

Inspection Report

4 May 2021



Breffni Lodge

Type of service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Telephone number: 028 9065 3335

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Breffni Lodge Responsible Individual: Mark John Uprichard	Registered Manager: Ms. Regina Brady Date registered: 16 May 2013
Person in charge at the time of inspection: Ms. Regina Brady	Number of registered places: 44
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This is a residential care home registered to provide social care for up to 44 residents. The home comprises two units named Breffni House and Breffni Lodge. The home provides accommodation across three floors.	

2.0 Inspection summary

An unannounced inspection took place on 4 May 2021 between 10.10 a.m. and 17.50 p.m. by a care inspector. An unannounced medicines management inspection was completed on 18 May 2021.

The inspection assessed progress with all areas for improvement identified in the home 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.

RQIA was assured that the delivery of care and service provided in Breffni Lodge was safe, effective, compassionate and well led.

Areas requiring improvement were identified; these related to staff induction records, staffing arrangements and aspects of environmental cleaning.

The findings of this report will provide the manager with the necessary information to improve staff practice and residents' lived experience within the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 10 residents and three staff. No questionnaires were returned and we received no feedback from the staff online survey.

Residents spoke highly of the care that they received and on their interactions with staff. Residents said that staff treated them with respect and that they would have no issues in raising any concerns with staff. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff acknowledged the difficulties of working through the COVID-19 pandemic, particularly of being fearful of the virus entering the home and the effect of illness on residents, but they agreed that Breffni Lodge was a good place to work. Staff were complimentary in regard to the home's manager and spoke of how much they enjoyed caring for the residents.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Breffni Lodge was undertaken on 19 January 2021 by a care inspector.

Areas for improvement from the last inspection on 19 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 (2) Stated: Second time	Area for Improvement The registered person shall ensure that the annual quality report for the home is completed in a timely manner and made available for residents and/or their representatives.	Met
	Action taken as confirmed during the inspection: Inspection of the annual quality report confirmed that this was addressed.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	Area for Improvement The registered person shall ensure that the environmental improvements as listed are addressed; <ul style="list-style-type: none"> • provision of adequate storage facility for wheel chairs as several were stored within one bathroom/toilet • replacement of one waste paper bin within ground floor toilet with a pedal operated bin • repair/replacement of one cabinet positioned within the hallway as the fronting of one drawer was missing • removal of clean duvets from the floor within the linen cupboard on the first floor 	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed these issues were addressed.	

Area for improvement 2 Ref: Standard 11.5 Stated: First time	Area for Improvement The registered person shall contact the care manager/social worker to request that the delayed written care review reports are forwarded to the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and examination of correspondence confirmed that this was addressed.	
Area for improvement 3 Ref: Standard 25.8 Stated: First time	Area for Improvement The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly with records retained.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and examination of meeting minutes confirmed that staff meetings were held. There was evidence of staff meetings being held virtually as a result of the COVID-19 pandemic.	
Area for improvement 4 Ref: Standard 30 Stated: First time	Area for Improvement The registered provider should ensure there are robust arrangements in place for the management of controlled drugs.	Met
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of controlled drugs.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible.

The manager reported that staff were provided with a comprehensive induction to prepare them for working with the residents. The induction was based on a programme devised by the Northern Ireland Social Care Council. This was good practice. It was noted, however, that induction records were not always signed and dated by each party to confirm that the induction had been fully completed. This was identified as an area for improvement.

Competency and capability assessments were completed for staff left in charge when the manager was not on duty and these assessments were reviewed annually; this is good practice.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis. However, it was noted that while there was a designated staff member in charge of each unit, there was no designated person in charge of the service as a whole during the manager's absence; this was identified as an area for improvement.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely and person centred way, for example, morning routines reflected individual residents' preferences as to when they were assisted out of bed.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner. Staff reported that there was good team work, they felt well supported in their role, were satisfied with the staffing levels and with the level of communication between staff and management.

Residents said that staff attended to them quickly if they needed help and that staff had a good understanding of their individual needs.

A review of records, observation of practice and discussion with residents and staff established that there was safe staffing in the home. Two aspects of staffing will be improved through compliance with the areas of improvement identified.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager is therefore responsible for implementing the regional adult safeguarding protocol and the home's adult safeguarding policy

A review of staff training records confirmed that staff completed adult safeguarding training on an annual basis. Staff said they were confident about reporting any concerns about residents' safety and poor practice.

