

# Unannounced Care Inspection Report 19 January 2021



## Breffni Lodge

**Type of Service: Residential Care Home (RCH)**  
**Address: 3 Wandsworth Road, Belfast BT4 3LS**  
**Tel no: 028 9065 3335**  
**Inspector: Alice McTavish**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 44 residents. Breffni House, an adjacent residential care home previously registered to provide care for 22 residents, has since merged with Breffni Lodge under a single registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Breffni Lodge  <b>Responsible Individual:</b> Mark John Uprichard	<b>Registered Manager and date registered:</b> Regina Brady, 16 May 2013
<b>Person in charge at the time of inspection:</b> Regina Brady	<b>Number of registered places:</b> 44
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 26

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 19 January 2021 between 10.20 and 17.30 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they enjoyed living in Breffni Lodge and that staff treated them well.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	4*

\*The total number of areas for improvement includes five which have been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement. Findings of the inspection were discussed with Regina Brady, manager, as part of the inspection process and can be found in the main body of the report.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents, a resident's visitor, two care staff and the chef. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were completed by residents and returned to RQIA. One resident's relative provided feedback on the service via email; their comments are noted within the report.

The following records were examined during the inspection:

- one staff recruitment file
- staff training
- staff supervision and annual appraisal
- a selection of quality assurance audits
- staff registrations with a professional body
- staff shift handover records
- monthly quality monitoring reports
- complaints and compliments
- incidents and accidents
- two residents' care records

Areas for improvement identified at the last care inspection of Breffni Lodge were reviewed and assessment of compliance recorded as either met, or carried forward to be reviewed at

the next care inspection. All areas for improvement identified during the previous care inspection and medicines management inspection of Breffni House were not reviewed and have been carried forward to the next care inspection.

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 previous inspections

The most recent inspection of Breffni Lodge was an unannounced care inspection undertaken on 26 September 2019.

A care inspection of Breffni House was undertaken on 6 June 2019 and a medicines management inspection was also completed on 11 Sept 2018.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17 (2) <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2019	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.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	<b>Carried forward to the next care inspection</b>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		
<b>Area for improvement 1</b> <b>Ref:</b> Standard – Best Practice Guidelines. <b>Stated:</b> First time	The registered person shall ensure action is taken to minimise the risk of cross contamination of infection by the removal of soap bars and cloth hand towels from communal wash areas.  <b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that this was addressed.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that the domestic cleaning schedule includes damp dusting and dates when cleaning was completed.	

	<b>Action taken as confirmed during the inspection:</b> Inspection of cleaning schedules confirmed that this was addressed.	
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<b>Areas for improvement from the last care inspection of Breffni House</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	The registered person shall ensure that the environmental improvements as listed are addressed; <ul style="list-style-type: none"> <li>• provision of adequate storage facility for wheel chairs as several were stored within one bathroom/toilet</li> <li>• replacement of one waste paper bin within ground floor toilet with a pedal operated bin</li> <li>• repair/replacement of one cabinet positioned within the hallway as the fronting of one drawer was missing</li> <li>• removal of clean duvets from the floor within the linen cupboard on the first floor</li> </ul>	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11,5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	The registered person shall contact the care manager/social worker to request that the delayed written care review reports are forwarded to the home.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly with records retained.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 4</b>	The registered person shall ensure that reports of the registered provider's monthly monitoring	<b>Met</b>



<b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	visits are presented in a suitable format which can be easily understood by residents and their relatives/representatives.	
	The use of RQIA guidance template for providers is recommended. (www.rqia.org.uk)	
<b>Action taken as confirmed during the inspection:</b> Inspection of reports of the registered provider's monthly monitoring visits confirmed this area was addressed.		

### Areas for improvement from the last medicines management inspection of Breffni House

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 11 October 2018	The registered provider should ensure there are robust arrangements in place for the management of controlled drugs.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	<b>Carried forward to the next care inspection</b>

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on COVID-19. A wash hand basin had been installed in the front porch to allow all staff and visitors to cleanse their hands before entering the building.

All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of cleaning schedules were maintained.

### **6.2.2 The internal environment**

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. Walkways throughout the home were kept clear and free from obstruction.

All areas within the home were observed to be odour free and generally clean. We noted, however, that the carpets in an identified bedroom and in some corridors were stained; there was also the presence of dust on some tile borders in a bathroom and along some pipework beside a toilet in a bathroom. In one toilet, we found that there was a build-up of dust on pipework and on the top of a hand towel dispenser and on the underside of a soap dispenser. It was further observed that the undersides of a toilet frame and a shower seat had not been thoroughly cleaned.

These issues were discussed with the manager who advised that the home's domestic staff had recently concentrated their efforts in the other side of the home (previously Breffni House) to manage an outbreak of infection. The manager, who was temporarily based in this part of the home to oversee the management of the outbreak, had been unable to enter the part of the building which remained free from infection to conduct her regular checks on the cleanliness of the whole home, but would soon be able to do so. The manager later provided written confirmation that a thorough clean of the identified areas had been completed.

