



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Brae Valley (10058)
Date of Inspection: 18 September 2014
Inspector's Name: Kylie Connor
Inspection No: 16648

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Brae Valley
Address:	2 Breda Terrace Newtownbreda Belfast BT8 7BY
Telephone number:	(028) 9504 2940
Email address:	helenm.boal@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Martin Dillon
Registered Manager:	Mrs Helen Boal
Person in charge of the home at the time of inspection:	Mrs Helen Boal
Categories of care:	RC-DE
Number of registered places:	30
Number of residents accommodated on day of Inspection:	18
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	12 February 2014 Secondary Unannounced Inspection
Date and time of inspection:	18 September 2014 10:00am to 5:00pm
Name of Inspectors:	Kylie Connor and Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	5
Staff	3 and the registered manager
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	19	5

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Brae Valley Statutory Residential Home is owned and managed by the Belfast Health and Social Care Trust. Helen Boal has been registered manager with the Authority from 2005. The home provides residential places for persons with dementia.

The 1970s premises consist of a single storey, rectangular building around a central courtyard/garden, which has been planted and equipped for residents enjoyment in suitable weather. There is also a large garden at the rear of the home, which has paths, outdoor seating and a garden shed/summer house.

The accommodation consists of single bedrooms. Each bedroom has a built-in vanity wash-hand unit and wardrobe. There are no en-suite bedrooms.

The home is registered to provide care for a maximum of thirty persons under the following categories of care:

Residential care

DE Dementia

8.0 Summary of Inspection

This primary unannounced care inspection of Brae Valley was undertaken by Kylie Connor and Karen Scarlett on 18 September 2014 between the hours of 10:00am and 5:00pm. Helen Boal was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one requirement and one recommendation had been addressed. Two requirements and one recommendation are re-stated, one for the third time in relation to the provision of activities. The detail of the actions taken by the home can be viewed in the section following this summary.

Prior to the inspection, Helen Boal completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents, staff, a relative, a visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment. The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect. Good relationships were evident between residents and staff.

In discussions with residents they indicated, in accordance with their ability that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. A visiting professional commented on issues in regard to staffing levels and confirmed satisfaction with care delivery and communication with the home.

A review of the returned staff questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Staff also raised issues in regard to staffing levels and the quality of food. Discussions with staff identified a practice issue in regard to decontaminating commode pans. Requirements and recommendations have been made in regard to these issues. Further details received from residents, a representative, staff and a visiting professional are included in section 11.0 of the main body of the report.

The areas of the environment viewed by one inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be in need of improvement and a storage issue was observed. A recommendation has been made.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Five requirements and ten recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, relative, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspectors reviewed the arrangements in place for responding to residents' behaviour. The home had associated policies and procedures in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used. Residents' care records were in need of improvement in the areas of outlining residents' usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspectors demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. However, one record was identified where this had not been done and a requirement has been made.

A review of a sample of records and discussion with a relative evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Brae Valley was substantially compliant with this standard. Improvements were identified in the areas of records, including: care plans; needs assessments; weight and nutrition records; risk assessments and the homes statement of purpose.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspectors reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a procedure relating to the provision of activities. Through the inspectors' observations, a review of documentation, discussions with residents and staff and a review of returned staff questionnaires there was evidence that the home needed to make improvements throughout this standard. Activities provision in this home is not adequate and there was no evidence that any efforts had been made to address this from December 2014 following the end of the provision of an activity co-ordinator. The evidence gathered through the inspection process concluded that Brae Valley achieved the level of moving towards compliance in regard to this standard. Improvements have been identified including making provision for an activity programme which is compliant with this standard to be put into place, improve the format of the programme displayed and ensure the programme is reviewed twice yearly.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 14 (2) (a,b,c)	Remove the static bath from the existing residents' bathroom and replace with a level deck shower (with appropriate aids) and controlled by a suitable 'type 3' thermostatic mixing valve to give choice to residents.	The registered manager stated that a minor capital works has been approved by the trust co-director but the work has not yet commenced and a start date could not be confirmed. A review of a Registered Provider report evidenced this. This is not fully addressed and is stated for the third time.	Moving towards compliance
2	Regulation 14 (2) (a,b,c)	Repair or replace roof windows in corridors so that water leakage and the risk to residents is eliminated.	The registered manager confirmed that the windows have been repaired and there have been no further leaks. This is addressed.	Compliant
3	Regulation 18 (2) (N)	<p>Where activities are provided by or on behalf of the home including training, occupation and recreation, there are arrangements to ensure that –</p> <ul style="list-style-type: none"> (1) Activities are planned and provided with regard to the needs of the residents (2) Residents are consulted about the planned programme of activities <p>A suitable activities co-ordinator should be recruited to arrange and deliver activities that meet the residents therapeutic needs.</p>	Evidence during the inspection did not support that this has been fully addressed and is partly re-stated.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 8: Residents records and reporting arrangements	All required records for residents should be in the home file, and are accurate, signed and dated.	Evidence reviewed did not support that this has been addressed.	Moving towards compliance
2	Standard 19.2, and 19.3	<p>The registered manager should obtain a checklist for the following and a copy retained in staff files in the home: -</p> <ul style="list-style-type: none"> • The applicant's identity is confirmed • Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer • Any gaps in an employment record are explored and explanations recorded • Protection of Children and Vulnerable Adults/Access NI checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin) • Professional and vocational 	The registered manager demonstrated evidence from the trust human resource department confirming all the required information is in place. This is addressed.	Compliant

