Unannounced Care Inspection Report
25 August 2016

Breffni House

Type of service: Residential Care Home
Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL
Tel No: 0289065 6075
Inspector: Patricia Galbraith

1.0 Summary

An unannounced inspection of Breffni House took place on 25 August 2016 from 07.30 to 14.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Three areas for improvement were identified in relation to fire safety these included fire training not being completed twice annually, weekly fire checks had not been completed and one resident did not have PEEP completed. A requirement was made in regard to these issues.

There were examples of good practice found in relation to infection prevention and control, risk management and the home's environment.

Is care effective?

One area for improvement was identified in relation to care records as these did not accurately reflect residents' needs. A requirement was made in this regard.
There were examples of good practice found in relation to communication between residents, staff and other key stakeholders.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Is the service well led?

There was one area identified for improvement in regard to monthly monitoring reports which not been completed a requirement was made in this regard.

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sally-Ann Stacey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 February 2016.

2.0 Service details

Registered organisation/registered person: Breffni House Ltd	**Registered manager:** Sally-Anne Stacey
Person in charge of the home at the time of inspection: Sally-Anne Stacey registered manager	**Date manager registered:** 25 February 2014
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	**Number of registered places:** 22

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with eight residents, and three staff,

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy and procedure death and dying

A total of 20 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 February 2016

The most recent inspection of Breffni House was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 28 December 2015	It is recommended that the policy on death and dying is updated to provide more detail.	**Not Met**
	Action taken as confirmed during the inspection: The policy on death and dying had not been completed. This has been stated for a second time in the Quality Improvement Plan appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty :

- Registered manager
- Care assistant x 2
- Kitchen staff x1

The evening shift included Senior Care Assistant x1, Care Assistant x 2, the night shift consisted of, Care Assistant x 1 and sleep over staff x1.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion. Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, lap belts, bed rails, pressure alarm mats, etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. One carpet in the main lounge needed cleaned. The registered manager confirmed that the carpet would be shampooed. The registered manager confirmed that there had been a plan put in place for redecoration of rooms in the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 27 October 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records showed that staff had not completed fire safety training twice annually. The most recent Fire drill was completed on 3 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that, fire alarm systems, emergency lighting and means of escape were not being checked weekly. One individual resident's Personal Emergency Evacuation Plan (PEEPs) was not in place. Due to the identified issues around fire safety, a requirement was made.

Areas for improvement

Three areas for improvement were identified in relation to fire safety these included fire training not being completed twice annually, weekly fire checks had not been completed and one resident did not have a PEEP completed. A requirement was made in regard to these issues.

Number of requirements:	1	Number of recommendations:	0

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these had not been up dated to accurately reflect individual residents' needs. A requirement was made in this regard. The care records had reflected the multi-professional input into the residents' health and social care needs . Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The last staff meeting had taken place on 12 May 2016. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. The last residents meeting had taken place on 3 May 2016

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

One area for improvement was identified in relation to care records which did not accurately reflect residents' needs.

Number of requirements:	1	Number of recommendations:	0

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example the way staff had interacted with residents and ensured their door was closed while they were conversing with them.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents had attended a trip to the Ulster Museum.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Residents commented:

- "Staff speak gently to patients so they inspire confidence".
- "Staff are great".

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Monthly monitoring visit had not been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a requirement was made in this regard.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered providers identified that he had understanding of his role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered manger also confirmed the registered providers had met weekly about the operational running of the home.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and residents spoken with during the inspection made the following comments:

- "Manager is very approachable and staff do their best"
- "We work well as a team"

Areas for improvement

There was one area identified for improvement in regard to monthly monitoring reports which not been completed. A requirement was made in this regard.

Number of requirements:	**1**	**Number of recommendations:**	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sally-Ann Stacey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 27.-(4) (c) (e) & Schedule 4 .5 **Stated:** First time **To be completed by:** **28 September 2016**	The registered person shall ensure fire training weekly fire checks and individual PEEP are completed.
	Response by registered provider detailing the actions taken: sThe Registered provider audited the weekly fire checks at the home in the period since the last premises inspection, 47 weeks,identified those outstanding 12 and sought explanation from the Home Manager. The reasons identifed have been addressed and action to ensure future complaince agreed. PEEP records now form part of the day one admission process for every resident.
Requirement 2 **Ref:** Regulation 16.-(b) **Stated:** First time **To be completed by:** 28 September 2016	The registered person shall ensure care records are kept under review and accurately reflect resident's needs.
	Response by registered provider detailing the actions taken: The Registered Provider has had the Home Manager to complete an audit of the care records ensuring on a risk assessment by risk assement basis, this will be maintained on an ongoing basis.
Requirement 3 **Ref:** Regulation 29.-(4) (c) (e) & Schedule 4 .5 **Stated:** First time **To be completed by:** 28 September 2016	The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.
	Response by registered provider detailing the actions taken: Regulation 29 visit completed 27 September 2016
Recommendations	
Recommendation 1 **Ref**: Standard 21.5 **Stated:** Second time **To be completed by:** 28 September 2016	The registered person must update the policy on death and dying and provide more detail.
	Response by registered provider detailing the actions taken: The Death and Dying policy was completed and submitte dto RQIA 1 September 2016

Please ensure this document is completed in full and returned to** care.team@rqia.org.*uk* **from the authorised email address

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