The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Breffni Residential Home

Provider: Breffni Limited

Date of Inspection: 3 September 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Breffni Limited
Responsible Individual:	Mark John Uprichard
Registered Manager:	Ms Regina Brady

Service Profile –

This home is a registered Residential Care Home which provides health and social care for up to 44 residents. The home provides care for residents living with dementia, physical disabilities and for those needing general residential care.

The home is divided into two units, the House and the Lodge, with resident's bedrooms, dining rooms, lounge areas and bathrooms located in each section.

2.0 Inspection summary

An unannounced care inspection took place on 3 September 2025, from 9.40 am to 4.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Due to the findings of the inspection, a meeting was held with the home's management team on 15 September 2025 with the intention of issuing five Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 14 (2) (c) relating to avoidable risk
- Regulation 27 (1) (2) (b) (d) relating to the fitness of the premises
- Regulation 27 (4) (a) (b) (d) (i) relating to fire safety in the home

- Regulation 29 (1) (3) (4) (a) (b) (c) (5) (a) (b) (c) (d) relating to the monthly monitoring of the home by the registered provider.

At the meeting, the Responsible Individual and manager discussed the actions taken since the inspection and the plans in place to address the inspection findings. An action plan was shared and RQIA were sufficiently assured from the discussion held that action had been taken and would be taken to address the deficits identified; and the decision was made not to serve the five failure to comply notices.

A second meeting was held on 15 September 2025 with the intention to issue a Notice of Proposal to place conditions on the registration of Breffni Residential Home under The Residential Care Homes Regulations (Northern Ireland) 2005 as above.

At this meeting, RQIA reiterated the significant concerns identified in relation to the overall quality and upkeep of the environment, particularly in the area of the premises, which is currently unoccupied. Whilst a refurbishment plan is in place, it was agreed at the meeting that this area of the home, in its current state of repair, is not suitable for the purpose of achieving the aims and objectives set out in the statement of purpose for Breffni Residential Home. At present, the home is not capable of accommodating the numbers for which it is currently registered.

Therefore a Notice of Proposal was issued on 19 September 2025 (**NOP Ref**: NOP000153) proposing the following conditions:

1. No resident to be admitted to the identified and currently unoccupied part of the premises until all the refurbishment works are completed in full and without prior inspection by RQIA.

Details of our enforcement procedures and notices issued can be found on our web site www.rqia.org.uk

As a result of this inspection four areas for improvement from the previous care inspection were assessed as not met, one area for improvement in relation to environmental risk management will be stated for a third time and the remainder stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff. Residents comments included “staff are very attentive” and “the staff look after me so well”.

One relative spoken with confirmed they were satisfied with the care and services provided in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

There were no questionnaire responses returned following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skills of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and a pictorial activity planner was available for residents and their representatives to view.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

Concerns were identified with the storage of residents' records. Two offices and an unused bedroom were being used to store residents' records. These rooms were unlocked with no restrictions to the access to residents' private and confidential records. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

A review of the home's environment identified a number of significant concerns in relation to the maintenance and upkeep of the environment. This was particularly evident, but not isolated to, the area of the home, which is currently unoccupied. However, as part of the registered premises this is required to be maintained in keeping with Regulation at all times. Further deterioration was noted, for example, in one unoccupied bedroom a large hole was evident in the ceiling with black mould surrounding it, which had been caused by a past leak. Throughout this area of the home, there was evidence of poorly fitted and stained flooring; damage to walls and paintwork, furniture that required to be replaced, unclean windows and evidence of bird feathers in the internal hallway that had not been removed or cleaned. There was also evidence of bedrooms being used to store items inappropriately. Although initial, exploratory works had been undertaken, there was limited progress toward improving the quality of the environment for residents, despite an environmental action plan having previously been provided to RQIA following a Serious Concerns meeting on 26 February 2025. There was no evidence that the action plan had been kept under regular review.

In the lounge where residents were accommodated it was identified that items of furniture were worn, stained and unclean.

The hairdressing room was cluttered; flooring within this area was stained and poorly fitted and curtains were not properly hung. The unkempt state of this room has the potential to impact on residents accessing this room to avail of hairdressing services.

The linen store was cluttered and untidy with some linen items being inappropriately stored on the floor, which was unclean. The current arrangements in place to tidy the store were not effective.

A number of items of equipment used by residents, such as wheelchairs were being stored inappropriately in two communal bathrooms. An area for improvement has been identified.

Concerns were identified with the management of fire safety. A smoke detector was noted to be missing from one bedroom in the currently unoccupied part of the home. This was noted during the previous inspection on 4 February 2025 and, despite assurances given at that time that the smoke detector had been replaced, it was still missing. During the meeting on 15 September 2025, evidence was provided that this had now been replaced.

The Fire Risk Assessment, dated 2 May 2025, was submitted to RQIA following the unannounced inspection on 3 September 2025; a number of actions were identified. This most recent Fire Risk Assessment was only undertaken in the occupied section of the home and did not include the entire premises. This was discussed with the responsible individual and manager at the meeting on 15 September 2025. It was accepted that a fire risk assessment had been undertaken in 2024 which encompassed the unoccupied part of the home and this remained extant. It was agreed that any future Fire Risk Assessment would include the entire registered premises. The Responsible Individual agreed to provide details of the actions taken in response to the Fire Risk Assessment by 24 September 2025, which RQIA received.

