



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

30 June 2019



Brae Valley

Type of Service: Residential Care Home

Address: 2 Breda Terrace, Newtownbreda, Belfast, BT8 7BY

Tel No: 028 9504 2940

Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Martin Joseph Dillon	Registered Manager and date registered: Joan Telford 23 July 2018
Person in charge at the time of inspection: Christine Kennedy senior care assistant	Number of registered places: 30
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 20 plus two residents in hospital

4.0 Inspection summary

This unannounced inspection took place on Sunday 30 June 2019 from 10.00 to 14.00.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the teamwork between staff, their approach to residents in an individualised, unhurried manner and the positive impact of interventions from staff with residents in areas such as distress and anxiety. Good practice was also found in relation to the environment, in terms of its upkeep, its décor and furnishings and the nice therapeutic milieu and dementia friendliness. Residents were seen to be treated as individuals and care was delivered in a person centred basis.

No areas requiring improvement were identified during this inspection.

Residents described their experience of living in the home and their relationship with staff as all positive. Some of the comments made included statements such as, “I love it here. Everything is very good”, “You couldn’t beat this place with a big stick” and “You wouldn’t find any problems here”.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Christine Kennedy, senior care assistant, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings registration information, and any other written or verbal information received, such as accident and incident notifications.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

- staff duty rota
- schedule of staff supervisions and appraisals
- staff training schedule and training records
- three residents' records of care
- governance audits/records
- accident/incident records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 4 March 2019

The one area of improvement identified at previous care inspection has been reviewed. This area of improvement was met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The senior care advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. It was advised that there was one care member short for duty due to absence at the time of this inspection. The senior care assistant had exhausted all methods of covering this deficit including use of bank or agency staff but to no avail. However there were no obvious negative impacts observed with care practices at the time of this inspection. There were also no negative comments received from staff on their abilities to meet their roles and duties due to this deficit. This was primarily down to the good teamwork of staff and their continued culture and practice in ensuring the duties and tasks evolved around residents' individual needs. Care practices were relaxed, organised and unhurried. Staff are to be commended for this.

Ancillary staff were in place to support roles with catering, housekeeping and laundry.

Staff were keen to express how they all worked well as a team, regardless of roles. This was promoted from training staff had received in this area. Evidence of this was available from general observations of care practices and how staff interacted and supported each other for the benefit of residents.

The senior care assistant acted with competence and confidence throughout this inspection.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A sample of a staff member's programme of induction was inspected. This programme was comprehensive and detailed.

An agency member of staff who also was on duty confirmed that she had received an induction and that she felt staff went out of their way to support her and included her within the team. This agency member of staff had work on the home on a regular basis and had knowledge of residents' names, needs and prescribed care interventions.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis by the registered manager.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

It was advised that all staff had undertaken specialist training in dementia which occurred on a monthly basis over 12 months. A focus of this training was on person-centred care and what this actually meant in day to day practice. Feedback from the senior care assistant advised that she felt this training had helped transform the home on its positive abilities to meet residents' needs and their health and well-being. This provision of training is to be commended.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. The home has undergone significant improvements to its environment in areas of décor, furnishings, comfort, homeliness and dementia friendliness. It was advised that staff had themselves embraced this improvement and participated extensively in areas of painting, wall-papering, ornaments and pictures. This level of improvement is to be commended.

Residents' bedrooms were comfortable and personalised. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were very well maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing training, support, the environment and the positive impact of staff teamwork.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions with staff confirmed that they had good knowledge and understanding of residents’ needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of three residents’ care records was undertaken. These records were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

It was advised that subsequent to the specialist training received by staff on dementia; a lot of work has been put in place with meeting issues of assessed need with pain, constipation, falls and sedative type medications. The effects of this were that pain and constipation is recognised much sooner, falls risks are acted on, with for example diversional areas in the environment for residents to rest and sedative types medications have been greatly reduced. There was also a greater emphasis on staff on getting to know the resident which helped staff respond to individual preferences, likes and dislikes and social preferences. For example, the genre of music played was appropriate to the age group and tastes of residents and indeed several were able to enjoy a conversation about Elvis, Ruby Murray and the showbands.

Throughout this inspection there were examples of good delivery and effectiveness of care observed. One example was observed how the senior care assistant intervened with a resident who had distressed and anxious behaviour. Time was spent with this resident in a kind, caring sensitive manner. Good verbal and non-verbal communication was used with positive effect, in that the resident relaxed and then had an enjoyable dinner meal. The resident was also able to recognise the kindness and support given by this staff member as a nice rapport was observed.