		<p>qualifications are confirmed</p> <ul style="list-style-type: none"> • Registration status with relevant regulatory bodies is confirmed • A pre-employment health assessment is obtained <p>Current status of work permit/employment visa is confirmed.</p> <p>A copy of the staff member's birth certificate should be obtained.</p>		
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
The Home works the key worker, Primary worker system, this ensures each individual resident has a care plan, risk assessment or strategy plan tailored to meet their needs.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure, responding to residents’ behaviour that challenges staff and others, dated 1 May 2014 and a procedure on restraint dated 1 May 2014. A review of these identified that they reflected DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge, multi-disciplinary assessment and it detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents and discussions with staff identified that informed values and implementation of least restrictive strategies was confirmed. A review of staff training records, returned staff questionnaires and discussions with staff identified that all care staff had received training in behaviours which challenge others which included a human rights approach.</p> <p>A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included basic information in regard to how staff should respond to assessed needs. One record did not evidence this adequately. A number of records evidenced risk assessments were appropriately completed. One record did not evidence this and there were no needs assessments in any record reviewed. A requirement has been made and a recommendation is re-stated for the second time.</p>	Substantially compliant

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
All staff are aware of the procedure to follow regarding any changes to a resident, ie they record and report to senior staff at the time, Senior will action accordingly and seek advice with relevant professionals if necessary	Compliant
<p>Inspection Findings:</p>	
<p>The relevant policy and procedure reflected:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of one care record did not evidence what was communicated to relatives including accidents/incidents and changes in health and welfare. A requirement has been made. Discussion with a professional confirmed that they experience good communication.</p>	Substantially compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Any approach or intervention required to support a resident is communicated with all relevant persons, including residents representative. Consent is sought from the resident if they have the capacity. All approaches will be fully discussed and documented in the residents care plan</p>	Compliant
<p>Inspection Findings: A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed at a basic level. The detail of how the behaviours manifest and the specific approaches/techniques staff should use need to be improved. A recommendation has been made. One care record reviewed and discussions with the registered manager evidenced that on one occasion a response was not in keeping with an identified technique. The registered manager was able to provide an explanation and gave an assurance that this would not re-occur. Evidence demonstrated that this had not occurred again. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Substantially compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Any resident who has a specific behaviour which requires a strategy plan. Support will be sought initially from the Dementia Lead Nurse for the Trust and or the CPN, depending on circumstances and a strategy plan to manage the behaviour will be implemented after full consultation with those involved</p>	Compliant
<p>Inspection Findings: The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this is not applicable on this occasion.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff have recently attended MAPA training specifically for dementia residents needs, which has given them the knowledge and understanding of the techniques they can safely follow to support the resident</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Mapa which the registered manager confirmed was tailored to the category of care the home is registered for • Training in regard to the home's categories of care – Dementia <p>Staff confirmed during discussions that they felt supported and this support included the training provided. Discussions with staff indicated that they were knowledgeable in regard to the responses to residents' behaviours.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any strategy management programme will have been fully discussed with the relevant professionals. Depending on the severity, Risks etc this will dictate the timing of reviews and monitoring.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from April to August 2014 and discussions with staff identified that when incidents had occurred outside of the scope of a resident's care plan these were actioned appropriately. One incident was identified which had been responded to outside the care plan and training provided. This was discussed with the registered manager who confirmed that this would be addressed with staff without delay. A</p>	Substantially compliant

