



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Breffni Lodge</b>
<b>Establishment ID No:</b>	<b>1583</b>
<b>Date of Inspection:</b>	<b>22 October 2014</b>
<b>Inspector's Name:</b>	<b>Lorna Conn</b>
<b>Inspection No:</b>	<b>17805</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 1.0 General Information

<b>Name of Home:</b>	Breffni Lodge
<b>Address:</b>	3 Wandsworth Road Belfast BT4 3LS
<b>Telephone Number:</b>	028 90653335
<b>E mail Address:</b>	breffni3@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Breffni Lodge Mr Mark Uprichard
<b>Registered Manager:</b>	Ms Regina Brady
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Mary Rice, Senior Carer
<b>Categories of Care:</b>	RC-I, RC-DE
<b>Number of Registered Places:</b>	22
<b>Number of Residents Accommodated on Day of Inspection:</b>	20
<b>Scale of Charges (per week):</b>	£450-£520
<b>Date and type of previous inspection:</b>	2 June 2014, primary announced inspection
<b>Date and time of inspection:</b>	22 October 2014, 12:50pm - 3:40pm
<b>Name of Inspector:</b>	Lorna Conn

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

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

- Discussions with the care staff
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **5.0 Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards. The inspection also considered whistleblowing concerns raised with RQIA regarding levels of dependency; call system; mixed duties/staffing workload at night. See additional areas in section 10 of this report.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

Breffni Lodge Residential Care home is situated in a residential area of East Belfast, within the geographical area of the Belfast Health and Social Care Trust. The residential home is owned and operated by Mr Mark Uprichard. The current registered manager is Ms Regina Brady.

Accommodation for residents is provided in single rooms on three floors. Some of the rooms have en-suite facilities. Access to the first floor is via a passenger lift and stairs.

Two communal lounges and a dining area are provided on the ground floor. One lounge is kept as a quiet room, equipped with comfortable chairs and a large dresser unit with shelves for books. There are a range of bathroom and toilet facilities (fully equipped for people with disabilities) and catering and laundry facilities located on the ground floor. There is a small outdoor area situated at the rear of the home which is paved and has seating. Car parking is to the front of the home.

The home is registered to provide care for a maximum of 22 persons under the following categories of care: RC-I (Old age) and RC-DE (dementia). The home is not registered to provide day care services.

## 7.0 Summary of Inspection

This secondary unannounced care inspection of Breffni Lodge was undertaken by Lorna Conn on 22 October 2014 between the hours of 12:50 pm and 3:40pm. Ms Mary Rice was available during the inspection and for verbal feedback at the conclusion of the inspection. The registered manager was contacted post inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed most of the areas as required within the timescales specified. Two requirements regarding the annual quality review and re-decoration could not be assessed as their timescales had not been exceeded and will be examined at the next inspection. Three requirements and three recommendations were met and two recommendations were moving towards compliance. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

One new requirement regarding an urgent care review and one recommendation regarding staffing were made as a consequence of this inspection.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the running of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

On the day of the inspection the inspector met 12 residents who appeared well presented in terms of appearance and content and comfortable in their surroundings. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The inspector viewed the home accompanied by the care staff and alone and inspected the communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be serviceable however, the dining room and communal toilets were rather tired and previously a requirement has been made with respect to these. However, the timescales for this were not exceeded at the time of the inspection.

A number of additional areas were also examined these included accidents and incidents; resident dependency; call system and staffing. One requirement was made regarding the urgent review of the suitability of placement for one identified resident and one recommendation regarding staffing. Further details can be found in section 10.0 of the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents and staff for their assistance and co-operation throughout the inspection process.

## FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p><b>(standard 20. 12)</b></p>	<p>This requirement has been carried forward for review at the next inspection as the timescale for completion had not been reached by the date of this inspection.</p>	<p>Not examined</p>
2.	20 (3)	<p>The registered manager must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in her absence.</p> <p><b>(standard 25.3)</b></p>	<p>The member of staff on duty who was in charge confirmed that this had occurred. However, due to the absence of the registered manager, the staff records were not available for inspection purposes. This has evidenced to the inspector post inspection.</p>	<p>Compliant</p>
3.	27 (2) (d)	<p>The registered person must ensure that the décor in the dining room and the communal toilets is improved.</p> <p><b>(Standard 27.1)</b></p>	<p>This requirement has been carried forward for review at the next inspection as the timescale for completion had not been reached by the date of this inspection.</p>	<p>Not examined</p>

