



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Follow Up Inspection**

**Name of Establishment:** Breffni House  
**Establishment ID No:** 1582  
**Date of Inspection:** 03 February 2015  
**Inspector's Name:** Laura O'Hanlon  
**Inspection No:** IN021145

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Breffni House
<b>Address:</b>	27-33 Wandsworth Gardens Belfast BT4 3NL
<b>Telephone Number:</b>	028 9065 6075
<b>E mail Address:</b>	breffnihouse@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Breffni House Ltd Mr Mark Uprichard
<b>Registered Manager:</b>	Mrs Sally-Anne Stacey
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Sally-Anne Stacey
<b>Categories of Care:</b>	RC-I, RC-DE, RC-PH
<b>Number of Registered Places:</b>	22
<b>Number of Residents Accommodated on Day of Inspection:</b>	19
<b>Scale of Charges (per week):</b>	£466.00 - £511.00
<b>Date and type of previous inspection:</b>	20 November 2014 Secondary Unannounced
<b>Date and time of inspection:</b>	29 January 2015: 10.30am – 2.30pm
<b>Name of Inspector:</b>	Laura O'Hanlon

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 METHODS/PROCESS**

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

- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Discussions with staff
- Observation of care delivery and practice
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback.

## **5.0 INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during the previous inspection conducted on 20 November 2014 and the subsequent serious concerns meeting held in RQIA on 27 November 2014 and to establish the level of compliance achieved with respect to the requirements and recommendations.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 PROFILE OF SERVICE

Breffni House is a purpose-built residential home for twenty two residents, located in a heavily populated area of East Belfast. It is within walking distance, for most residents, of local shops and the post office. Breffni House is owned by a limited company, Breffni House Ltd. The registered provider is Mr Mark Uprichard and the registered manager is Mrs Sally Anne Stacey.

Resident accommodation spans three floors and is on a single room basis, with the majority of bedrooms having en-suite facilities. There is a lounge on the ground floor for residents' use, an appropriate range of bathroom and toilet facilities (fully equipped for people with a disability) and good catering and laundry facilities.

A car parking area is available at the front of the home.

The home is registered to provide care for a maximum of 22 residents under the following categories of care:

RC-I – Old age not falling within any other category  
RC-DE - Dementia  
RC-PH – Physical disability other than sensory impairment.

## 7.0 SUMMARY OF INSPECTION

The secondary unannounced care inspection of Breffni House was undertaken by Laura O'Hanlon on 3 February 2015 between the hours of 10.30am and 2.30pm. This summary provides an account of the inspection findings at this point of time.

On arrival to the home the inspector was met by the registered manager, Mrs Sally Anne Stacey and the registered provider Mr Mark Uprichard. Both the registered manager and the registered provider were readily available for clarification and discussion throughout, including verbal feedback at the conclusion of the inspection.

The focus of this inspection was on progress made to address requirements and recommendations made as a result of the previous inspection conducted on 20 November 2014 and the subsequent serious concerns meeting held in RQIA on 27 November 2014 with the registered manager and the registered provider.

Three requirements and nine recommendations were made as a result of the previous inspection. Review of documentation, observations and discussions demonstrated that the requirements and recommendations have been addressed within the required timescales. The details of the actions taken by the registered manager Sally Anne Stacey can be viewed in the section following this summary.

During the inspection the inspector met with residents, one relative and staff members, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 9.0 of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard.

No requirements and no recommendations were made as a result of this unannounced inspection.

The inspector would like to thank the residents, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

## 8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p><b>(Standard 20.12)</b></p>	<p>A copy of the annual review was available in the home on the day of inspection. Review of this document evidenced that it included consultation with staff; residents and representatives. The registered manager confirmed the annual quality review has been issued to residents.</p>	<p><b>Compliant</b></p>
2	20 (2)	<p>The registered person is required to ensure that all staff are appropriately supervised in accordance with the home's policy on supervision and no less than every six months.</p> <p><b>(Standard 24.2)</b></p>	<p>The inspector reviewed five random staff records and confirmed that supervision has been undertaken within the required timeframe.</p>	<p><b>Compliant</b></p>
3	20 (c) (i)	<p>The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform.</p> <p><b>(Standard 24.5)</b></p>	<p>The inspector reviewed four further staff records and confirmed that appraisals have been completed within the required timeframe.</p>	<p><b>Compliant</b></p>