<p>requirement has been made. There was confirmation that there is no form of physical restraint used in mapa training or in the home. A review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. It is recommended that the home should ensure that incident records state the date of all persons informed and the audit tool supports compliance. A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. A visitor confirmed during discussions that when any incident occurs they are informed.</p> <p>There was confirmation that if any incident occurred outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services and would be followed by a multi-disciplinary review of the resident's care plan.</p>	
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>No restraint is used on a resident unless this has been fully discussed with the appropriate professionals. Staff have been trained in touch hold techniques at the MAPA training and these would only be used if it is necessary and only by staff trained to use these techniques . This would be fully discussed and documented .</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussions with staff, a visitor, a professional, a review of returned staff questionnaires, accident and incident records, staff training records and an examination of care records confirmed that physical restraint is not used.</p> <p>Residents were unable to confirm during discussions that they were aware of decisions that affected their care or had given their consent to the limitations.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices which may be used in the home are not described. A recommendation has been made. These should include the areas physical, environmental, mechanical, technological, chemical, psychological and consideration of bedrails, lap-belts, locked doors pressure mats and so on.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are invited to attend activities, events organised within the Home and outside of the home which have been identified as being of interest to individual residents needs	Compliant
Inspection Findings:	
The home had a policy on the provision of activities, dated May 2014. Most residents are unable to comment on activities. Those who could, spoke positively of musical activities. Discussions with staff and a review of the records of activities and events and minutes of residents meetings indicated that a number of residents benefited from and enjoyed the activities and events when provided. These activities were based on the assessed needs and interests of the residents. However, there was evidence that activities were not being provided consistently on a daily basis and variety was limited. A requirement has been re-stated.	Moving towards compliance
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are based around the knowledge of residents choices and interests. Church services are linked to local churches and cover the residents religious beliefs. Links with arts care, sport disability etc have resulted in residents maintaining links with the community .	Substantially compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised limited to hairdressing, church service and very occasional arts and craft or music activities. A requirement has been re-stated.	Moving towards compliance

Care staff confirmed during discussions that when activities were provided they were meaningful and residents enjoyed them. Staff spoke positively of activities a year ago which were 'brilliant' including an arts/interactive programme, silk painting and screen prints. Staff confirmed that a weekly bus outing took place, weather permitting.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are invited to monthly residents meetings where they can discuss and voice their views regarding activities. Any resident who prefers to stay in their room would be involved in contributing via 1 to 1 chats . Records of residents meetings are held and reviewed with the team to see how we can improve or make changes to activities.	Substantially compliant
Inspection Findings:	
A review of the record of residents meetings included discussion of activities provided and evidenced that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, at parties to discuss with relatives, small group discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Home has not had an activity worker since Jan14, this post has been passed by scrutiny and it is hoped that a new activity person will commence soon. Currently we do not display a scheduled programme of activities , we do hold a record on each individual residents daily activity.	Not compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display just outside the main office. This location was considered appropriate as the area was easily accessible to residents and their representatives. Residents were unable to comment on what activities were planned. The programme of activities was not presented in an appropriate format to meet the residents' needs and a recommendation has been made.	Moving towards compliance

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Residents are supported via care staff to participate in a range of activities</p>	Moving towards compliance
<p>Inspection Findings: The home had an activity co coordinator for a number of hours each week. This post has been vacant from December 2013. A requirement has been re-stated. The staff confirmed that there was an acceptable supply of activity equipment available which included bingo, jigsaws, skittles, ball games, CDs and DVDs. A suggestion was made for more resources to facilitate reminiscence activities. A recommendation has been made.</p>	Moving towards compliance
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment We do not have a timetable of daily activities , staff use the butterfly method of short bursts of activities around the unit and base the activity on the individuals and their abilities</p>	Moving towards compliance
<p>Inspection Findings: The care staff and registered manager confirmed that the duration of the limited activity provision was tailored to meet the individual needs, abilities and preferences of the residents participating. There was acknowledgement that the activity programme is in need of improvement and a requirement has been re-stated. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. Returned staff questionnaires evidenced that staffing issues have impacted on staff availability to implement the butterfly method referred to above.</p>	Moving towards compliance

