



The Regulation and  
Quality Improvement  
Authority

Breffni House  
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BT4 3NL

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**Unannounced Care Inspection  
of  
Breffni House**

**22 October 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 22 October 2015 from 12.15 to 15.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard was assessed as being met. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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>	0	1

The details of the QIP within this report were discussed with the registered manager, Sally Anne Stacey, 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> 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>Date manager registered:</b> 25 February 2014
<b>Categories of care:</b> RC-I, RC-DE,RC-PH	<b>Number of registered places:</b> 21
<b>Number of residents accommodated on day of inspection:</b> 21	<b>Weekly tariff at time of inspection:</b> £520-£530

### 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 standard has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

### 4. Methods/processes

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

Prior to the inspection the following records were analysed: returned quality improvement plan from the previous care inspection and notifications to RQIA since the last inspection.

We inspected three care records, complaints records, staff training records, fire safety risk assessment and accident and incident records.

We met with fifteen residents; four members of staff of various grades. No visiting professionals were present during inspection. We spoke with three residents' representatives during the inspection. We left ten resident and ten staff questionnaires for distributing, completion and return to RQIA.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 16 April 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last Care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 30 (1) (d)</b>	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident. <ul style="list-style-type: none"> <li>• Reference is made to this in that RQIA should be informed of all accidents and incidents within the home.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed to us all notifications had been sent to RQIA.	

<b>Requirement 2</b>  <b>Ref: Regulation 20 (3)</b>	<p>The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <ul style="list-style-type: none"> <li>Reference is made to this in that competency and capability assessments should be completed for staff that are in charge of the home at any time.</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> In our discussions with the registered manager we confirmed all competency assessments had been completed.</p>		
<b>Requirement 3</b>  <b>Ref: Regulation 27 (4) (d) (v)</b>	<p>The registered person shall – make adequate arrangements – for reviewing fire precautions, and testing fire equipment, at suitable intervals;</p> <p>Reference is made to this in that fire alarms should be tested weekly with written records retained.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> We inspected fire records and confirmed fire checks have been completed.</p>		
<b>Previous Inspection Recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref: Standard 21.5</b>	<p>It is recommended that the policy on continence promotion is reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> We inspected the continence policy and confirmed it had been updated.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> We inspected the resident's care plan and confirmed it had been up dated.</p>		
<b>Recommendation 2</b>  <b>Ref: Standard 6.2</b>	<p>It is recommended that a specific continence care plan is devised for one identified resident.</p> <p><b>Action taken as confirmed during the inspection:</b> We inspected the resident's care plan and confirmed it had been up dated.</p>	<p style="text-align: center;"><b>Met</b></p>

<b>Recommendation 3</b>  <b>Ref: Standard 35.1 &amp; 35.7</b>	It is recommended that: <ul style="list-style-type: none"> <li>• In all bathrooms areas continence products should be stored in enclosed washable cabinets</li> <li>• Adequate provisions of hand wash in communal bathrooms and en suite facilities.</li> </ul>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> We inspected bathrooms and confirmed continence products are stored appropriately. There was adequate provisions of hand wash in bathrooms inspected.		
<b>Recommendation 4</b>  <b>Ref: Standard 27.1</b>	It is recommended that the carpet in one identified bedroom should be replaced.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> We inspected the carpet in the identified bedroom and confirmed it had been replaced.		
<b>Recommendation 5</b>  <b>Ref: Standard 6.2</b>	It is recommended that a care plan should be devised for one identified resident.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> We inspected the identified care plan and confirmed it had been up dated.		

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected three residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care records contained details of residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

**Is care effective? (Quality of management)**

The home had a policy and procedure relating to death and dying. The policy gave guidance but did not have enough detail. A recommendation was made in this regard.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members reported how the registered manager had stayed on with night staff to support them as it had been recognised that a residents' death was imminent.

Staff members were knowledgeable about obtaining multi-professional community support e.g. GP, district nursing, occupational therapy, speech and language therapy and dietician. Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death. The staff reported they are facilitated to pay their respects.

**Is care compassionate? (Quality of care)**

Staff members who spoke to us indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The staff described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the staff they confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings were handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

**Areas for improvement**

One recommendation was made to update the policy on death and dying to provide more detail. Overall the standard was assessed as being met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **5.4 Additional areas examined**

### **i.4.1 Residents' views**

We met with fifteen residents, seven individually and with others in smaller groups. In accordance with their capabilities residents indicated that they were happy with their life in the home, their relationship with staff and with the provision of care.

Three residents' questionnaires were returned in time for inclusion in the report.

Some comments included:

- "the staff are so kind and can't do enough for you "
- "staff are always asking if they can do anything for you they can't do enough "

### **i.4.2 Relatives / representatives' views**

We spoke with three relatives individually. All spoke positively about the home.

One relative commented:

"staff are amazing we would be lost without them"

### **i.4.3 Staff views**

We met with four staff members who spoke positively about their role, duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by management and are given the necessary resources to fulfil their duties.

Some comments included:

- "I like working here. There is always good atmosphere to work here"
- "Staff all help and pull together "

### **i.4.4 Visiting professional's views**

There were no visiting professionals on the day of inspection.

### **i.4.5 Care practices**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **i.4.6 Accidents / incidents**

The registered manager confirmed accident and incident notifications since the previous inspection had been reported and managed appropriately. The records inspected confirmed this.

#### **i.4.7 Complaints**

An inspection of the complaints records confirmed that these had been recorded and managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

#### **i.4.8 Fire safety**

On the day of inspection the home's Fire Safety Risk Assessment was in date. Fire alarms were tested weekly in different zone. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

#### **i.3.9 Environment**

We found the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of good standard. Communal lounges were comfortable and offered choice of seating for residents. Residents' bedrooms were comfortable and personalised.

#### **Areas for improvement**

No areas for improvement were noted during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sally Anne Stacey, 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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>	It is recommended that the policy on death and dying is updated to provide more detail.		
<b>Ref: Standard 21.5</b>	<b>Response by Registered Person(s) detailing the actions taken:</b> The policy on death and dying has been updated.		
<b>Stated: First time</b>			
<b>To be completed by:</b> 28 December 2015			
<b>Registered Manager completing QIP</b>	Sally-Anne Stacey	<b>Date completed</b>	08/03/16
<b>Registered Person approving QIP</b>	Mark Uprichard	<b>Date approved</b>	15/03/16
<b>RQIA Inspector assessing response</b>	<i>J. C. Browne</i>	<b>Date approved</b>	16/03/16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**