



Announced Pre-Registration Care Inspection Report

30 August 2023



Brae Valley

Type of Service: Residential Care Home
Address: 2 Breda Terrace, Newtownbreda,
Belfast, Belfast
Tel no: 028 9504 2940

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



1.0 Service details

Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Dr Catherine Jack	Applicant Registered Manager: Briege Connery – Not registered
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 30
Person in charge at the time of inspection: Helen Taggart	
Brief description of the accommodation: This is a residential care home registered for 30 beds that provides care for residents living with dementia. The number of beds has been reduced to 20 following refurbishment of the home.	

2.0 Inspection summary

An announced pre-registration care inspection of Brae Valley took place on 30 August 2023 from 9.20 am to 11.10 am. The inspection was carried out by an estates inspector and a care inspector.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (December 2022).

The inspection sought to assess a variation application submitted to RQIA to decrease the number of beds from 30 to 20 following refurbishment of the home.

It was confirmed from a care and estates perspective that the home was appropriately prepared for admission of residents to the refurbished premises.

Areas for improvement from the last medicines management inspection were not reviewed as part of this inspection. No new areas for improvement were identified.

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.

3.0 How we inspect

RQIA's inspections form part of our assessment of the quality of services. Our reports reflect the performance at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection consisted of a review of estates related documents held in the home and submitted by the provider prior to the inspection. A visual inspection of the internal and external accommodation was completed and any issues identified during the inspection were discussed with the manager at the conclusion of the inspection.

As part of the inspection, we also considered and/or reviewed the following range of information:

- A review of the statement of purpose
- A review of the service user guide
- A discussion regarding the admission plans for residents
- A discussion regarding staffing arrangements
- Mechanical & Electrical commissioning and validation certification

4.0 The inspection findings

4.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the most recent inspection dated 4 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that medicines are available for administration as prescribed.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure any non-administration of medicines due to stock supply issues is reported to the prescriber for guidance and to next of kin, care management and RQIA.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

5.0 Inspection findings

5.1 Estates Inspector findings

Environment

The home had been completely refurbished to a very high standard. This included new floor finishes throughout, redecoration and new furniture. New stainless steel handrails had also been installed throughout the premises.

With the reduction in bed numbers new communal day spaces and staff areas had been created including a resident's tea room, hair salon, a wobble room and a new manager's office.

New laundry equipment had been installed and a workflow from dirty to clean is in operation within the laundry.

Mechanical and electrical services had been upgraded throughout and all necessary commissioning and validation had been undertaken at the time of the inspection. No structural changes had been necessary and the building footprint had not been altered. Therefore, neither building regulations approval or planning permission were required.

Fire Safety

The premises fire detection and alarm system had been replaced with a new L1 addressable system and a new emergency lighting installation had been installed at the time of the inspection. Door closers fitted to all bedroom doors were 'swing free' in operation, in accordance with current best practice guidance.

The home's fire risk assessment had been reviewed to include the physical changes to the premises, and all recommendations were noted to be appropriately addressed.

No areas for improvement were identified.

5.2 Care Inspector findings

Discussion with the manager evidenced that staffing arrangements will be subject to regular review and that consideration had been given to staffing levels and skill mix, resident dependencies, and the building layout. The manager confirmed that staffing levels were planned to increase in line with resident occupancy in the home.

Refurbishment has been carried out in all areas of the home and as a result the number of bedrooms has decreased from 30 to 20.

Décor throughout the home was of a high standard. The manager said that research regarding décor and the environment for people living with dementia had been taken into account when colour schemes and signage had been chosen to ensure this best met the needs of residents.

Bedrooms were very attractively decorated and suitably furnished. Soft furnishings were of good quality, colour schemes were appealing and the rooms had ample built-in storage facilities.

The refurbished communal areas were also very attractively decorated. There was lots of natural light coming into the home. Lounges were light, bright and welcoming spaces. Seating, occasional tables and soft furnishings were tastefully arranged in the lounges. In addition, there were various comfortable seating areas throughout the home.

The dining room was attractively decorated throughout, spacious and well equipped to accommodate residents.

The home has an easily accessible and well maintained internal courtyard garden with patio areas and comfortable garden furniture for residents' comfort.

The home was clean, tidy and uncluttered. Personal protective equipment (PPE) was readily available in wall mounted PPE stations. The manager said that the Belfast Trust Infection Prevention and Control (IPC) Team had provided advice on suitable locations for PPE stations.

It was established that the call bell system within the home was in working order.

In conclusion, from a care perspective, RQIA were satisfied that the actions taken in relation to this variation are compliant with current DoH minimum standards and may be processed to completion.

No areas for improvement were identified.

6.0 Quality improvement plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of areas for improvement	*2	0

*The total number of areas for improvement include two which have been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Helen Taggart, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
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