



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 26 September 2019



Breffni Lodge

Type of Service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Tel no: 028 9065 3335
Inspector: Priscilla Clayton

www.rqia.org.uk

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 registered residential care home which provides care for up to 22 residents in the categories of care as stated on the home's certificate of registration and as detailed within section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Breffni Lodge. Responsible Individual: Mark John Uprichard	Registered Manager and date registered: Regina Brady – 16 May 2013
Person in charge at the time of inspection: Regina Brady	Number of registered places: 22
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place from 10.00 hours to 15.15 hours.

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.

Evidence of good practice was found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships, staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas requiring improvement included infection prevention and control measures, domestic cleaning and review of domestic schedule cleaning records.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*1	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Regina Brady, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 30 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was completed and returned to RQIA from a relative of a resident.

During the inspection a sample of records was examined which included:

- staff duty rotas for September 2019..
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records

- governance audits/records
- accident/incident records from previous inspection
- reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate
- Liability insurance

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care inspection dated 30 January 2019

One of the three areas for improvement has not been met and has been stated for a second time.

Areas for improvement from the last care inspection		
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: First time	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. Ref: 6.5	Not met
	Action taken as confirmed during the inspection: The manager explained that this report has not been completed.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 22.6 Stated: First time To be completed by: 25 November 2018	The registered person shall ensure all records are held securely. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Records were observed to be securely stored.	
Area for improvement 2 Ref: Standard 35.2 Stated: First time To be completed by: Immediate	The registered person shall ensure that infection prevention and control measures regarding the use of appropriate equipment are adhered to by staff. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Staff were observed wearing disposable aprons as required. Adequate supplies of aprons and gloves were stocked and readily available to staff.	
Area for improvement 3 Ref: Standard 35.1 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that the robust auditing of infection prevention and control measures is consistently undertaken. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Audits of infection prevention and control were undertaken with action taken to address areas requiring attention.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Upon arrival at the home we were greeted by the manager who remained on duty throughout the inspection.

The majority of residents were observed to be up washed and dressed with personal care needs attended. Residents told us they had received breakfast in the dining room. Some residents preferred to have their breakfast within their own room.

The atmosphere within the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly respectful manner. Staff were observed to be readily available to residents with call bells being answered promptly.

Staffing levels within the home were discussed with the manager who confirmed that these were based on the number of residents accommodated, dependency levels, general layout of the home and fire safety regulations. One agency care staff member was commissioned to provide cover for one staff member on leave. No issues or concerns were expressed to the inspector in relation to staffing levels which were reflected within the staff duty roster displayed. Staff told us that staff were always readily available and that they had no issues or concerns in this regard.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. Staff stated they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home. Staff also described the support they received from the manager in positive terms and told us the manager was very supportive if they had any issues. Governance records relating to staff training were evidenced showing dates and staff attendance.

The manager advised that one new staff member had been appointed since the previous inspection. Recruitment and selection records reviewed were considered to be in accordance with employment regulations. Access Ni check had been undertaken prior to commencement of employment. The manager and staff member advised that application for registration with the Northern Ireland Social Care Council (NISCC) had been submitted and an induction programme implemented. A mentor was also identified to provide support and guidance.

The manager advised that close monitoring of staff NISCC registrations were undertaken with electronic records.

The way in which staff are supported in their roles was considered. Discussion with the manager highlighted that a system was in place to facilitate staff by way of supervision, appraisal and staff meetings.

The manager advised that there were no current safeguarding issues and described how notification would be reported to the commissioning trust safeguarding team with records retained.

Records of accidents/incidents were reviewed. Notifications were being submitted to RQIA as required. The manager explained that an adapted form of the falls tool kit was used to facilitate appropriate management of falls including identification of trends and patterns, action taken and preventative measures in place to minimise falls occurring.

The manager explained the systems in place for monitoring the frequency of residents health screening; dental, optometry, podiatry and other health and social care services appointments and how referrals were made to the appropriate service. During the inspection several staff that were off duty came to the home to receive training in dental care.

A review of infection prevention and control measures was undertaken. There was evidence of a plentiful supply of disposable aprons and aprons. Staff were observed washing their hands at various times during the day. Seven step wash hand guidance notices were displayed at wash hand basins within wash rooms. Staff training in infection prevention and control had been provided during January and February 2019. Identified areas for improvement included; the removal of hand soap bars from two communal washrooms, two cloth hand towel placed within one communal room and damp dusting of some items of furniture and painted areas of the stairs.

The domestic cleaning duties and schedule was discussed with the manager. The dates of when cleaning was carried out was not recorded within the cleaning schedule. Individual areas of cleaning recorded within the schedule should be signed when completed as opposed to one signature for all activity. Damp dusting of areas should be included. An increase in the frequency of ongoing audits in respect of the aforementioned improvement areas was discussed with the manager.

Inspection of all areas within the home was undertaken. The manager explained that an extensive refurbishment of the home had commenced with redecoration of the front lounge. Other areas include; replacement of all hall carpets within the three floors, bedrooms and replacement passenger lift to the two floors. The manager explained that the lift was now working and that a replacement would be installed as soon as possible so that residents would not be inconvenienced. The manager explained that refurbishment work would be completed within this financial year.

The kitchen was observed to be clean, tidy and organised with all equipment reported to be in good working order. Records of food and fridge temperatures were recorded. The home received a band 5 in their food hygiene assessment by environmental health.

