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**Announced Estates Inspection  
of  
Brae Valley**

**7 May 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 7 May 2015 from 10.30 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Minimum Standards (DHSSPS, 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>	3	1

The details of the QIP within this report were discussed with Mr Gerry Robinson, Acting Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Martin Joseph Dillon, BHSCT	<b>Registered Manager:</b> Mrs Helen Boal
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Gerry Robinson	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-DE	<b>Number of Registered Places:</b> 24
<b>Number of Residents Accommodated on Day of Inspection:</b> 16	<b>Weekly Tariff at Time of Inspection:</b> Trust Rates

### 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 standards have been met:

**Standard 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: Fire safety**

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or resident's representatives. The inspector was accompanied throughout the inspection by Mr Alan Kerr, BHSCT Estates and Mr Mark Gunning, BHSCT Fire Officer.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment & associated records
- Mechanical & Electrical Certificates & associated records
- Service Certificates for the lifting equipment

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 13 November 2014. The completed QIP was returned and approved by the specialist inspector on 22 December 2014.

Any outstanding areas detailed in this report will be addressed by the pharmacy inspector assigned to the home.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)	Replace the damaged threshold strip at the entrance to the laundry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)	Locate the source of the water damage to the ceilings in the corridor and in the sluice room, and make good. The ceilings must then also be made good and redecorated accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2)	Ensure that the external paths and patios are kept clear of moss and debris so as to maintain a suitable slip resistant surface. Repair the damaged fascia boards and gutters as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 14(2)	Ensure that suitable procedures are in place with regards to the use of bedpans and that current infection control best practice guidelines are adhered to. The washer disinfector should in the interim period be treated as an infrequently used outlet and be subject to twice weekly flushing to prevent the build-up of stagnant water in the homes' system.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that suitable and sufficient validation of the equipment was undertaken most recently February 2015.	

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(4)	Ensure that the door closer to bedroom 11 operates properly and that the bedroom door effectively self closes when the fire alarm is activated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27(4)	Carry out regular fire drills in accordance with NIHTM84 and ensure that all staff participate at least annually.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	
<b>Requirement 7</b>  <b>Ref:</b> Regulation 27(4)	Display up to date diagrammatic drawings of the home adjacent to the fire panel in the office in accordance with BS5839-8:2008 'Fire detection and fire alarm systems for buildings'.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed at the time of inspection.	

### 5.3 Standard 27: Premises and Grounds

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### Areas for Improvement

No issues were identified for attention by the registered manager as a result of this Estates inspection. This is to be commended.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 28: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

### Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

### Areas for Improvement

No issues were identified for attention by the registered manager as a result of this Estates inspection. This is to be commended.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 29: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely,

non-institutionalised environment. This supports the delivery of compassionate care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

## Areas for Improvement

Suitable monthly checks are undertaken for the home's emergency lighting installation. However, no documentation was available to confirm that this installation had undergone suitable and sufficient annual inspection as outlined in BS5266-8:2004 'Emergency escape lighting systems'.

The home has a well-appointed designated smoking room which enables staff to supervise residents through glazed panels without them having to unnecessarily enter the room. However, a fire blanket should be provided in this room alongside the existing portable fire-fighting equipment.

The home's fire risk assessor should assess the fire resistance of the activity room opposite hair-dressing room in accordance with the guidance contained in 'NI Health Technical Memorandum 84 – Fire risk assessment in residential care premises' (NIHTM84). Any requirements resulting from this assessment should be undertaken within the timescales stipulated by the fire risk assessor.

Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.

- [http://www.rqia.org.uk/cms\\_resources/letter%20re%20accreditation%20for%20FRAs\\_March2015.pdf](http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf)

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Robinson, Acting Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

## 6.1 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b> <b>Ref:</b> Regulation 27(4) <b>Stated:</b> First time <b>To be Completed by:</b> 31 July 2015	<p>Provide confirmation that the home's emergency lighting installation has undergone suitable and sufficient annual inspection as outlined in BS5266-8:2004 'Emergency escape lighting systems'.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Repairs and remedial works are currently being carried out on the Emergency Lighting System. Certificate and Registration Code not yet available. Estates Services will forward once certificate has been issued.</p>
<b>Requirement 2</b> <b>Ref:</b> Regulation 27(4) <b>Stated:</b> First time <b>To be Completed by:</b> 31 July 2015	<p>Provide a fire blanket in the designated smoking room alongside the existing portable fire-fighting equipment.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Fire Blanket (TOPSPEC EURO BS EN 1869:1997)            Fitted 22nd July 2015.</p>
<b>Requirement 3</b> <b>Ref:</b> Regulation 27(4) <b>Stated:</b> First time <b>To be Completed by:</b> 31 July 2015	<p>The home's fire risk assessor should assess the fire resistance of the activity room opposite hair-dressing room in accordance with the guidance contained in NIHTM84. Any requirements resulting from this assessment should be undertaken within the timescales stipulated by the fire risk assessor.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The entire door way and wood panelling which separates the activity room from the corridor has been replaced with materials which meet requirement under NIHTM84. This work was completed on 30<sup>th</sup> July 2015.</p>
Recommendations	
<b>Recommendation 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time <b>To be Completed by:</b> Upon review of the fire risk assessment	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Following consultation with Trust Fire Officer he has requested that RQIA contact Belfast Trust Risk &amp; Governance Department about this recommendation. In the meantime ASM will raise this matter with Trust Risk &amp; Governance Department and seek guidance.</p>

<b>Registered Manager Completing QIP</b>	Gerry Robinson	<b>Date Completed</b>	26/8/2015
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	25/9/15
<b>RQIA Inspector Assessing Response</b>	Gavin Doherty	<b>Date Approved</b>	1/10/2015

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**