

# Unannounced Care Inspection Report

## 25 April 2017



## Brae Valley

Type of service: Residential Care Home  
Address: 2 Breda Terrace, Newtownbreda, Belfast, BT8 7BY  
Tel No: 028 95042940  
Inspector: Kylie Connor

## 1.0 Summary

An unannounced inspection of Brae Valley took place on 25 April 2017 from 10.15 to 15.45.

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

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision, adult safeguarding, infection prevention and control, risk management and the home's environment.

Two recommendations were made in regard to the completion of mandatory training and annual appraisals.

### Is care effective?

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

Two recommendations were made in regards to a photograph of residents to be contained in care records and the development of an individual care plan for the management of diabetes.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust Mr. Martin Joseph Dillon	<b>Registered manager:</b> Joan Telford – registration pending
<b>Person in charge of the home at the time of inspection:</b> Joan Telford, manager	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 30

## 3.0 Methods/processes

The following records were analysed prior to the inspection: the report of the previous care inspection, notifications of incidents and information pertaining to adult safeguarding and complaint.

During the inspection the inspector met with five residents, the assistant services manager, the manager, three care staff and one ancillary staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision records
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives'/other
- Monthly monitoring reports
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 4 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. The timescale for the completed report to be issued had not been reached.

### 4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2016	The registered provider shall ensure resident's care plans are kept up to date and they accurately reflect resident's care needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of three residents care records found that they were up to date and that they accurately reflected the resident's care needs.	

### 4.3 Is care safe?

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and review of six staff supervision records confirmed that although supervision of staff was regularly provided, staff were overdue an annual appraisal. A recommendation has been made. The manager confirmed that a schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

Inspection of the mandatory training schedule demonstrated that a number of staff were overdue training in the following areas; fire safety and fire evacuation, first aid, behaviours which challenge in persons with dementia, infection control, COSHH, manual handling and food hygiene. The manager confirmed that a number of these staff were currently absent or on leave and would receive update training upon their return to work. A recommendation has been made.

Discussion with the manager confirmed that although no staff were recruited since the previous care inspection, staff are 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.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to confirmed that they were currently registered with NISCC.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager and assistant services 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 confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

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

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

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

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment demonstrated that these were clean and in good condition.

Staff training records confirmed that all staff had received training in infection prevention and control (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. Observation of staff practice identified that staff adhered to IPC procedures.

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

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

A general inspection of the home was undertaken and the majority of residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The manager stated that painters were due to start work soon and pictures would be hung on bedroom walls and throughout the home once this work had been completed. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place which had been reviewed on 10 August 2016. The manager confirmed following the inspection that all recommendations had been addressed and that the action plan would be completed to reflect this.

Review of staff training records and discussion with staff confirmed that staff completed fire safety training twice annually. Although a number of staff were overdue their second fire safety training, the manager confirmed that training would be completed twice annually. A fire drill had been completed on 14 April 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Two completed questionnaires were returned to RQIA from a resident and a residents' representative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

### **Areas for improvement**

Two areas for improvement were identified in regard to the completion of annual appraisals and mandatory training.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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#### 4.4 Is care effective?

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

A review of three care records and discussion with the manager and staff confirmed that although two improvements were identified, care records were generally 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. Three care records examined did not contain a photo of the resident and a recommendation has been made.

Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Although it was noted that when a resident had a diagnosis of diabetes and although this was referred to in care plans pertaining to areas such as nutrition, there was not a separate care plan for the management of diabetes. A recommendation has been made.

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.

Discussion with staff confirmed that a person centred approach underpinned practice, for example staff demonstrated their appreciation of learning more about residents' lives, their achievements, preferences and challenges through activities such as reminiscence. Staff also recognised that a person centred approach is employed at mealtimes by using, when appropriate, different coloured dishes designed to support eating for persons with dementia.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The manager stated that audit was an area of particular interest and one she had planned to further develop to strengthen quality improvement within the home.