4.	14 (3)	<p>The registered person must ensure that three staff receive updates in manual handling in keeping with the RQIA guidance on mandatory training.</p> <p><b>(standard 23.3 )</b></p>	<p>Staff training records were reviewed and these evidenced that all members of staff had received an update in manual handling.</p>	Compliant
5.	30 (1)	<p>The registered person must ensure all accidents; incidents and events are notified to RQIA. The one identified incident has been retrospectively notified to the inspector.</p> <p><b>(Standard 20.15)</b></p>	<p>The identified incident was received by RQIA post the last inspection.</p>	Compliant



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20.10	The registered person should ensure that a staff satisfaction survey takes place.	The records of this survey were not available on the day of the inspection .A blank copy of this was shared with RQIA post inspection. This has been carried forward to the next inspection to allow the associated records to be examined.	Moving towards compliance
2.	10.1	The registered person is recommended to update the challenging behaviour policy to include the need for Trust involvement in managing behaviours which challenge; detail that RQIA must be notified on each occasion restraint is used and clarify the types of restraint which would be used.	The challenging behaviour policy and the restraint policy were reviewed and have been updated as recommended.	Compliant
3.	10.3;11.6; 6.1; 6.3 & 5.4	The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate).	Three care records were selected at random and none of the care plans or needs assessments had been signed by the resident or their representative. However, the registered manager provided evidence that a letter had been sent to relatives requesting that they indicate their preference regarding signing care plans and assessments. This has been carried forward to the next inspection to allow the associated records to be reviewed.	Moving towards compliance

4.	10 & 3.2	The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad code and the use of restrictive practices in the home.	The statement of purpose and residents guide were examined and included the recommended areas.	Compliant
5.	11.5	The registered person is recommended to arrange a review for the identified resident whose review was overdue.	This review had been arranged and the minutes were available.	Compliant

## 10.0 Additional Areas Examined

### 10.1 Resident's consultation

The inspector met with twelve residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. Residents who met with the inspector indicated their satisfaction with the provision of care and life afforded to them and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'They are very pleasant here and staff are around a lot. I don't really need them at night but they are very helpful and the food is very good'.

'They are very good to us. I don't need to use my buzzer at night'.

'I have no complaints. I have been here many years and I don't need any help at night. Staff do check on me and are very nice'.

'Its fine and I'm well looked after. I don't need any help at night'.

'It's terrific and well run. The food is good and the staff are very good and bring me breakfast in my bedroom. I don't need them at night'.

'It's lovely here. The staff are lovely and I'd only be sitting in the house alone if I wasn't here. I'm not up at night as I sleep well'.

'It's very good here and I can't complain'.

'I'm quite content and everything's done for me and I'm well looked after'.

### 10.2 Relatives/representative consultation

No relatives were present during the inspection.

### 10.3 Staff consultation

The inspector spoke with five staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. They confirmed that they were not required to vacuum floors; mop floors or clean bathrooms. However, one indicated that these had been tasks in the past and she just continued to do them. Staff indicated that ancillary staff are there from 9.30-1.30 Monday to Friday to complete cleaning but that there is no-one to specifically launder clothes and that this is attended to by care staff as part of their workload. For further information see section 10.8 regarding staffing.

Comments received included:

'Night duty can be very easy and I do have time to do everything. It can be harder but generally it's not bad. There's always back up if needed. I do some mopping and hoovering as I'm used to doing it'.

'The workload at night is alright and I don't do any hoovering or cleaning. The need is not high at night and we manage one person in bed. Staffing levels are grand. We do all the laundry'.

'The care is good and we get support from the manager'.

'I love the residents here. The staff are very good and I don't feel pressurised or stressed by the work. The buzzer is good on this floor but it isn't as loud on the third floor. We do all the laundry – wash and dry during the day and put it away in the evening. Everybody is involved in it. The care is very good'.

'The workload isn't too bad at night as we work with one resident in bed. The care is good and it's well-run'.

'I enjoy working here. The care is brilliant. Laundry role is allocated during the shift. The buzzer is really good here and one second floor but hard to hear on the other floor. Residents are really well cared for and staff are managing really well'.