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Where any activity takes place via outside contractor, this is always monitored closely throughout to ensure the person has the necessary skills to do so</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff confirmed that there when outside agencies were contracted to provide activities in the home there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity. However, these are currently limited to hairdressing and church services.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any person involved in any activity with residents would be informed of relevant information which could impact on residents ability to participate. Residents views would be sought and recorded in their individual activity sheets</p>	Moving towards compliance
<p>Inspection Findings:</p>	
<p>Staff confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Daily individual activity sheets are completed after each activity	Moving towards compliance
Inspection Findings:	
<p>A review of the record of activities identified that these had been maintained individually for each resident and stated of the nature, the name of the person leading the activity but not the duration. The inspector advised that this is recorded. There was confirmation from the registered manager that appropriate consents were in place in regard to photography and other forms of media.</p>	Moving towards compliance
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities are based around individual residents needs and are adapted or changed as and if required	Moving towards compliance
Inspection Findings:	
<p>A review of the programme of activities identified that it had last been discussed at every residents meeting. The records did not evidence that the overall programme provision had been reviewed at least twice yearly. A recommendation has been made.</p> <p>The care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. Returned staff questionnaires evidenced that staffing issues have impacted on staff availability to carryout activities.</p>	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with five residents individually and with greeted others. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- 'Staff are exemplary. As soon as I walked in I could feel the atmosphere....staff keep me abreast....staff are very caring.'

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades, the registered manager and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. Discussions with staff identified an issue in regard to decontaminating commode pans and a recommendation has been made. All staff questionnaires raised the issue of levels of sick absence causing issues pertaining to staffing levels in the home. A requirement has been made. Three returned staff questionnaires raised issues regarding the quality of the food being provided and a recommendation has been made. Discussions with the registered manager confirmed that residents need plates and bowls which support better eating behaviour for persons with dementia. There was confirmation that attempts had been made previously but all efforts were unsuccessful. A recommendation has been made.

Comments received included:

- 'Staff shortages make it difficult for activities.'
- 'Quantity of food too much, majority of it is wasted. Not all food is suited to the elderly. Curry, southern fried chicken, rice etc. Most of the food is too rough for them to eat, too spicy, too rich. Elderly are used to homemade soups, stews etc. Would like to see simpler menus so residents are familiar with same.'
- 'Could do with a lick of paint and new bedding. Sometimes strong smell of bodily fluids.'

- 'We are constantly short staff due to long and short term sickness. Staff are working overtime to try and help out. We need more old fashioned food which the residents can identify with.'

11.4 Visiting professionals' consultation

One visiting professional spoken to made positive comments in regard to the care and support provided to residents and communication with the home. The professional verified that staff follow instructions appropriately and display informed values. An issue raised in regard to staffing has resulted in a requirement.

Comments received included:

- 'It's good, (the home) staff are very caring and patients are very well cared for. They can be short staffed at times. Staff are very easy to deal with.'

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

One inspector observed the lunch-time meal. Residents were assisted where necessary and staff attended to residents appropriately. The menu for lunch and dinner was on display with a choice of five main courses and three deserts at lunch and 6 choices at tea time including hot selections. Observations led to residents records being reviewed and a requirement and two recommendations have been made in regard to referring to members of the multi-disciplinary team, reviewing and updating the care plan in a timely manner, reviewing the weight records to evidence analysis of changes and action taken and reviewing and improving records of food and fluids taken.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all but one resident in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

Discussion with the registered manager evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

One inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be in need of improvement and a recommendation has been made.

11.9 Guardianship Information/Resident Dependency

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection. Resident dependency information was reviewed.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 11 August 2014. The review identified that the recommendations made as a result of this assessment were being actioned.