It was noted that residents and their relatives were provided with written information about how to raise a concern or complaint regarding care or any service they received in the home. A review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Residents said that they felt safe in the home.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel and be safe within the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

The internal environment of the home was observed and noted to be well maintained. The manager reported that a programme of refurbishment and redecoration had been delayed by the COVID-19 pandemic but that resumption of this work was planned. A review of records confirmed that a range of environmental safety checks was in place and was being regularly monitored.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

It was noted that the mobility aids used by some residents had not been recently cleaned and that a table in a dining room had not been adequately cleaned before the next meal; this was identified as an area for improvement.

Residents said that they enjoyed having their own space and could spend time in the communal areas if they wished; they stated that the home was kept clean and comfortable.

The home's environment was generally well managed to provide a comfortable and safe environment. The home's environment will be improved through ensuring the cleanliness of the identified dining area at all times.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

A review of records, observation of practice and discussion with staff confirmed that they had received training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and used PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

It was established that appropriate arrangements were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents' care needs, ensure resident rights to privacy and dignity, manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, daily routines, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

The manager and staff were knowledgeable about how to effectively monitor residents' skin and understood the pathway for referring to the multidisciplinary team, such as district nursing. The manager and staff were also familiar with how residents should be assisted by staff to change their position regularly. Skin care was clearly recorded in residents' care records.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed a critical analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified.

Meals taken in the dining room provided an opportunity for residents to socialise. Music was playing and the atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this.

It was noted that some residents were not assisted with handwashing immediately before their meals; the routine use of hand wipes for residents before meals was discussed with the manager who agreed to trial their use; this will be examined during the next care inspection.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' care needs were clearly identified and communicated across the staff team and enabled staff to effectively meet those needs.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The manager reported that each resident usually had an annual review of their care arranged by their care manager or trust representative. During the COVID-19 pandemic, such reviews had been disrupted, but regular communication between the manager and the trust had continued regarding the needs and welfare of residents. The care reviews were now being reinstated and records of the meetings, including any actions required, were provided to the home.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were looking forward to being able to go out of the home when it was safe to do so in line with COVID-19 guidance.

Staff reported that residents were encouraged to participate in regular resident meetings, providing an opportunity for them to comment on aspects of the running of the home such as activities and menu choices. These meetings remained suspended as a result of the COVID-19 pandemic; we were told that staff continued to engage with residents on an individual basis in order to monitor their satisfaction with care provision and service delivery. The manager advised that residents' meetings were to resume in the near future once COVID-19 guidance allows.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games and quizzes. Where residents preferred to spend time in their rooms, staff engaged with residents in one to one activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents being noted by staff; the manager

communicated with residents' relatives by email on a weekly basis in order to keep them appropriately updated.

Residents said that the range of available activities kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents and that spending a lot of time with them during the COVID-19 pandemic had enhanced their relationships with residents.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the home's environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, care records, IPC and the home's environment.

There was a robust system in place to manage complaints and use these as an opportunity for the team to learn and improve. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the manager during the COVID-19 pandemic.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. One relative had written "Thank you for all the care and kindness you have shown to (our relative). You made his last years so comfortable and happy. We always knew he was in very good hands".

It was noted that monthly monitoring visits by the responsible person had not been completed for several months; the responsible person told us that this was due to an infectious outbreak within the home. The registered provider confirmed following the inspection that the visits had resumed and the latest report was submitted to RQIA. While RQIA recognises that monthly monitoring visits may be potentially limited by infectious outbreaks, it was stressed that such visits should nevertheless continue at all times in order to effectively monitor care delivery and service provision within the home.

A comprehensive review was undertaken each year of the performance of the home. A report was prepared which identified notable achievements, areas where the service might be improved and the follow up action to be taken.

Robust managerial oversight was evidenced through the use of quality assurance audits, effective complaints management and effective staff management.

6.0 Conclusion

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within Breffni Lodge was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection, three areas for improvement were identified. These related to staff induction records, staffing arrangements and aspects of environmental cleaning. Details can be found in the Quality Improvement Plan.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Regina Brady, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that all staff induction records are signed and dated by each party to confirm that the induction has been fully completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The induction booklet will be reviewed and adapted to minimise the risk of areas not being signed and dated by each party.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.3, 25.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that one person is designated as having responsibility for the whole home when the manager is not on duty and this is noted on the staff duty rota.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The roster will identify a responsible person for each shift across each units roster.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that mobility aids used by residents are kept clean and the cleanliness of residents' dining areas is maintained at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There is a system in place to manage the decontamination of walking aids. This will be changed to a particular day from the current system of a particular person to undertake the task.</p>

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