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

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

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

Two completed questionnaires were returned to RQIA from a resident and a residents' representative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Staff and residents spoken with during the inspection made the following comments:

- "I enjoy doing it (reminiscence activities) with them. I like to hear their stories" (Staff)
- "We use the memory ball, different arts and crafts, listen to music and chatting" (Staff)
- "Care is 100 percent" (Staff)
- "They (the staff) are always about the place" (Resident)
- "My plate is empty most of the time" (Resident)
- "Staff are good" (Resident)

### Areas for improvement

Two areas for improvement were identified during the inspection in relation to care records containing a photograph of the resident and the need for a separate care plan for the management of diabetes.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that 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 and discussion with the manager, for example, pain relief had been prescribed routinely instead of as required following staff discussion with the GP.

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. In discussion with staff they demonstrated their knowledge of using a range of verbal and pictorial communication methods to aid residents make choices, for example, staff described how they use short sentences when offering resident's choice and giving residents time to make a response at their own pace.

The manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were knowledgeable of how they promoted residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected, for example, staff were knowledgeable about ensuring doors were closed and all necessary preparation was



undertaken prior to commencing the delivery of care, including explaining to the resident at each stage during the process what and how they were going to assist them with and seeking evidence of understanding and consent.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, residents' meetings, annual reviews and monitoring visits.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff, for example, described the importance of encouraging and facilitating residents to retain as much independence in areas such as personal care, mobility and where possible residents assist staff in activities such as watering the plants. Arrangements were in place for residents to maintain links with their friends, families and wider community. A weekly bus run, for example takes place for residents to visit local places and recently Arts Care had been coming to the home on a monthly basis to deliver an arts and craft programme.

Two completed questionnaires were returned to RQIA from a resident and a residents' representative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Staff and residents spoken with during the inspection made the following comments:

- "Everything is made available to partake or not to partake (in activities)" (Resident)
- "The food is very good, there are good portions of whatever we want and a glass of juice" (Resident)
- "It's very good, it's clean, there is nothing to dislike about it. I read a lot" (Resident)
- "Some residents' prefer to stay in their dressing gowns some days" (Staff)
- "You treat them all like your own" (Staff)

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

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

The manager confirmed that a range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and available on the home's computer system and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The manager confirmed that 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 Residents Guide, poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with the manager and assistant services manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The manager confirmed 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. An audit of complaints was used, as necessary, to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

The further development of quality assurance systems is planned by the manager to drive quality improvement.

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

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. The manager stated that she and a senior care assistant had recently attended training in dementia care and that the home would be participating in further development work as part of the Belfast Health and Social Care Trust's strategy pertaining to improving dementia care services. A system was in place to manage staff completion of mandatory training and other training identified as necessary to meet the need of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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. Discussion with the manager identified that she had an understanding of her role and

responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the assistant services manager.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that although the most recent QIP was returned to RQIA after the requested timescale, the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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

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

Two completed questionnaires were returned to RQIA from a resident and a residents' representative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Staff spoken with during the inspection made the following comments:

- "I'm glad to have a permanent manager"
- "They (the whole staff team) are extremely approachable and supportive and the new manager is on the ball. The last (temporary) manager was great"

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan Telford, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider and manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2017	<p>The registered provider should ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p><b>Response by registered provider detailing the actions taken:</b>  An action plan has been drawn up to ensure all staff appraisals have been completed &amp; personal development plans agreed before 31.07.17</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	<p>The registered provider should ensure that mandatory training requirements are met.</p> <p><b>Response by registered provider detailing the actions taken:</b>  All staff files have been audited and the training matrix updated identifying any gaps in training. Memo issued to all staff reminding them of their responsibility to complete mandatory training with advice on how to access same. Regular audits will be completed by the manager to ensure compliance.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2017	<p>The registered provider should ensure that the resident's records contain a recent photograph of the resident.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Photographs have been taken of all residents and files updated as recommended.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2017	<p>The registered provider should ensure that an individual comprehensive care plan is drawn up for the management of diabetes.</p> <p><b>Response by registered provider detailing the actions taken:</b>  An individual diabetes management plan has been drawn up for each resident as recommended.</p>



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