The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Brae Valley**

**Provider:** **Belfast Health and Social Care Trust**

**Date of Inspection:** **8 October 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Belfast Health and Social Care Trust |
| **Responsible Individual:** | Mrs Maureen Edwards |
| **Registered Manager:** | Mrs Helen Taggart – not registered |

**Service Profile –** This home is a registered residential care home, which provides health and social care for up to 20 residents living with dementia.

All residents have access to communal bathrooms, lounges, a dining room and an enclosed garden area.

## 2.0 Inspection summary

An unannounced inspection took place on 8 October 2025, between 9.50am and 5.00pm by a care inspector

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 November 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

## 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

## 3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "The care is good in the home" and, "The girls are kind." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I have no concerns over care, I am well cared for." Another resident said," This place is brilliant; the staff are kind and attentive!"

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented on how the home is, "5 star! 100 percent! No concerns over the care."

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

One completed questionnaire from a relative commented positively on the care provided in the home, comments included, “The care in the home is to a high standard, and the staff are approachable and friendly. The staff are good at keeping us informed.”

One completed questionnaire from a resident commented, “The care is wonderful.”

No completed responses to the staff survey were received following the inspection.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. Throughout the day staff observation confirmed that staff attended safety briefings, to ensure good communication across the team about changes in residents’ needs.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the person in charge confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Residents were enjoying a musical reminiscence activity in the dining room with the activity therapist on the morning of inspection.

Residents' needs were met through a range of individual and group activities such as musical activities, arts and crafts and games.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Review of a care plan of resident requiring increased levels of supervision of staff, did not consistently contain enough detail around the supervision arrangements to guide staff. A new area for improvement was identified.

Some of the agency staff did not have access to the electronic encompass recording system. Some agency staff were therefore unable to record in residents notes themselves, or access resident care records. Management in the home are working on resolving this issue. This will be reviewed at a subsequent inspection.

Care records were person centred, well maintained and regularly reviewed. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire doors into the dining room and smaller lounges were being held open with waste bins. This was brought to the staff's attention and the fire doors were closed. An area for improvement was identified.

Two storerooms, and an administration store, had boxes on the floor, this prevented effective cleaning. An area for improvement was identified.

RQIA were made aware on the day of inspection that in June 2025, work was required to be carried out in on a waste pipe under the floor of the kitchen. This remedial work was not notified to RQIA under the notification process. A post respective notification was received for the work on the 27 October 2025.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Helen Taggart has been the manager in this home since 11 September 2023. Mrs Taggart has confirmed her intention to come forward to register with RQIA.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 2* | 2 |

* The total number of areas for improvement includes one that is carried forward for review at the next inspection.

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

## Quality Improvement Plan

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| **Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing | The registered person shall ensure that medicines are available for administration as prescribed.<br><br>Ref: 2.0 |
| | **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 2**<br><br>**Ref:** Regulation 27(4)(b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 October 2025 | The registered person shall ensure that the practice of wedging open fire doors must cease immediately.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>The practice of wedging open fire doors has ceased with immediate effect. The registered person will continue to closely monitor complance through daily house round checks and daily fire checks. The Registered person has provided direction to all staff in relation to the requirement for compliance in ensuring all fire doors are kept closed. All staff have completed Fire and Environmental Safety Awareness training.<br>A minor works order has been placed for the installation of appropriate door hold mechanism on 2 fire doors. |
| **Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 October 2025 | The registered person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The registered person has reviewed and updated the care plan in relation to one to one supervision. Sufficient detail has been added providing the specific supervision arrangements to effectively guide staff and enable staff to meet each residents' individual needs. The Manager's Monthly Care Plan Audit Tool has been reviewed and updated to include a section regarding any resident being provided with one to one supervision. |

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| **Area for improvement 2**<br><br>**Ref:** Standard 27<br><br>**Stated:** First time<br><br>**To be completed by:**<br>01 November 2025 | The registered Person shall ensure the administration store and the two storerooms, have the items removed from the floor to allow for effective cleaning.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The items on the floor were removed with immediate effect the day of the inspection to allow for effective cleaning. The Registered person has reallocated storage provision within the home to ensure appropriate and safe storage of all items within the administration store and the two storerooms. The registered person has ordered additional shelving to be fitted by the Estates Department for one of the store rooms |

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