A review of the fire safety records and review of staff questionnaires evidenced that fire training, had been provided to staff. The records also identified that an evacuation had been undertaken and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed which confirmed that staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Helen Boal, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Brae Valley

18 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Helen Boal either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 14 (2) (a,b,c) (Section 9 of the report refers)	<p>Remove the static bath from the existing residents' bathroom and replace with a level deck shower (with appropriate aids) and controlled by a suitable 'type 3' thermostatic mixing valve to give choice to residents.</p> <p>Failure to address this issue may result in the Authority initiating enforcement action.</p>	Three	Finance for static bath has been approved. Estates services are awaiting contractors to confirm commencement date.	31 January 2015
2	Regulation 18 (2) (N) (Section 9, 13.1, 13.2, 13.5 and 13.6 of the report refers)	<p>Where activities are provided by or on behalf of the home including training, occupation and recreation, there are arrangements to ensure that – Activities are planned and provided with regard to the needs of the residents</p> <ul style="list-style-type: none"> • A suitable activities co-ordinator should be recruited or alternative arrangements put into place to arrange and deliver activities that meet the residents' therapeutic needs and are compliant with standard 13 of the Residential Care Homes Minimum Standards (updated 2011) 	Two	<p>New Activity co-ordinator commencing 5th January 2015. Induction will take place which will include dementia training.</p> <p>Recording and duration of activities by care staff will be monitored weekly by senior care staff to ensure this is recorded appropriately in individual resident file. Manager will monitor this monthly.</p>	1 December 2014

3	15 (1) (2) (Section XX of the report refers)	<p>The registered person shall ensure that the assessment of the resident's needs is - kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <ul style="list-style-type: none"> • A needs assessment should be available in each residents care record and be fully compliant with Standard 5 of the Residential Care Homes Minimum Standards (August 2011) 	One	<p>All residents reviews are up to date for 2014 none outstanding. Meeting took place 12/11/14 with Dementia Outreach Team to review current assessment process. Until new format is operational previous four weekly assessment tool will be completed. Manager to continue to audit assessment and reviews on a monthly basis and record findings.</p>	1 December 2014
4	13 (1) (a) (Section 10.1 and 10.6 refers)	<p>The registered person shall ensure that the residential care home is conducted so as - to promote and make proper provision for the health and welfare of residents;</p> <ul style="list-style-type: none"> • This is in regard to the identified resident and the need to liaise with the GP, re-refer to a dietician, dementia specialist nurse and any other professional necessary • Review and improve use of validated risk assessment tools in the home including the areas of pain, skin and nutrition • The care plan for the identified resident should be reviewed and updated to reflect the resident's current needs • The care record should be reviewed and updated to reflect all communication with relatives including changes in a resident's needs 	One	<p>The identified resident was referred to dietician on 19/9/14. Assessment date received from dietician for 27/11/14. Unfortunately resident in question has been transferred to nursing care.</p> <p>Other identified resident has been assessed by dementia outreach team. No change to strategy that had previously been in place. Current strategy still being implemented.</p> <p>All residents have a risk assessment completed when risk has been identified and this is incorporated into residents individual care plan. The identified residents care plans updated with regard to</p>	By return of QIP

				changing need. All communications with relatives regarding any changes in residents needs is recorded in individual residents contact sheet and is ongoing as needs change.	
5	20 (1) (a) (Section 11.3 and 11.4 of the report refers)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents</p> <ul style="list-style-type: none"> Review and address the issues raised by staff, a visiting professional and ensure the continued management thereof 	One	<p>All staff working in the Home have received necessary experience, qualification, induction and training to ensure they are competent to meet the needs of the residents in line with RQIA & NISCC requirements.</p> <p>The Home is never left unsafe or below minimum standard of staffing levels required. On day of inspection staff rotas were not reviewed by inspector which would have provided evidence of this.</p>	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	8 (Section 9 of the report refers)	All required records for residents should be in the home file, and are accurate, signed and dated.	Two	All records are maintained daily for each individual resident and signed and dated by care staff and senior team in accordance with Standard 8.	1 December 2014
2	35 (Section 11.3 of the report refers)	Review infection control practices with all staff in the areas of de-contamination of commodes. Ensure practice is compliant with trust policy and procedures and NICE guidelines, Regional Healthcare Hygiene and Cleanliness Standards and that cleaning products are used according to the manufacturer's instructions.	One	Bed pan washer was repaired 30/10/14 and is fully operational. All staff informed of infection control procedure to follow, should bedpan washer every be out of use in future.	By return of QIP
3	10.3 10.2	Care plans should be reviewed and improved to detail of how residents behaviours manifest and the specific approaches/techniques staff should use.	One	Care Plans were in process of being updated at time of inspection with aim to improve details of recording in care plans in person centred way. On completion senior staff to ensure this is discussed with	1 December 2014

