



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Brae Valley**

**24 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of inspection

An unannounced care inspection took place on 24 November 2015 from 10:30am to 1:45pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas of improvement were identified during the inspection.

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

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Belfast Health and Social Care Trust Martin Joseph Dillon	<b>Registered Manager:</b> Gerry Robinson (Acting)
<b>Person in charge of the home at the time of inspection:</b> Gerry Robinson	<b>Date manager registered:</b> 6 June 2015
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 30
<b>Number of residents accommodated on day of inspection:</b> 20	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with all the residents, three visiting relatives, three members of staff and the registered manager. Verbal feedback of the findings of the inspection was given to Ms Fiona McClelland, the Locality Manager for residential services.

We inspected the following records: five residents' care records, accident/ incident reports, monitoring visit reports and record of residents meetings.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 3 June 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last Care inspection on 3 June 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 13 (1) (a)	The registered manager must review and improve use of validated risk assessment tools, including the areas of pain, skin breakdown and nutrition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of five residents' care records found that the validated risk assessment tools were reviewed to help formulate a care plan.	

<p><b>Requirement 2</b></p> <p>Ref: Regulation 19(2) Schedule 4 (12)</p>	<p>The registered manager must ensure that accident and incident records are available for inspection at all times.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The accident and incident reports were readily available for inspection. Review of these reports from the previous inspection found these to be appropriately managed and reported.</p>		
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 13.4</p>	<p>The registered manager must review and improve the format of the programme of activities displayed in the home. The use of pictures should be considered.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A programme of activities was in display in pictorial format.</p>		
<p><b>Recommendation 2</b></p> <p>Ref: Standard 10.1</p>	<p>The registered manager should review and improve signage in the home to orientate and direct residents.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager reported to us that he has sought approval for purchase of signage and is awaiting arrival of such.</p>		
<p><b>Recommendation 3</b></p> <p>Ref: Standard 9.3</p>	<p>The registered manager should review the system in place for recording resident's weight to evidence analysis of changes and of action taken.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of residents' care records confirmed that there was evidence of an analysis of changes to weight with corresponding action.</p>		

<b>Recommendation 4</b> Ref: Standard 12.1	The registered manager should review training needs for kitchen staff and care staff in nutritional needs for persons with a dementia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager reported that training in nutritional care has been sourced and has yet to be issued to staff. However he has informed staff of current guidance in nutritional care.	
<b>Recommendation 5</b> Ref: Standard 21.1	The responsible person should review policies and procedures in regard to dying and death to ensure they reflect current best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These policies and procedures have been reviewed accordingly.	
<b>Recommendation 6</b> Ref: Standard 23.4	The registered manager should ensure staff receive training in the management of dying and death and in continence management and promotion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Training in these standards have been provided for.	

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice.

The staff confirmed that they had a residents meeting on the 23 November 2015. Their views and wishes were actively sought and recorded. This record of this meeting was available during the inspection.

Residents' meetings were convened every month to plan and discuss activities, food provision and address any areas of concern.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

### **Is care effective? (Quality of management)**

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. The manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review.

### **Is care compassionate? (Quality of care)**

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Discussions with the registered manager confirmed that he had worked with staff in adopting a value based ethos of care with associated team behaviours. One of these values was related to respect and dignity, which had agreed team behaviours. These values are being disseminated to staff through reflective practice, supervision and on-going training. This initiative is to be commended.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, preferences at meal-times and assistance with personal care.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **Areas for improvement**

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.3 Additional areas examined**

### 5.3.1 Residents' views

We met with all the residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home. A number of residents were able to articulate their views.

Some of the comments made included statements such as;

- "I love it here. No problems. It is the next best thing to being at home"
- "Everything is fine. The staff young and old are all great"
- "This is a good home"
- "It is peaceful here with no worries".

### 5.3.2 Relatives' views

We met with three visiting relatives. All spoke in complimentary terms about the provision of care and the kindness and support received from staff. Relatives also declared that they had good confidence with the services provided in the home.

Some of the comments made included statements such as:

- "I feel very reassured when leaving the home. Everyone is very kind"
- "The home is absolutely marvellous. My mum has greatly settled since coming here"
- "It is a great place".

### 5.3.3 Staff views

We spoke with three care staff members individually, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

### 5.3.4 General environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a reasonable standard.

### 5.3.5 Staffing

The staffing levels at the time of this inspection consisted of;

- 1 x registered manager
- 1 x senior care assistant
- 3 x care assistants
- 1 x cook
- 2 x support services with housekeeping and laundry duties
- 1 x administrator

From general observations of care practices and discussions with staff these levels were found to meet residents' dependency needs, taking accounting the layout of the home.

### 5.3.6 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

The senior care assistant on duty was observed to responding to a resident in a kind, caring manner with positive results in responding to the resident's communication needs and associated anxiety.

A visiting hairdresser was in attendance with residents benefitting and enjoying this service.

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Residents' care to dress and appearance was found to appropriately met,

### Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Gerry Robinson	<b>Date Completed</b>	13/01/16
<b>Registered Person</b>	Dr Michael McBride	<b>Date Approved</b>	14/1/16
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	01/02/16

Please provide any additional comments or observations you may wish to make below:

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