Human rights considerations

A key pad locking system is used in the home for the safety of the residents in regard to their assessed need with orientation with dementia. The appearance and status of this is unobtrusive in that the environment does not give the appearance of being a "locked unit". This provision has been suitably assessed and documented in individual resident's care records.

Residents' processions were facilitated in their own rooms with some residents choosing to add protection to these by having their own key to their bedroom. Photographs and personal memorabilia were nicely displayed and encouraged.

Residents were treated with respect, kindness and individuality by all members of staff on duty. For example, a laundry member of staff spent time on her duties in nice conversation with residents. This member of staff also advised that there were good systems in place to manage and protect items of laundry and garments. Care staff do not wear uniforms, which they felt broke down any perceived barriers with residents. Residents still recognise them as care staff although staff felt this relaxation in practice helped create a nicer feel to how they delivered care in a humanistic manner.

Care records inspected identified areas of spiritual care as a need and some residents through choice had religious memorabilia displayed in their personal bedrooms.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

"I love it here. Everything is very good"

"You couldn't beat this place with a big stick"

"You wouldn't find any problems here"

"I couldn't find anything wrong with this place. I know I am well cared for"

"The staff are very good and kind. You couldn't wish for better"

"I am very happy here"

"The food is lovely. Plenty to eat"

"Everything is lovely here. All very peaceful. I feel very safe"

"It's a home from home"

"I think the staff are great, every one of them"

"Very happy, no worries"

"I am well looked after here. I just go with the flow but I know everything is very good"

For those residents who could not clearly articulate their views, through body language and cues they were able to indicate positive feedback on their life in the home.

Dining experience

The dining room was spacious and suitably facilitated with tables nicely set with choice of condiments. The lunchtime meal was appetising, wholesome and nutritional, with provision of choice in place. Staff attended to residents' needs in a caring, unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

The catering facility was tidy, clean and appeared well organised.

Social needs

It was reported that activities play a large focus on the well-being of residents. For example it was explained how every day a spacious room is designated to provide a variety of social activities for residents. Two staff members reported that the manner in which this platform is promoted has brought great enjoyment and fulfilment to residents.

The home has an activities co-ordinator who works three days a week. The role is supported by an activities line manager in the Trust as well as the teamwork of staff in the home.

An art therapist volunteers twice a week in the home. A portfolio of art work done by a group of residents was viewed and in particular those of one particular resident. This resident had an assessed need of low mood and being withdrawn. Participation in these art work classes had alleviated the low mood and isolation. The results of this resident’s art work were expressive and impressive and had astonished the resident’s family who were not aware of this resident having a previous forte to this. Care documentation was also in place to support this.

There were good provisions of activity aids, equipment and diversional appliances throughout the home. These included games, books, televisions, a water feature, art work and reminiscing material.

At the time of this inspection, residents were content and relaxed in their environment, some were enjoying the company of one another, others were reading, watching television, listening to music and some were relaxing in their bedrooms.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home is managed by the Belfast Health and Social Care Trust. The registered manager was available to support the senior care assistant during this inspection, if this was needed. Throughout this inspection staff praised the managerial arrangements, support and direction the home was going.

Accidents and incidents

These reports were inspected from the previous inspection on 4 March 2019. All these events were considered to be appropriately managed and reported to the relevant persons / agencies.

Staff views

Staff spoke positively about their roles, duties, teamwork, support and morale. It was advised that training had been put in place to enhance the teamwork of staff members and in ensuring their collective roles benefitted the resident. Staff spoke about the positive results of this training and how the culture of the home was shared by all staff members regardless of grades of staff. Staff also praised the registered manager on how this was role modelled and adapted in day to day practice.

Comments received from staff included the two following statements;

“The care is excellent. We simply treat residents like one of our family”
 “The manager is great”.

Added to this it was observed that staff members worked well together as a team. There was found to be good communication between one and another and relaxed unhurried cohesiveness between team members.

Regulatory documentation

Regulatory documentation such as staff records, care documentation, audits and policies and procedures were maintained in an organised methodical accessible manner. There was also good accessibility of information and guidance including alert bulletins availability for staff.

In seeing how this documentation was organised, this made the senior care assistant’s support in this inspection much more at ease, whilst at the same time dealing with her own caring role with residents. This is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from staff, general observations of care practise pertaining to teamwork and how regulatory documentation was organised.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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