				service user and representative and signed appropriately. Manager will audit care plans monthly.	
4	10.7	The statement of purpose should be reviewed to include details of any restraint and restrictive practices which may be used in the home. These should include the areas of physical, environmental, mechanical, technological, chemical and psychological.	One	Statement of purpose has section regarding restraint and restrictive practice added as requested by inspector on day of inspection. Copy attached.	1 January 2015
5	13.4	The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. <ul style="list-style-type: none"> Review and improve the format of the programme of activities displayed in the home 	One	Programme of activities is displayed in front foyer. This will include activities for each day. New activity co-ordinator will review format of programme once she is in post.	1 January 2015
6	13.5 13.9 13.10 (Section 11.3 of the report refers)	The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs. Record the duration of activities. Review the need for staff to attend training in reminiscence activities and need for reminiscence resources.	One	Review of activity programme will be updated with activity co-ordinator following her commencement on 5th January 2015. Reminiscence training to be explored for all staff and new activity co-ordinator. Manager has reinforced to staff the amount of objects available within unit to assist with providing reminiscence sessions for residents. Staff have been informed to ensure	1 January 2015

				they record the duration of activities on documentation provided.	
7	27 (Section 11.3 and 11.8 of the report refers)	<p>The environment should be improved.</p> <ul style="list-style-type: none"> • Review and improve signage in the home to orientate and direct residents. • Confirm schedule to redecorate the home and improve furnishings, bed-linen and pictures • Ensure that a suitable place is identified to provide safe storage of the pool table • Ensure that wet floor signs are not used inappropriately i.e. to deter/prevent access to the garden 	One	<p>New signage has been ordered to assist orientation.</p> <p>Estates Services have informed manager that Brae Valley is on a painting schedule for redecoration and will be notified when their slot becomes available.</p> <p>New bed linen has been ordered through eprocurement.</p> <p>Pool table was removed 19/9/14 to safe and suitable storage area.</p> <p>Support service staff informed that all wet floor signs must be removed as soon as area is safe for mobilisation.</p>	1 December 2014
8	6 (Section 11.15 of the report refers)	<p>Review the system in place for recording resident weights to evidence analysis of changes and action taken.</p> <p>Review and improve the detail and consistency of completing records pertaining to resident food and fluid intake.</p>	One	<p>All residents are weighed weekly. New documentation now in place to assist monitoring and reviewing of individuals weight. Senior staff to monitor and record weights on a weekly basis.</p> <p>Completion of food and fluid records discussed with staff. This documentation will be held in main office to monitor and review on a weekly basis.</p>	By return of QIP

				Manager to complete monthly audit to ensure compliance.	
9	20.15 (Section 10.6 of the report refers)	Improve the completion of accident and incident notification records and audit tool to ensure evidence that all persons and agencies have been notified.	One	Current Datix Form does allow for a wide selection of others to be informed, however, staff did not realise this and have now been informed of procedure to follow re: adding more than just next of kin when completing. A record of all persons notified regarding any incident or accident is maintained in individual resident contact sheet.	By return of QIP
10	12 (Section 11.3 of the report refers)	<ul style="list-style-type: none"> • Review the quality of food provision in the home with staff, residents and residents representatives • Review training needs for kitchen staff and care staff in nutritional needs for persons with a dementia • Obtain appropriate plates / bowls which benefit positive eating for persons with dementia 	One	Residents views on food are discussed and recorded each month at residents monthly meetings. A varied choice of four and five options are available at each meal time. Training to be arranged for nutritional needs of people with dementia via the support service manager. New crockery has been ordered.	1 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Helen Boal
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Michael McBride Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	K.Connor	19/12/14
Further information requested from provider			