



Unannounced Care Inspection Report 30 January 2019



Breffni Lodge

Type of Service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Tel No: 0289065 3335
Inspector: Heather Sleator

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 22 persons in the categories of care stated on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Breffni Lodge Responsible Individual(s): Mark John Uprichard	Registered Manager: Regina Brady
Person in charge at the time of inspection: Regina Brady	Date manager registered: 16/05/2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 30 January 2019 from 08.25 to 13.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 staff training, supervision and appraisal, adult safeguarding and the home's environment. The atmosphere in the home was relaxed, residents chose how they wished to spend their day and the relationship observed between residents and staff was cordial and familiar.

An area for improvement under regulation was identified regarding the regular completion of the home's annual quality report.

Four areas for improvement under the care standards were identified regarding the appropriate use of infection prevention and control (IPC) equipment, a more robust and consistent approach to the auditing of IPC measures in the home, evidence of the active engagement and involvement of residents through residents meetings and the registered providers monthly monitoring quality report should be in a more user friendly so as it is clearly presented for those who wish to read it.

An area for improvement identified at the previous care inspection of 25 October 2018 regarding the safe and secure storage of records has been carried forward for review at the next inspection. Refer to 5.0 and 6.2

Residents stated that they were happy living in the home and staff were helpful and friendly. Comments included “it’s a good place” and “we get well fed and it’s comfortable”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

*The total number of areas for improvement includes one standard that has been carried forward for review at the next care inspection.

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.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 October 2018.

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 previous inspection report
- the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with the registered manager, 10 residents, five staff and the hairdresser.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. There were no questionnaires returned by residents, residents’ representatives or staff within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents, complaints and Infection Prevention and Control
- Accident, incident, notifiable event records
- Annual Quality Review report
- Reports of visits by the registered provider
- Fire safety risk assessment
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement was carried forward for review at the next care inspection as compliance could not be assessed due to the on-going building works in the home.

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 most recent inspection dated 25 October 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 October 2018

Areas for improvement from the last care inspection		
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	The registered person shall ensure all records are held securely.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement has been carried forward for review at the next care inspection as compliance could not be assessed due to the on-going building works.	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	The registered person shall ensure all individual consent forms are signed.	Met
	Action taken as confirmed during the inspection: The registered manager stated residents and/or their representatives had been made aware of the need to sign the relevant consent forms. However, not all had been completed as not all had been returned. The registered manager agreed to continue to pursue this.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Recruitment and selection records of staff were not reviewed on this occasion as these had been reviewed at the previous care inspection of 25 October 2018 and were satisfactory. The registered manager stated there had been no change in the procedures regarding the recruitment of staff.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. The registered manager and the responsible individual, Mark Uprichard are the safeguarding champions for the home and had completed the required training.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors and pressure alarm mats. In the care records examined the use of alarm mats were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. However, there was one exception. Staff were observed going into and out of the kitchen during the serving of lunch, staff did not wear protective aprons when doing so. It is appreciated that this is a residential home however; adherence to IPC guidelines and the home's policy must be in place. The frequency and number of staff going in and out of the kitchen during meal service should be reviewed and the use of the appropriate colour coded protective apron in evidence. This has been identified as an area for improvement under the care standards.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The review of audits did not evidence a robust system was in place. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Some building works were on-going due to the proposed merging of Breffni Lodge and Breffni House. The registered manager had ensured that any risks to residents or visitors were minimised during this period. Also, due to the proposed plans refurbishment of the home, where required, will not take place until the building works are complete. No malodours were detected in the home.

The home had an up to date fire risk assessment in place dated 26 April 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes.

Residents spoken with during the inspection made the following comments:

"It's dead on here."

"I would recommend this home to anyone."

