

Inspection Report

21 February 2023



Breffni Residential Home

Type of service: Residential
Address: 3 Wandsworth Road, Belfast, BT4 3LS
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Breffni Residential Home</p> <p>Responsible Individual: Mr Mark John Uprichard</p>	<p>Registered Manager: Ms Regina Brady</p> <p>Date registered: 16 May 2013</p>
<p>Person in charge at the time of inspection: Ms Danielle Black - Deputy Manager - until 11 am Ms Regina Brady – from 11 am.</p>	<p>Number of registered places: 44</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 23</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 44 residents. The home is divided in two units with residents' bedrooms, lounges and dining rooms located within each unit.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 February 2023 from 9.30 am to 5.45 pm. The inspection was carried out by a care inspector.

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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to provide care in a kind, caring and compassionate manner and to be attentive to the needs of the residents.

Areas for improvement identified are discussed in the main body of the report. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke in positive terms about how they found life in the home. Comments made by residents included that "the staff help me with whatever I need", "the staff are just lovely", "this is a great wee home" and "everyone is lovely, the carers are good and kind".

Staff said that teamwork was good and they felt supported and listened to. Comments made by staff included that "we always pull together and get things done", "we all muddle together and work as a team", "it is just like one big family" and "I really enjoy working here".

A relative said that they were satisfied with the care provided, staff were kind and helpful and communication was good.

A record of compliments and thankyou cards was kept and shared with the staff team, this is good practice.

Comments made by residents, staff and relatives were shared with the manager for information.

RQIA did not receive any completed questionnaires or responses to the staff survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 24 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 Stated: First time	Visits by the registered provider shall take place at least once a month and the person carrying out the visit shall prepare a written report on the conduct of the home. The registered person must ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months.	Partially met
	Action taken as confirmed during the inspection: Monthly monitoring reports were submitted to RQIA as requested following the last inspection. However, reports had not been consistently completed for each month subsequently. See section 5.2.5 for more information. This area for improvement was partially met and has been stated for the second time.	
	Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for Improvement 1 Ref: Standard 23.6 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Staff induction records were appropriately signed and dated by each party. This area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>A full, accurate and legible record is kept of staff working in the home over a 24-hour period and the capacity in which they worked. The person in charge of the home in the absence of the manager must be clearly identified.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the duty rota evidenced that this area for improvement was met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>A comprehensive refurbishment plan is developed, regarding the maintenance and redecoration required in the home. This plan should detail specific and realistic timescales for these environmental improvements. A copy of this plan will be forwarded to RQIA on or before the 24 July 2022.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The refurbishment and redecoration plan was shared with RQIA. The plan has been kept updated and was available for review. This area for improvement was met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff were reminded when training was due.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff who took charge in the home in the absence of the manager had completed competency assessments.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said that they were satisfied with staffing levels and that teamwork was good.

Residents said that there were enough staff to help them and they felt well looked after.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the residents' needs, daily routines and preferences.

Care records included evidence of consultation with residents, where possible, in planning their own care. The details of care plans were shared with residents' relatives, if this was appropriate. Any advice or directions from other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff.

It was observed that staff respected residents' privacy and dignity; they knocked on doors and asked permission before entering bathrooms or bedrooms.

Care records contained relevant information on each resident's care needs and what or who was important to them. Residents' individual likes and preferences were reflected throughout the records.

It was observed that not all care records were stored securely and in addition a store, where archived records were kept, was unlocked. An area for improvement was identified.

At times some residents may be required to use equipment or be subject to practices, for example, regular observations of their location in the home, that can be considered to be restrictive. It was established that safe systems were in place to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A monthly analysis of falls was completed and the manager had developed a quality improvement plan to monitor and help reduce the incidence of falls in the home.

It was positive to note that staff provided residents who required assistance to mobilise with the recommended level of support. Staff discussed the importance of not rushing residents but also of knowing when to step in and provide help.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Some daily observations were more informative than others. This was discussed with the manager for information and appropriate action.

Staff said they were encouraged to report any issues, no matter how minor, they observed regarding the residents and had confidence that these would be taken seriously.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The menu was on display for residents' information. Staff ensured residents were comfortably seated in the dining room, lounge, or their bedroom for the meal as they preferred. The dining experience was calm, relaxed and unhurried.

The food on offer was well presented, smelled appetising and was served in appropriate portion sizes. There was a choice of meals available. Staff were seen to appropriately assist and encourage residents throughout the mealtime.

