



The Regulation and
Quality Improvement
Authority

Breffni House
RQIA ID: 1582
27-33 Wandsworth Gardens
Belfast
BT4 3NL

Inspector: Gavin Doherty
Inspection ID: IN021579

Tel: 028 9065 6075
Email: breffnihouse@hotmail.co.uk

**Announced Estates Inspection
of
Breffni House**

2 November 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

1. Summary of Inspection

An announced estates inspection took place on 2 November 2015 from 10.30 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

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
Total number of requirements and recommendations made at this inspection	5	0

The details of the QIP within this report were discussed with the registered manager, Mrs Sally-Anne Stacey as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Mark Uprichard	Registered Manager: Mrs Sally-Anne Stacey
Person in Charge of the Home at the Time of Inspection: Mrs Sally-Anne Stacey	Date Manager Registered: 25 February 2014
Categories of Care: RC-I, RC-DE, RC-PH	Number of Registered Places: 22
Number of Residents Accommodated on Day of Inspection: 22	Weekly Tariff at Time of Inspection: Not ascertained

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 standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any patients, visiting professionals or patient's representatives.

The following records were examined during the inspection:

- Fire safety service records and in-house log books
- Fire Risk Assessment
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records

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 on 17 June 2015.

No areas for follow up were required.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14(2)	Ensure that the Home's Control of Legionella risk assessment is reviewed and that the required systems and monitoring procedures are in place so as to maintain the home's water systems in a safe and satisfactory condition.	Partially Met
	Action taken as confirmed during the inspection: Legionella risk assessment reviewed on 10 June 2013. However, full control measures are not yet fully implemented.	
Requirement 2 Ref: Regulation 14(2)	Ensure that the bath hoist and passenger lift receive suitable 'thorough examination' every 6 months (LOLER, 1999).	Met
	Action taken as confirmed during the inspection: Reports examined for 24 September 2015.	
Requirement 3 Ref: Regulation 14(2)	Ensure that any seldom used outlets are flushed through twice weekly in accordance with current best practice (HTM 04-01; Control of Legionella)	Met
	Action taken as confirmed during the inspection: No seldom used outlets identified during the inspection.	
Requirement 4 Ref: Regulation 27(4)	Ensure that the significant findings identified in the most recent fire risk assessment are fully implemented and clearly signed-off within the stipulated timescales.	Met
	Action taken as confirmed during the inspection: New review of the fire risk assessment undertaken on 27 October 2015. Significant findings to be undertaken within stipulated time-scales.	

5.3 Standard 27: Premises and Grounds Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care. An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

A number of wardrobes were not secured to the wall and could present a risk of toppling if pulled by a resident or staff member. Best practice guidance would expect all such furniture to be suitable secured to the backing wall. The manager for the home gave an assurance that this would be attended to.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The Gas Safe Certificates for the relevant Kitchen and Laundry equipment were unavailable at the time of the inspection. These should be forwarded to RQIA to confirm that suitable gas safe certification is in place.

(Requirement 1 in the attached Quality Improvement Plan)

The inspection of the Home's fixed wiring installation is now significantly overdue. This important inspection should be undertaken without further delay. Upon completion of the inspection it is essential that any required remedial works are undertaken within the stipulated timescales and that the system is deemed to be in a 'satisfactory' condition.

(Requirement 2 in the attached Quality Improvement Plan)

A risk assessment with regards to the control of legionella bacteria in the home's hot and cold water systems was undertaken on 10 June 2013 and was available for inspection within the home. However, many of the significant findings and control measures outlined within this risk assessment have still to be fully implemented within the home. It is important that this risk assessment is suitably reviewed in accordance with the most recently available guidance, 'Legionnaires' disease, Approved Code of Practice' (ACOP, L8) and available at the following link;

<http://www.hse.gov.uk/pubns/priced/l8.pdf>

Control measures will include suitable:

- Temperature monitoring at calorifiers and cold water storage tanks
- Examination and chemical treatment of any cold water storage tanks
- Temperature monitoring at all sentinel outlets
- Examination and maintenance of all installed thermostatic mixing valves
- Regular cleaning, descaling and disinfection of shower heads and hoses
- Flushing (twice weekly) of all seldom used outlets.

Further information can be found in relation to this requirement in, 'Legionnaires' disease Part 2: The control of legionella bacteria in hot and cold water systems' (HSG274 Part 2) available from the Health and Safety Executive at the following link:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

(Requirement 3 in the attached Quality Improvement Plan)

A Thorough Examination and Cleaning of the Kitchen Extract system should be undertaken in a timely manner and in accordance with current Control of substances hazardous to health regulations (COSHH: 2002).

(Requirement 4 in the attached Quality Improvement Plan)

Number of Requirements	4	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care. An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

The home's fire risk assessment was reviewed by a suitably registered fire risk assessor on the 27 October 2015. This is to be commended. It is important that any significant findings identified within this risk assessment are fully implemented by the home within the stipulated time scales.

(Requirement 5 in the attached Quality Improvement Plan)

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and 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 manager to 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 by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>Confirmation should be forwarded to RQIA to confirm that suitable gas safe certification is in place for the relevant Kitchen and Laundry equipment within the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: Gas tumble drier checked and certified as safe on 10th December. Inspection of the gas kitchen equipment took place on 22nd December. The requirements of the report are being addressed. Confirmation of gas safe certification has been forwarded to the RQIA.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>Ensure that the inspection of the Home's fixed electrical installation is undertaken without further delay, and that any required remedial works are carried out within the stipulated timescales.</p> <p>Response by Registered Manager Detailing the Actions Taken: An inspection of the Home's fixed electrical installation took place in October 2013 and the remedial works completed in April 2015. The next inspection is due in 2018. Confirmation of this has been sent to the RQIA.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14(2)</p> <p>Stated: Second time</p> <p>To be Completed by: 25 January 2016</p>	<p>The home's risk assessment with regards to the control of legionella bacteria in the hot and cold water systems should be suitably reviewed in accordance with the most recently available guidance, 'Legionnaires' disease, Approved Code of Practice' (ACOP, L8).</p> <p>It is essential that any resultant remedial works and all required control measures are fully implemented in a timely manner and in accordance with the written scheme provided within the risk assessment.</p> <p>Response by Registered Manager Detailing the Actions Taken: The home's Legionella risk assessment was reviewed in June 2015 and all required control measure will be fully implemented by 25th January.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27(2)</p> <p>Stated: Second time</p> <p>To be Completed by: 25 January 2016</p>	<p>A Thorough Examination and Cleaning of the Kitchen Extract system should be undertaken in a timely manner and in accordance with current Control of substances hazardous to health regulations (COSHH: 2002).</p> <p>Response by Registered Manager Detailing the Actions Taken: The kitchen extract system is being thoroughly examined and cleaned on 6th January 2016</p>

Requirement 5 Ref: Regulation 27(4) Stated: First time To be Completed by: As stipulated in FRA	Ensure that any significant findings identified within the recently undertaken fire risk assessment (FRA) are fully implemented by the home within the stipulated time scales.		
	Response by Registered Manager Detailing the Actions Taken: The fire risk assessment has been received and the findings are being implemented and will be complete within the stipulated time frame.		
Registered Manager Completing QIP	Sally-Anne Stacey	Date Completed	05/12/16
Registered Person Approving QIP	Mark Uprichard	Date Approved	7/1/16
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	7/1/2016

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address