The outside covered area between the ground floor mid hallway and the entrance to the laundry (known as an identified smoking area) was observed to be unsightly and in need of thorough cleaning. The manager explained that the grounds man who has responsibility for cleaning this area has been on leave and that the area would be thoroughly cleaned when he returns. A new identified area for smoking was planned.

All fire doors were closed and fire exits unobstructed. The manager explained that the annual fire risk assessment was undertaken on 12 September 2019 and that the assessment report was expected within the near future. This report will be reviewed at the next inspection to the home.

Residents told us they were happy within the home and that they felt safe and well care for by staff. No issues or concerns were raised or indicated.

One completed satisfaction questionnaire returned to RQIA from a relative indicated satisfaction that care provided within the home was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and domestic cleaning and review of domestic schedule cleaning records.

	Regulations	Standards
Total numb of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three care records; they included an up to date assessment of needs, range of risk assessments, care plans and a daily statement of health and wellbeing of the resident. Risk assessments were updated as changes occur and annual reviews were conducted.

Care records also reflected the multi-professional input into residents' health and social care needs. Care plans included the social, cultural and spiritual needs of residents which were signed in a central care plan template within each file. Care records were observed to be securely stored.

The manager demonstrated awareness of The Mental Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty and the phased introduction. Liaison with the commissioning trust is ongoing in this regard. Staff training and guidance is to be organised by the manager.

There was evidence of effective communication with residents, their representatives and other visiting professional staff from the trust. These included residents meetings, satisfaction surveys, multi-professional care reviews and staff hand over reports at each shift. Staff were observed interacting with residents and their visitors in a friendly respectful unhurried manner. Staff advised that the manager operated an "open door" to everyone and that they would not hesitate to inform her if they had any problems with the providing good care.

The manager explained the arrangements in place to monitor, audit and review the effectiveness of care. A resident/relative satisfaction survey had been conducted with the development of summary report a work in progress. A high percentage of positive responses in regard to care were noted. The annual quality report for 2018 remains a work in progress. The manager advised that this was almost complete. This will be reviewed at the next inspection alongside the summary report of the residents' satisfaction survey report.

The home had a wide range of policies and procedures. Staff told us they were aware of the policies and had ready access to these if needed.

Residents told us they felt that the care provided was good and that staff were always available to see to them when needed.

One completed satisfaction questionnaire returned to RQIA from a relative indicated satisfaction that care provided within the home was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed that interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home with residents easily interacting with staff. Residents spoke openly with us and commended the staff on the good care provided.

Throughout the inspections residents were observed to be relaxed and moved freely around the home. Several residents used walking frames to assist with mobilising. There was an observed wide variety of mechanical aids available to assist residents with independence.

Information was displayed for residents on notice boards; daily menus and scheduled activities. Residents told us they had choice at main meal times and that “the food provided was good with fresh baking of lovely buns and cakes provided by the cook”.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example activities and daily routines preferred.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents were being listened to, valued and communicated with in an appropriate manner and their views and opinions taken into account.

Discussion with staff and residents confirmed that residents’ spiritual needs and cultural needs, were being met. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced within care records reviewed.

There was a range of weekly activities scheduled which included for example, passive exercise, word games, quiz, musical evenings and short outdoor walks.

Comments made by residents and staff included;

- “I am happy and content here, no issues what so ever” (resident)
- “Not home but the next best thing” (resident)
- “Residents are always treated with dignity and respect, we go the extra mile if needed” (staff)
- “The food is good and we have fresh baked cakes and buns each day” (staff)

One completed satisfaction questionnaire returned to RQIA from a relative indicated satisfaction that care provided within the home was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager explained that she is supported in her role at operational level by a mixed skill of care staff, domestic, cook and maintenance staff. The manager is also supported by the responsible individual who is based within the home and provides weekly support meetings with the manager to discuss governance and associated management matters.

We reviewed the system in place to deal with complaints raised by residents, their family or others. We looked at complaints records since the last inspection and could see that these were managed appropriately.

The system in place to record and notify RQIA of accidents was considered. Records were retained and when necessary RQIA notified as required.

Staff training was being provided and monitored by way of the electronic matrix retained. Review of data recorded evidenced that mandatory training was ongoing with additional professional development training such as dental care, dementia awareness, clinical observation, diabetes and dysphasia provided. This is to be commended.

Monthly monitoring visits were undertaken by the responsible individual with monthly reports written and retained within the home.

Two visitors to the home told us that they were “satisfied with the care provided and felt that staff were friendly and very willing to help in whatever way they can”. No issues or concerns were raised or indicated.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One completed satisfaction questionnaire returned to RQIA from a relative indicated satisfaction that care provided within the home was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Regina Brady, registered manager, as part of the inspection process. The timescales commence from the date of 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 care 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 17 (2) Stated: Second time To be completed by: 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. Ref: 6.1 Response by registered person detailing the actions taken: In progress, will be completed by the deadline 31/03/20
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard – Best Practice Guidelines. Stated: First time To be completed by: 27 September 2019	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. Ref: 6.4 Response by registered person detailing the actions taken: The Home does not provide communal soap, residents may have their own supply and can occasionally leave these in error from bathing or showering. This issue has been highlighted to domestic and staff. The cloth hand towel belonged to the visiting hairdresser.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 31 September 2019.	The registered person shall ensure that the domestic cleaning schedule includes damp dusting and dates when cleaning was completed. Ref: 6.4 Response by registered person detailing the actions taken: Domestic schedule has been updated to include damp dusting. The cleaning schedule has an area for dates to be specified, domestic reminded that this must be completed.

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



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