Staff told us how they were made aware of residents' nutritional needs to ensure that they received the correct consistency of diet and fluids. The recommendations of the Dietician and Speech and Language Therapist (SALT) were clearly recorded in the care records reviewed.

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

Residents commented positively about the food on offer and said there was always a choice available. Comments included that "oh the food is very nice", "the food is very good" and "it is hard to please everyone with the food but it's nice and there is always a choice".

5.2.3 Management of the Environment and Infection Prevention and Control

A redecoration and refurbishment plan was in place with bedrooms redecorated and ensembles refurbished according to a schedule. Residents' bedrooms were clean, tidy and attractively personalised with items that were important to them such as ornaments, plants, cushions and family photographs.

Some items of signage needed to be laminated; this was brought to the attention of the manager for information and action.

Corridors and fire exits were clear of clutter and obstruction. The manager confirmed that actions were underway to complete the requirements of the home's recently completed fire risk assessment.

Identified extractor fans in bathrooms and the underside of soap dispensers needed more effective cleaning. Waste bins were located in an inappropriate area and had not been emptied in a timely manner. Personal protective equipment (PPE) was widely available but was generally not located in suitable PPE stations. An area for improvement was identified.

It was observed that items were stored inappropriately in various areas of the home. Identified tables required replacement as the tops showed significant signs of wear and tear. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

Residents said that they were satisfied that home was kept clean and tidy.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents commented positively about the activities which were available. The activity schedule was on display and included options such as chair yoga, movie nights, dominoes, bingo, music and going out for walks. Residents' artworks were on display throughout the home. Holidays and residents' birthdays were celebrated.

The atmosphere throughout the home was warm, welcoming and friendly. It was observed that staff offered residents choices throughout the day which included where and how they wished to spend their time, what they would like to eat and drink and if they wanted to take part in activities or not.

An entertainer was in the home singing to the residents during the afternoon and they thoroughly enjoyed the show.

Staff were observed to treat the residents with kindness and compassion. Staff encouraged independence where possible but recognised when residents required some assistance and offered this in a discrete and helpful manner. A staff member said that "I enjoy the interactions with the residents".

All the residents looked well cared for and were seen to be well presented. Residents spoke positively about life in the home and being able to make their own choices. Comments included that "staff let me know what is going on and I pick what to go to", "I go up to the big room for the activities; it's fun", "everyone is lovely, the carers are very good and kind", "I made the decision to stay here myself, it was my choice" and "I had a lie in today then the staff helped me get up and get dressed".

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Regina Brady has been the registered manager in the home since 16 May 2013. 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 or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Residents and a relative spoken with said that they knew how to report any concerns and were confident that staff would help to sort these out. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager and the responsible individual were identified as the appointed safeguarding champions for the home. It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home should be visited each month by the registered provider, or their representative, to consult with residents, their relatives and staff and to examine all areas of the running of the home. It was positive to note that the views of residents, relatives and staff were included in the reports which were available. The reports had been submitted to RQIA as requested following the last inspection. However, subsequent reports were not completed on a consistent monthly basis. This area for improvement was partially met and has been stated for the second time.

Staff commented positively about the manager and said she was supportive and approachable. Staff also said that good communication was maintained so they always felt well informed.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2*	2

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Regina Brady, Registered 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 Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 29 Stated: Second time To be completed by: With immediate effect	Visits by the registered person shall take place at least once a month and the person carrying out the visit shall prepare a written report on the conduct of the home. The registered person must ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months. Ref 5.1 & 5.2.5
	Response by registered person detailing the actions taken: March 27 th visit forwarded to RQIA April 3 rd
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that: <ul style="list-style-type: none"> • extractor fans and the underside of soap dispensers are cleaned on a regular basis • waste bins are located appropriately and emptied on a regular basis • PPE stations are suitable for their intended purpose. Ref: 5.2.3
	Response by registered person detailing the actions taken: Extractor fans and dispensers included specifically in the cleaning, PPE stations and waste collection points will be kept under review and serviced appropriately
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that current and archived care records are held safely and securely at all times in line with good practice guidelines on the management of records. Ref: 5.2.2
	Response by registered person detailing the actions taken: Inappropriately stored records will be removed, periodic archiving and destruction of no longer required records will be undertaken

<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • activity supplies are stored appropriately • equipment which is damaged or no longer required is not stored in bathrooms • tables showing signs of wear and tear are disposed of. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new location for activity equipment will be identified, bathrooms have been cleared of non essential equipment and tables reemoved for destruction.</p>

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



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