

Inspection Report

24 March 2022



Breffni Lodge

Type of service: Residential
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Breffni Lodge Responsible Individual: Mr Mark John Uprichard	Registered Manager: Ms Regina Brady Date registered: 16 May 2013
Person in charge at the time of inspection: Ms Regina Brady	Number of registered places: 44
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 44 residents. The home is divided into two units, named Breffni Lodge and Breffni House.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2022, from 12.15pm to 6.10pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

It was evident that staff provided care in an effective and compassionate manner, which promoted the dignity and well-being of residents.

Areas requiring improvement were identified in relation to the staff duty rota; refurbishment and improvements to the home's environment; and Regulation 29 monthly monitoring visits. RQIA were assured that the delivery of care and service provided in Breffni Lodge was safe, effective and compassionate and that there was good day to day management and oversight in

the home. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

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

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

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

4.0 What people told us about the service

We met with twenty residents in both individual and group settings. Residents were positive about their experiences living in the home. Those residents who were less able to clearly communicate their feelings presented as comfortable and at ease in their surroundings and interactions with staff. Specific comments from residents included, "I've been here a long time. Staff are brilliant" and "Staff are very good. I have no concerns or complaints."

One resident's relative described how they home had embraced and facilitated care partner arrangements, and the positive impact this had on both their and their relative's mental health. Staff were described as very caring, ensuring residents were always comfortable and treated with dignity; "They are like extended family."

The four staff we spoke with told us that there was good team work, management and leadership in the home. Staff also described the challenges due to the ongoing pandemic, and

expressed occasional dissatisfaction with staffing levels; this is discussed further in section 5.2.1 below.

Compliments and thank you cards were retained in the home, and staff were thanked for their “generous care and compassion” and “the kindness and love shown by staff.”

No additional feedback was received from residents, their relatives or staff, following the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 18 October 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.6 Stated: First time	The responsible person shall ensure that all staff induction records are signed and dated by each party to confirm that the induction has been fully completed.	Not met
	Action taken as confirmed during the inspection: We reviewed three staff induction records, only one of which had been signed and dated by both the manager and the staff member. Therefore this area for improvement is not met and is stated for a second time.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The responsible person shall ensure that mobility aids used by residents are kept clean and the cleanliness of residents’ dining areas is maintained at all times.	Met
	Action taken as confirmed during the inspection: The dining room and resident’s mobility aids were clean. Discussion with staff and review of governance records confirmed a system was in place to ensure this was reviewed and maintained. This area for improvement is met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a busy but pleasant atmosphere in the home during the inspection.

At the outset of the inspection, the manager had emphasised the steps they had taken to address staffing challenges. Management had moved residents so that the majority were now in Breffni House. Residents in Breffni Lodge were on the first floor. Each unit was discretely staffed. The homes were connected by a staff office and ancillary staff were able to move through both homes. This was organised in line with resident's preferences, mobility and dependency levels.

This reorganisation appeared to be working well. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Residents described staff as kind and confirmed that calls bells and requests for support were responded to in a timely way.

One resident's relative told us that staff knew residents well and knew how best to help them and that they found it easy to make contact with staff and the manager, who "is always contactable."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The staff we spoke with described occasions when they were dissatisfied with staffing levels, such as short notice sick leave. Staff also highlighted times where additional staff would be helpful, such as in the morning or at mealtimes, and that this had been raised with management. Overall, staff told us there was good team work and good communication between staff and management.

Staff feedback was discussed with the manager for action and review. It was acknowledged that the home and the health and social care sector overall, continue to experience challenges with the recruitment and retention of staff as a result of the ongoing pandemic. Detailed allocation sheets were now in place, to improve delegation and oversight of specific tasks in the home. Recruitment efforts were ongoing, for both care and domestic staff posts.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. However; some deficits in the staff duty rota were identified. There were occasions when the person in charge of the home when the manager was not on duty, was not clearly identified. Changes had made to the rota and staff's full names were not legible. Shifts completed by domestic staff were completed retrospectively; and staff allocations to either Breffni Lodge or Breffni House needed to be more clearly delegated. This was discussed with the manager and an area for improvement was identified.

5.2.2 Care Delivery and Quality of Life

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Residents knew staff and the manager by name, and there were positive and friendly interactions noted throughout the inspection.

It was observed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For instance, staff gently encouraged and tried to persuade resident's to attend to their personal care, to eat and drink; but also respected individual resident's choices. Staff also used a range of communication aids, such as picture boards, depending on resident's needs and preferences.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Good visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm and unhurried. Residents told us they were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

5.2.3 Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.4 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. One resident's bedroom furniture was in need of repair; the manager confirmed this was being addressed. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Areas of the home, including carpets, bathroom floors, hand rails, doors, and the walls in the corridors, were showing signs of wear and tear. One floor of the home had been repainted recently and the manager explained how additional refurbishment work had been delayed due to the ongoing pandemic. However; there was insufficient evidence of management oversight and planning of this. For instance, there was no record maintained of the work which had been identified or a plan in place to ensure this was being addressed and progressed in a timely manner. We discussed with the manager a need to complete a comprehensive and continuous environmental action plan. An area for improvement was identified.

Care records in one office were not securely stored. This was highlighted to staff on the day to address. This office was also used by staff and care partners; and as a staff room for staff breaks. This was highlighted to the manager to risk assess and monitor.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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

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

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Regina Brady has been the manager in this home since 16 May 2013.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff told us, "The last few years there have been lots of changes made, for the better; everything is more structured and organised."

Residents and one relative spoken with said that they knew how to report any concerns and said they were confident that the any issues or concerns would be managed well. Review of the home's record of complaints and discussion with the manager confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence of auditing to monitor various aspects of care and services provided by the home.

The manager confirmed that the home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The last available report was dated 24 January 2022 and primarily focused on the home's environment. The manager agreed to provide a copy of the December 2021 report to RQIA via email however this was not received at the time of writing this report. RQIA were therefore not fully assured as to the robustness of these arrangements and the availability of the completed reports. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	1	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Regina Brady, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: From 4 April and ongoing	Visits by the registered provider shall take place at least once a month and the person carrying out the visit shall prepare a written report on the conduct of the home. The registered person must ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months. Ref: 5.2.5
	Response by registered person detailing the actions taken: The monthly monitoring visits have resumed and will be submitted as required
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Regulation 23.6 Stated: Second time To be completed by: With immediate effect	The responsible person shall ensure that all staff induction records are signed and dated by each party to confirm that the induction has been fully completed. Ref: 5.1
	Response by registered person detailing the actions taken: Each page/element of our induction records will be signed by the inductee
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by:	A full, accurate and legible record is kept of staff working in the home over a 24-hour period and the capacity in which they worked. The person in charge of the home in the absence of the manager must be clearly identified. Ref: 5.2.1

With immediate effect	<p>Response by registered person detailing the actions taken: Rosters are typewritten, manual short notice changes to the roster will be recorded more legibly in block capitals</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2022</p>	<p>A comprehensive refurbishment plan is developed, regarding the maintenance and redecoration required in the home. This plan should detail specific and realistic timescales for these environmental improvements. A copy of this plan will be forwarded to RQIA on or before the 24 July 2022.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Maintenance and improvements ongoing, a schedule will be prepared as required.</p>

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



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