required to address enviornmental repairs. Maintenance issues with the building.

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

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