

Unannounced Care Inspection Report 31 August 2017



Breffni House

Type of Service: Residential Care Home
Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL
Tel no: 028 9065 6075
Inspector: Bronagh Duggan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 22 beds that provides care for residents who are frail elderly or living with physical disability or dementia.

3.0 Service details

Organisation/Registered Provider: Breffni House Responsible Individual(s): Mr Mark John Uprichard	Registered Manager: Mrs Sally-Anne Stacey
Person in charge at the time of inspection: Mrs Sally-Anne Stacey	Date manager registered: 25 February 2014
Categories of care: Residential Care (RC) To be completed in full e.g. I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 31 August 2017 from 10.30 to 18.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, communication between residents, staff and other key stakeholders listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified relating to appraisal and supervision arrangements, recruitment and monitoring of professional registration status, domestic cover arrangements including cleaning schedules, care review arrangements, minutes of care review meetings, staff meetings, the completion of an annual quality report, updating the homes complaints procedure and to ensure notifications are reported in a timely manner.

Residents and their representatives said “I am getting on very well here, they are all very good”, “It’s a nice place, I have whatever I need” and “I have always been able to talk to the manager about my (relative’s) care”.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	7

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sally-Anne Stacy, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 24 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: a listing of notifications of accidents and incidents submitted to RQIA since the previous inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 12 residents, four staff, one visiting professional and one resident's visitor/representative.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care reviews, accidents and incidents (including falls)
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met in three areas, partially met in one area relating to recruitment records and not met in one area relating to the review and updating of identified policies and procedures.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 July 2017

The most recent inspection of the home was an enforcement monitoring inspection on 27 July 2017 which showed compliance with the failure to comply notice issued following a finance inspection on 1 June 2017.

6.2 Review of areas for improvement from the last care inspection dated 24 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.-(1)(c) Standard 23.1 Stated: First time	The registered provider shall ensure that the persons employed to work at the home receive a structured induction appropriate to their role.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of two completed induction records showed structured inductions had been completed appropriate to the staff roles.	

<p>Area for improvement 2</p> <p>Ref: Regulation 21(1) (b) schedule2 (1-7)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure staff files are reviewed to ensure recruitment records are complete to meet regulations.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of a completed audit showed staff files had been reviewed. Two recruitment records inspected did not include all relevant information. The registered manager confirmed this work was ongoing.</p> <p>This requirement has been stated for a second time in the QIP appended to this report.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29.-(4) (c) (e) & Schedule 4 .5</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home confirmed reports of visits undertaken under regulation 29 were completed in line with legislation.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p>	<p>The registered provider must confirm that the home's policy and procedures comply with standard 21.</p> <p>Action taken as confirmed during the inspection: The policies and procedures identified including safeguarding, infection prevention and control and recruitment had not been updated.</p> <p>This has been stated for a second time in the QIP appended to this report.</p>	<p>Not met</p>

Area for improvement 2 Ref: Standard 5 Stated: First time	The registered provider should ensure the identified armchairs are repaired / replaced.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed the identified chairs had been replaced.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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.

Review of information retained in the home and discussion with the registered manager and staff confirmed that appraisal and supervision of staff had not been maintained on an up to date basis. Deficits were evident from completion rates reviewed. This was identified as an area for improvement to comply with regulations. Mandatory training was provided for staff.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager confirmed the home's recruitment and selection policy and procedure had not been reviewed. This area for improvement was identified during the previous inspection and has been stated for a second time in the QIP appended to this report. Discussion with the registered manager confirmed an audit of recruitment files had been completed. Omissions were noted in two staff personnel files reviewed. The need to ensure recruitment records were fully complete was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report. The benefit of developing a recruitment checklist to be included in all files was discussed with the registered manager. This was identified as an area for improvement to comply with standards.

The arrangements for monitoring the registration status of staff with their professional body (NISCC) was discussed with the registered manager. The benefit of developing a matrix system to review registration status was discussed. This was identified as an area for improvement to comply with standards.

The updating of the home's adult safeguarding policy and procedure was identified as an area for improvement during the previous inspection. This had not been completed, and has been stated for a second time in the QIP appended to this report. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures.

Discussion with staff confirmed that they were aware of the 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.

The registered manager confirmed there were restrictive practices employed within the home, notably a keypad entry systems and pressure alarm mats. 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.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Review of the infection prevention and control (IPC) policy and procedure was identified as an area for improvement during the previous inspection. This had not been addressed and has been stated for a second time in the QIP appended to this report. Staff training records confirmed that 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, 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 registered manager confirmed a number of residents' bedrooms had been redecorated. It was noted that the overall cleanliness of the home could be improved upon. Bathroom floors were stained, a large number of items including loose toiletries and hair styling items were sitting on bathroom ledges, a partially filled clinical bag was observed lying on a bathroom floor. These issues were identified as infection hazards. The need to review domestic cover arrangements and develop a specific cleaning schedule was discussed with the registered manager. This was identified as an area for improvement to comply with standards.

The home had an up to date fire risk assessment in place dated 7 December 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 25 August 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and adult safeguarding.