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.2 & 11.3	The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes.	The inspector reviewed three care records and confirmed that copies of review reports prepared by home staff were retained in these records.	<b>Compliant</b>
2	5.4	The registered person is recommended to ensure that needs assessments are signed by the resident or their representative, (where appropriate).	Examination of three care records evidenced that needs assessments were signed by the resident or their representative.	<b>Compliant</b>
3	11.1	The registered person is recommended to ensure that the care review policy is shared with staff.	The care review policy was available in the home on the day of the inspection. The registered manager confirmed that this has been shared with staff. A signed record was provided to evidence that staff had read this policy.	<b>Compliant</b>
4	25.2 & 25.4	The registered person is recommended to review the ancillary hours to ensure that the staffing levels are in accordance with RQIA guidance.	Discussion with the registered manager confirmed that the ancillary hours have been reviewed and increased. On the day of inspection the environment was clean. The ancillary hours are recorded separately on the duty roster.	<b>Compliant</b>
5	10.1	The registered person is recommended to update the challenging behaviour policy to include a wider view of behaviours that	The challenging behaviour policy was available in the home on the day of the inspection. Examination of the policy confirmed it reflected the DHSS Guidance	<b>Compliant</b>

		challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	
6	10	The registered person is required to update the Statement of Purpose to make reference to the use of restraint and restrictive practices present in the home.	The inspector examined the Statement of Purpose and verified that it referenced the use of restraint and restrictive practices present in the home.	<b>Compliant</b>
7	13.2 & 13.5	The registered person is recommended to review the activity programme to consider the frequency of activities organised to meet residents' needs.	Discussion with the registered manager confirmed that the frequency of activities has been reviewed. A monthly schedule is issued to residents. Entertainment is provided in the home twice weekly. A programme of activities was on display on a white board in the communal area reflecting that activities are undertaken on a daily basis.	<b>Compliant</b>
8	13.10	The registered person is recommended to review the activity programme at least twice yearly and maintain a record to evidence this having occurred and how it has been altered in response to changing needs.	Discussion with the registered manager confirmed activities were reviewed as part of the annual quality review. This was demonstrated within the annual quality review report. Inspection of the record of resident meetings evidenced that activities were reviewed and discussed at the last meeting on 3 December 2014.	<b>Compliant</b>
9	27.1	The registered person should ensure that the identified bathroom downstairs is repainted.	A tour of the environment confirmed that the identified bathroom downstairs has been repainted.	<b>Compliant</b>

## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Residents consultation**

The inspector met with 11 residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. The residents spoke warmly and positively about the home, its environment, the provision of meals and the overall relaxed atmosphere within the home. Residents were praising of their relationship with staff. Residents were observed to be suitably clothed and were neat and tidy in appearance. No concerns were expressed or indicated.

Comments received included:

- “I am very well looked after and the food is lovely.”
- “The staff know what needs to be done without asking, there is no problem in getting anything, staff go out of their way.”

### **9.2 Staff consultation**

The inspector spoke with four members of staff. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff were praising of the registered manager and stated that she conveyed an open and flexible approach. Staff stated the care provided in the home was of a good standard. Staff confirmed that supervision and appraisals were completed. Staff also verified that ancillary hours have been increased.

### **9.3 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

### **9.4 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed. No concerns were expressed.

### **9.5 Environment**

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. The identified bathroom area has been repainted.

No requirements and no recommendations were made as a result of this unannounced inspection.

The inspector would like to thank the residents, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

## **QUALITY IMPROVEMENT PLAN**

The findings of this inspection were discussed with Mrs Sally Anne Stacey and Mr Mark Uprichard as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

---

**Laura O'Hanlon**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



No requirements or recommendations resulted from the **unannounced follow up inspection** of **Breffni House** which was undertaken on **03 February 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

**SIGNED:** Mark Uprichard

**SIGNED:** Sally-Anne Stacey

**NAME:**  
Registered Provider

**NAME:**  
Registered Manager

**DATE** 26 March 2015

**DATE** 26/03/15

Approved by:	Date
Laura O'Hanlon	27 March 2015