There were no completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Area for improvement under the care standards were identified regarding infection prevention and control measures and a more robust approach to the quality auditing of infection prevention and control in the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). As stated in 6.2 there had been no change in the storage arrangements of residents' records. The registered manager stated that the office will be moving in the near future and care records will then be more securely stored. This was an area for improvement identified at the previous care inspection of 25 October 2018 and has been carried forward for review at the next care inspection.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example; manual handling, bedrails, nutrition and falls, where appropriate were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home for example residents who preferred to spend their time in their bedroom, the individual dietary preferences of residents and the level of participation/engagement of residents in activities.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. We were unable to evidence that the annual quality report contained information on the quality of services provided by the home as the most recent report available was April 2017. The registered manager stated that this was due to the proposed joining of the two homes so as only one report not two was required to be written. However, the production of an annual quality report is a regulatory requirement and this has been identified as an area for improvement under regulation.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. The registered manager stated that residents meetings and/or representatives meetings do not occur at present although residents meetings were being considered for the future. It is important that staff can demonstrate that there are mechanisms in place to evidence that residents are consulted and involved in the planning of their life and of the quality of services afforded by the home. This has been identified as an area for improvement under the care standards.

We reviewed the three reports of the visits by the registered provider. The reports were detailed and quite difficult to follow as information seemed to roll over from one month to the next. A template for the completion of the report for residential providers is available on the website at www.rqia.org.uk. As these reports are to be available for residents, residents representatives and other interested parties, a more easy to understand format/template should be considered. This has been identified as an area for improvement under the care standards.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and verbal communication between residents and staff.

Areas for improvement

Area for improvement were identified regarding the completion of the annual quality report, the registered providers monthly quality monitoring report and consulting residents about the daily life of the home/quality of services provided.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. Residents are served their breakfast in their bedrooms to promote a relaxed start to the day.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. We spoke to residents and it was confirmed that staff are as unobtrusive as possible, residents decided how they wish to spend their day, were consulted by the chef regarding their meal choices and whilst activities were available it was the individuals choice as to whether they wished to participate. One resident stated that they preferred not to participate in the activities and were quite happy with their own company.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included....

Residents and staff spoken with during the inspection made the following comments:

Residents

"Everyone is very friendly."

"We get well fed and it's comfortable here."

"We're grand here."

"Lovely wee girls here."

"I like it here well enough."

"It's great here, everyone is very helpful."

"Very good here, no complaints."

"Staff talk to you."

"We get well fed and it's comfortable."

"Always give you something else if you don't like what's on the menu."

Staff

"Everyone is fantastic here."

"The manager is very helpful."

There were no completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff. Comments included:

"Thank you for all the help you have been to me."

"The room was lovely and bright, thanks for all the tea and biscuits and thanks to all the hardworking staff."

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales

and person responsible for completing the action. Refer to 6.5 for further comment on the registered provider's reports following the monthly quality monitoring visit to the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed confirming the number of residents to be accommodated and the categories of care

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation the 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: First 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: 6.5 Response by registered person detailing the actions taken: The process required for the annual quality review has commenced.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
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 Action required to ensure compliance with this standard was not present at the time of this inspection and this will be carried forward to the next care inspection.
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 Response by registered person detailing the actions taken: Infection control training has been carried out twice since last inspection and the policy circulated again to the staff. The observation that staff were not wearing aprons when serving meals has been addressed and compliance with this will be monitored.
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 Response by registered person detailing the actions taken: Infection control audit has been developed and will be used alongside the clinical supervision of staff that occurs on a regular basis.

<p>Area for improvement 4</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that evidence is present that the opinion of residents on the quality of services and life in the home is sought on a regular basis. Evidence should also be present of the action, or not, to any suggestions made by residents.</p> <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>Response by registered person detailing the actions taken: Currently the opinions and views of residents are recorded in their care plan and progress notes. This process will change so it is more accessible for inspection.</p> <p>The registered person shall ensure that the reports of the registered providers' monthly quality monitoring visits are available in the home in a format that is suitable for residents and or their representatives to read.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Inspector's observations are noted and the reports of the registered provider's monthly monitoring visits will be adjusted</p>

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



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