



The Regulation and  
Quality Improvement  
Authority

Breffni Lodge  
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**Unannounced Care Inspection  
of  
Breffni Lodge**

**23 April 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 23 April 2015 from 11.00 to 15.00 following receipt of an anonymous whistle blowing report. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

### Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.1 Actions/Enforcement Resulting from this Inspection

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

### 1.2 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mark John Uprichard	<b>Registered Manager:</b> Regina Brady
<b>Person in Charge of the Home at the Time of Inspection:</b> Regina Brady	<b>Date Manager Registered:</b> 16 May 2013
<b>Categories of Care:</b> RC-DE, RC-I	<b>Number of Registered Places:</b> 22
<b>Number of Residents Accommodated on Day of Inspection:</b> 19	<b>Weekly Tariff at Time of Inspection:</b> £ 470 - £540

## 3. Inspection Focus

On 13 April 2015 a phone call was received by RQIA from an anonymous person. The whistle blower raised concerns in regard to an individual resident's care and that staff training did not meet the resident's needs.

## 4. Methods/Process

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

- Discussion with registered provider and registered manager
- Discussion with staff and residents
- Review of care records
- Staff Training records.

During the inspection the inspector met with 12 residents, 6 care staff, the Cook, and one resident's representative.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Breffni Lodge was an announced estates inspection dated 14 March 2015 The completed QIP was returned and was approved by the estates inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 17 (1-3)</p>	<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>(standard 20. 12)</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed this had been completed and we reviewed it on day of inspection.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (2) (d)</p>	<p>The registered person must ensure that the décor in the dining room and the communal toilets is improved.</p> <p>(Standard 27.1)</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the areas were redecorated and fit for purpose at the time of inspection.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 15 (1) (d) &amp; (e)</p>	<p>The registered person must ensure that an urgent review and re-assessment of needs is conducted for one identified resident.</p> <p>(standard 5)</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the review and re assessment had taken place. The care notes confirmed this.</p>	<b>Met</b>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 20.10	The registered person should ensure that a staff satisfaction survey takes place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed this has taken place.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that care plans and needs assessments were signed by resident or representative. The care records reviewed confirmed this.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 25.4	The registered person is recommended to review staff duties regarding laundry as this constitutes mixed duties.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that this was now recorded separately and a review of rota confirmed this.	

### Is Care Safe? (Quality of Life)

We examined three care records including the individuals care records the whistle blower identified. In discussion with the registered manager we confirmed that the staff have training to meet resident's needs.

### Is Care Effective? (Quality of Management)

The care records inspected confirmed that there had been a comprehensive assessment completed which met the needs of individual residents'. The residents' care reviews were all up to date and were referred for specialist input in a timely manner when required.

On discussion with staff they confirmed that they were knowledgeable about residents' welfare and care needs. They were also aware of the importance of referring residents to appropriate services to ensure they receive treatment to meet their individual needs.

## Is Care Compassionate? (Quality of Care)

Discussion with staff confirmed they were knowledgeable of each resident as an individual. Staff practice was observed and was noted to be friendly and caring.

Staff training records confirmed staff were all up to date with training requirements.

### Areas for Improvement

We found there were no areas of improvement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.3 Additional Areas Examined

### 5.3.1 Residents views

We met with residents in the home who expressed or indicated that they were happy with their life in the home. They also reported they were involved in the decoration of the home and they enjoyed being involved in this. Their rapport with staff we noted to be friendly and at ease.

Selections of comments were as follows:

- 'I love the staff they are so good'
- 'the staff are great'
- 'staff are brilliant'
- 'I am being well looked after here'

### 5.3.2 Relatives / representatives views

On discussion with resident's representative they reported the home had a warm homely atmosphere and there was always something going on.

### 5.3.3 Staff views

Staff reported to us they enjoyed working in the home, they were well supported and that all their training needs were met.

Selection of comments made was as follows:

- 'I enjoy working here'
- 'We have a good team and it is supportive'

### 5.3.4 Fire safety

We noted that fire safety training including fire safety drills were maintained in accordance with requirements. There was no obvious fire safety risks observed within the environment.

### 5.3.5 Complaints

We reviewed the complaints records and noted they had been appropriately managed.

### 5.3.6 Environment

We inspected the homes internal environment and found it to be clean and fresh smelling. Communal areas were well furnished and in good decorative order. Residents informed us they had been involved in refurbishment of one of the lounges.

Residents' bedrooms have been personalised to their needs and preferences. A bath was being installed in the en suite of one bedroom. The resident preferred a bath rather than a shower.

On the day of inspection the hair dresser was in the home and the residents were availing of this service.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	REGINA BRADY	<b>Date Completed</b>	10/06/15
<b>Registered Person</b>	Mark Uprichard	<b>Date Approved</b>	12/06/15
<b>RQIA Inspector Assessing Response</b>	<b>Patricia Galbraith</b>	<b>Date Approved</b>	<b>12/06/15</b>

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to RQIA at [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.