In regard to the carpets, the manager advised that these were shampooed regularly. Bedroom carpets were being replaced with washable flooring according to the preferences of residents; we were told that the corridor carpets were to have been replaced during 2020 but this was postponed due to the COVID-19 pandemic; the improvements would be made as soon as possible.

### **6.2.3 Staffing arrangements**

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We reviewed the system in place for staff recruitment and saw that the necessary pre-employment checks were completed to ensure that staff were safe to work in the home and that new staff were provided with a comprehensive induction.

We saw that the manager had a system in place to provide staff with regular supervision and an annual appraisal. The manager also ensured that all staff were correctly registered with their professional body, The Northern Ireland Social Care Council (NISCC).



We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff described the staffing levels as 'comfortable' and said that there was good team working with effective communication between staff and management.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "I like Breffni Lodge. The girls (staff) are very good to me and they treat me well. I like the food, it's lovely, and we get lots to eat and drink...I like my room because it is nicely furnished and my bed is very comfortable. I sometimes feel unwell, and I have a call bell beside my bed. I don't have to use it often, but the girls come to me straight away if I need help."
- "I like it here - the girls (staff) are good to us all."

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the COVID-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families in order to reassure relatives. Arrangements were in place to facilitate relatives visiting their loved ones at the home. The manager communicated with residents' families on a regular basis to provide updates on events in the home.

The relative of one resident contacted RQIA and provided the following comments:

- "I cannot tell you how happy I am that we as a family chose this particular Residential Home. My (relative) describes the manager and staff as being angels without wings and is always very happy and content. The manager and staff are incredible, so caring, professional and always compassionate. I could ramble on for hours and hours but I feel there is no need. 10 out of 10 for everything and all they do for my darling (relative). I say it regularly to my family, Regina deserves some sort Queens medal in recognition for the excellent service and care she provides. I don't believe there is anyone quite like her."

#### **6.2.5 Care records**

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis. Individual risk assessments were completed for each resident with regard to visiting.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, staff compliance with hand hygiene and PPE, care records and annual care reviews. The audits were completed regularly and helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of compliments received are as follows:

- “I wanted to share a photograph that I took of my (relative) today; she is the picture of happiness with a smile as big as ever. Her hair is beautiful and she is happy, all down to the staff and management at Breffni. Thank you for everything you do, it is appreciated so very much.”
- “Thanks for the information...Thanks also to you and all the staff for the incredible, relentless physically and emotionally punishing work you're all doing. It is very, very much appreciated as are the brave decisions you're having to make in the interest of all the residents.”
- “You and your team have been truly amazing - words are not enough - to express how I feel - you are angels and so dedicated and deserve so much praise. I heard some staff had moved in and you worked...non-stop - YOU ARE JUST AMAZING !!”
- “Just a quick note to say how delighted I was with the call with (my relative) just now...she just sounded like her old self, asking about me and the family and interested in what we were all up to... and talking about her lovely lunch and how she was looking forward to the craft activities. I know we're not 'out of the woods' yet but just wanted to say a big thanks to you and the staff for your support-she just sounded so happy!”

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed.

### **Areas of good practice**

We found good practice throughout this inspection in relation to the compassionate and supportive interactions between residents and staff, staff adherence to the current PPE guidance and to the systems which help ensure effective managerial oversight and governance.

## Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was comfortable for residents and staff wore PPE in line with the guidance. We were assured that the care provided in Breffni Lodge was safe, effective, compassionate and well led.

### 7.0 Quality improvement plan

This inspection resulted in no new areas for improvement. The six areas for improvement in the Quality Improvement Plan relate to the findings of previous inspections within both Breffni Lodge and Breffni House which will be examined during the next care 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 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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2019	<p>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.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 6.1</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	<p>The registered person shall ensure that the environmental improvements as listed are addressed;</p> <ul style="list-style-type: none"> <li>• provision of adequate storage facility for wheel chairs as several were stored within one bathroom/toilet</li> <li>• replacement of one waste paper bin within ground floor toilet with a pedal operated bin</li> <li>• repair/replacement of one cabinet positioned within the hallway as the fronting of one drawer was missing</li> <li>• removal of clean duvets from the floor within the linen cupboard on the first floor</li> </ul> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11,5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July	<p>The registered person shall contact the care manager/social worker to request that the delayed written care review reports are forwarded to the home.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	<p>The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly with records retained.</p> <p>Ref: 6.1</p>

<b>To be completed by:</b> 31 August 2019	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered provider should ensure there are robust arrangements in place for the management of controlled drugs.  Ref: 6.1
<b>To be completed by:</b> 11 October 2018	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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