Areas for improvement

Four new areas for improvement were identified in this domain in addition to recruitment practices and the updating of the home's recruitment, adult safeguarding and infection prevention and control policy and procedures which have been stated for a second time in the QIP appended to this report. The new areas for improvement identified related to appraisal and supervision arrangements, the introduction of a recruitment checklist, the introduction of a matrix to monitor professional registration status of staff and to review domestic cover arrangements ensuring a detailed schedule is in place to ensure the cleanliness of the home.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

The care records of three residents were reviewed. They included assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly. Review of records for one identified resident showed a notable change in their condition. This was discussed with the registered manager who confirmed that the resident's general mobility had declined and that a care review had not been requested. It was acknowledged that a care review of the resident's needs should be undertaken. This was identified as an area for improvement to comply with standards. Also the need to ensure minutes of care review meetings were maintained and available in residents care files was discussed with the registered manager to evidence any identified actions from review have been followed through. This was identified as an area of improvement to comply with standards.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice, for example, residents choose their rising and retiring times.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care review and accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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. Review of minutes of staff meetings showed that these were being held on an infrequent and ad hoc basis. The need to ensure staff meetings are held at least quarterly was discussed with the registered manager. This was identified as an area for improvement to comply with standards.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

One visiting professional spoken with during the inspection made the following comments:

- “I find the care personal, staff professional, they tend to residents well. The manager would regularly link in if there are any changes”

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

Three areas for improvement were identified. These related to ensuring a care review was completed for an identified resident, maintaining the minutes of care review meetings in residents records and ensuring staff meetings are held at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

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, for example, notice boards were displayed in a central part of the home showing the daily menu and the staff on duty for that day.

The registered manager, residents and the representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The registered manager confirmed staff were aware of their professional accountability and code of professional conduct they were required to adhere to.

Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected, for example, ensuring records are stored securely in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews and monthly monitoring visits.

Discussion with the registered manager and review of information in the home showed satisfaction questionnaires had been completed by residents and representatives in November 2016 for inclusion within a report however this report had not been completed. The need to ensure relevant information is gathered on an annual basis and correlated into the report in a timely manner was discussed with the registered manager. This was identified as an area for improvement to comply with regulations.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example, arts and crafts, quizzes and bingo. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, staff described a day outing arranged for residents.

Residents spoken with during the inspection made the following comments:

- "I am getting on very well here, they are all very good"
- "It's a nice place, I have whatever I need"
- "The staff are kind, we have whatever we need"
- "The food is good, the staff are fine, the manager is very good"

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

One area for improvement was identified in relation to the completion of an annual report which includes the views of residents and representatives.

	Regulations	Standards
Total number of areas for improvement	1	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Inspection of this showed that it needed to be reviewed and updated to reflect legislation and Department of Health (DoH) guidance on complaints handling. This was identified as an area for improvement to comply with standards. Residents and/or their representatives were made aware of how to make a complaint by way of information displayed in a central part of the home.

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.

A review of accidents/incidents/notifiable events showed a number of occasions when there were notable delays in reporting to RQIA and other relevant organisations. This was identified as an area for improvement to comply with regulations. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including dementia awareness, diabetes awareness and dysphagia and thickened fluids.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home. Inspection of the premises confirmed that the RQIA certificate of registration and public liability insurance were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters.

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.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from completed questionnaires were as follows:

- "I have always been able to talk to the manager about my (relative's) care. She always got in touch with me if my (relative) had a problem and I live (far away)"

Areas of good practice

There were examples of good practice found in relation to maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in relation to the updating of the home's complaints policy and procedure and the timely reporting of notifiable events in keeping with legislative requirements.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the 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 provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20. (1) (c) (i) (2) Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure that staff receive regular appraisal and supervision appropriate to the work they perform.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The new appointed manager has developed a matrix to ensure that this work is undertaken in a timely fashion.</p>
Area for improvement 2 Ref: Regulation 17. (1) Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure the completion of an annual report which includes the views of residents and representatives.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The new appointed manager has included the completion of an annual quality review in her action plan.</p>
Area for improvement 3 Ref: Regulation 30. (2) Stated: First time To be completed by: 10 September 2017	<p>The registered person shall ensure that notifications of death, illness and other events are reported in a timely manner in keeping with legislation.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Notification will be reported inline with legislation going forward.</p>
Area for improvement 4 Ref: Regulation 21(1) (b) schedule2 (1-7) Stated: Second time To be completed by: 30 November 2017	<p>The registered provider shall ensure staff files are reviewed to ensure recruitment records are complete to meet regulations.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The new appointed manager is auditing all staff files and taking action where the recruitment records do not meet regulations.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 31 October 2017	<p>The registered person shall develop a recruitment checklist to be used to support recruitment practices.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A recruitment checklist has been developed.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 31 October 2017	<p>The registered person shall develop a matrix system to assist with the process of review of registration status of staff with their professional body.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The matrix system is available on the regulatory body employer portal and so review of the registration status of staff is robust.</p>
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 28 September 2017	<p>The registered person shall ensure domestic cover arrangements are reviewed and develop a detailed cleaning schedule to ensure good standards of cleanliness throughout the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A detailed cleaning schedule has been developed.</p>
Area for improvement 4 Ref: Standard 11.1 Stated: First time To be completed by: 14 September 2017	<p>The registered person shall ensure a care review is undertaken for the identified resident considering the recent changes in their condition.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The new manager reviewed resident records and identified a date in August in which this resident's keyworker had visited them in the home. Another record has been made by the previous manager to state she had requested a review, the keyworker from BHSCT advised that a review was not necessary as the home was meeting the needs. The new appointed manager attempted to contact the keyworker following the receipt of this report and they no longer work for the BHSCT. This review is in a queue waiting completion before the CREST team becomes active which BHSCT trust believe will be November.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person shall ensure minutes of care review meetings are maintained and available in residents' care files to evidence any identified actions from review have been followed through.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Previous manager kept these records on an electronic filing system. All care review minutes will be made available in residents personal files.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure the home's complaints policy and procedure is reviewed and updated to reflect legislation and Department of Health (DoH) guidance on complaints handling.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The complaints policy has been updated and reflects DOH guidance on complaints handling.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 21.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider must confirm that the home's policy and procedures comply with standard 21.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The operational procedures for Breffni House is changing and all policies and procedures will be reviewed and updated to reflect this change.</p>

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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