#### **10.4 Visiting professionals' consultation**

One professional visited the home during the inspection and took time to speak with the inspector. Her comments were very positive regarding the care and staff interactions with residents. Her comments included:

'It's very good care and I'm more than pleased with how promptly they respond to issues I raise. They were out with residents on a social outing one night recently and they were really delighted with it. I noticed that they spent ages talking to one lady who was being admitted which was lovely and repeated bits that she had forgotten to try to make her feel at home'.

#### **10.5 Environment**

The inspector viewed the home accompanied by the care staff and alone and inspected the communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be serviceable however, the dining room and communal toilets were rather tired and previously a requirement has been made with respect to these. However, the timescales for this were not exceeded at the time of the inspection. No health and safety hazards were noted during the inspection.

#### **10.6 Accidents and Incidents**

A random sample of these were reviewed and these appeared to have been appropriately addressed with relevant persons notified.

#### **10.7 Resident Dependency**

The registered manager was requested to submit an updated review of dependency on 19 September 2014 which was provided to the inspector. This was examined by the inspector and it indicated that one resident had a high level of dependency. On the day of the inspection the inspector spoke to staff and residents in order to ascertain the levels of dependency and numbers of residents requiring assistance at night. It was confirmed that only one person is in need of a high level of assistance during the day and that many residents do not require any assistance from staff at night. See staffing section 10.8 below and residents and staff comments in sections 10.1 and 10.3 above. With respect to the one identified resident; a requirement has been made for an urgent review and re-assessment of needs to be conducted with Trust regarding suitability of this placement considering the high level of dependency and need.

## 10.8 Staffing and workload

On the morning of the inspection, one senior and two care assistants were on duty plus one person was in the kitchen. Later that day one care assistant was replaced at 3.30. The inspector was advised that two staff were on duty from 11pm-8am with one on 'sleeping in' night duty and the other on 'waking' night duty. This correlated with the staff rota provided on request to RQIA by registered manager and was in accordance with RQIA staffing guidance. Staff were observed to be unhurried in their interactions with residents during the inspection and no concerns were expressed by residents regarding staff availability or time pressure. The inspector spoke to several staff who worked night duty and they indicated that many residents were independent at night; the workload was manageable and the duties were not mixed at night; and that the identified resident could be managed in bed with back up from sleep in staff if necessary. The inspector noted that staff appeared to be involved in laundering clothing during the day/evening shifts and it is recommended that this be reviewed as it constitutes mixed duties.

## 10.9 Call System

No residents expressed any concerns regarding calls being answered but some staff indicated that it was not as loud across all three floors in the home. The registered manager and registered provider were aware of difficulties with this system and are currently reviewing how best to replace it.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Regina Brady, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Breffni Lodge

22 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Regina Brady registered manager after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p><b>(standard 20. 12)</b></p>	One	Our annual quality review is near completion. We are awaiting most of the relatives questionnaires being returned.	By 24 December 2014.
2.	27 (2) (d)	<p>The registered person must ensure that the décor in the dining room and the communal toilets is improved.</p> <p><b>(Standard 27.1)</b></p>	One	Dining room has been painted, new wallpaper, new curtains and table ware.	By 20 December 2014.
3.	15 (1) (d) & (e)	<p>The registered person must ensure that an urgent review and re-assessment of needs is conducted for one identified resident.</p> <p><b>(standard 5)</b></p>	One	<p>A comprehensive review was undertaken 2<sup>nd</sup> December 2014.</p> <p>While the needs of this resident has increased Breffni lodge is meeting all needs and this was demonstrated through our care plans and daily progress records alongside the general well being of the resident. We will continue to monitor and review and liaise with care manager where situation changes.</p>	With immediate effect.



**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20.10	The registered person should ensure that a staff satisfaction survey takes place.	One	Staff have completed their satisfaction survey and the findings will be included in annual quality review.	By 20 December 2014.
2.	10.3;11.6; 6.1; 6.3 & 5.4	The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate).	One	Majority of residents are unable to sign their care plans and assessments. Correspondence was sent out to all relatives inviting them to familiarise themselves with care plans and also be involved in their content. It was noted the majority did not want to be involved in this aspect of their relatives care. A process has been put in place where it can be evidenced that a relative is fully aware that they have the opportunity to be involved in the care plans and they choose how often they will review and sign.	By 20 December 2014.
3.	25.4	The registered person is recommended to review staff duties regarding laundry as this constitutes mixed duties.	One	A staff member is allocated a time to perform laundry duties.	With immediate effect.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Regina Brady
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mark Uprichard

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	22 Dec. 14
Further information requested from provider			