A number of concerns, which presented risks to residents, were identified during this inspection; a cleaning trolley, which held cleaning products, was left unattended by domestic staff for a period of time. A mop bucket with dirty water was also left unattended outside the ground floor lounge and, staff belongings were inadequately secured within an identified staff office.

It was also observed that a first floor room used to store residents' medications had been left unlocked and unattended allowing unrestricted access to an unlocked fridge containing two pre-filled syringes. RQIA were assured at the intention meeting that further measures would be taken to secure the medication fridge.

RQIA remains concerned that an area for improvement regarding the management of environmental hazards, previously identified during inspections on 29 February 2024 and again on 4 February 2025, has not been robustly addressed and continues to pose a risk to residents. This continued lack of progress does not assure RQIA that adequate managerial and governance arrangements are in place to effectively address these risks to ensure that they are proactively managed in an effective and sustained manner. Two areas for improvement have been stated, one for a third time.

These concerns were discussed at the meeting on 15 September 2025. The action plan submitted prior to the meeting was discussed and assurances were provided by the Responsible Individual and manager. The Responsible Individual stated that the required works would be completed by February 2026. RQIA have requested a monthly update in relation to the refurbishment plan submitted.

Two areas for improvement in relation to the quality and maintenance of the homes environment and use of rooms for their intended purpose have been stated for a second time. One new area for improvement has been stated in relation to fire safety detection equipment in the home. Another area for improvement has been identified in relation to maintenance of furniture in the home.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

There was evidence that allegations of staff misconduct were not always appropriately considered under the Adult Safeguarding policy and procedures and RQIA were not notified under Regulation 30. It was also evident that the relevant Health and Social Care Trust responsible for commissioning services in the home and the Northern Ireland Social Care Council (NISCC) had not been informed of these allegations. A discussion took place with the manager and although there was a difference in opinion, RQIA were clear about the need to be open and transparent with all relevant stakeholders when an allegation is made about a staff member. Assurances were provided following the inspection to confirm that actions had been taken to address these concerns and notifications were submitted to RQIA and the relevant Trust retrospectively. An area for improvement has been identified.

The Responsible Individual had not completed any reports of monthly monitoring visits, required under Regulation 29, since January 2025. The failure to complete these monthly visits was identified during the last care inspection on 3 February 2025 and an area for improvement was made. This had also been identified during previous inspections; however the actions taken to comply with this regulation have not been sustained. The Responsible Individual stated that he was in the home very frequently and was available to staff and residents. RQIA raised concerns that the lack of formal, monthly monitoring visits undermined robust quality assurance arrangements to drive the necessary improvements in the home. This was discussed with the Responsible Individual during the meeting on 15 September 2025 and it was agreed that completed monthly reports would be shared on a monthly basis with RQIA for their review, commencing on 5 November 2025. An area for improvement has been stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	7*	3

* the total number of areas for improvement includes one regulation that has been stated for a third time and three regulations that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 14 (2) (a) (c) **Stated:** Third time **To be completed by:** 3 September 2025	The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard. This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals, paint and steradent denture cleaning tablets. Ref: 3.3.4
	Response by registered person detailing the actions taken: The issue arose from a lapse in supervision of a cleaning trolley. A memo has since been issued and circulated to all staff, reinforcing the importance of correct storage procedures of all hazardous items. Direct instruction was also provided to domestic staff on where to store their trolleys securely and away from resident areas. This guidance has been reiterated and is now being closely monitored to ensure ongoing compliance. The specifics re paint and steradent were not identified at this inspection
Area for improvement 2 **Ref:** Regulation 27 (2) (b) (d) **Stated:** Second time **To be completed by:** 1 March 2026	The Registered Person shall conduct an urgent review of the home's environment to identify refurbishment/repairs that are required and complete a time bound action plan to address areas of concern. This plan should be kept under regular review in consultation with the manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: The hairdressing room has been repainted, the floor is scheduled for replacement with a more practical finish

Area for improvement 3 **Ref:** Regulation 27 (1) **Stated:** Second time **To be completed by:** 3 September 2025	The Registered Person shall ensure that registered bedrooms and communal rooms are used for the purpose for which they are registered; and not used for storage purposes. Applications to vary the home's registration must be submitted to RQIA for review and approval prior to the change of use of rooms. Ref: 3.3.4
	Response by registered person detailing the actions taken: The files which had been removed form the locked archive cupboard ready for destruction have been removed from the bedroom in the unoccupied area. Archivng of the residents' records remaining in the currently unused office and medication room continues. The entire unoccupied area is keypad access controlled all documents have been removed in line with data protection and confidentiality procedures.
Area for improvement 4 **Ref:** Regulation 29 **Stated:** Second time **To be completed by:** 1 November 2025	The Registered Person shall ensure that the Regulation 29 visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements in the home and should include consultation with residents, staff and relatives. Ref: 3.3.5
	Response by registered person detailing the actions taken: The unannounced provider's visit of 22 October 2025 will be submitted to the RQIA
Area for improvement 5 **Ref:** Regulation 13 (8) (a) **Stated:** First time **To be completed by:** 3 September 2025	The Registered Person shall ensure that resident's personal information is stored securely and in accordance GDPR policy, procedures and guidance. Ref: 3.3.3
	Response by registered person detailing the actions taken: A keypad has been placed on the staff office door, adding additional security for the confidential records held in filing cabinet within the room.

Area for improvement 6 **Ref:** Regulation 27 (4) (b) (d) (i) **Stated:** First time **To be completed by:** 3 September 2025	The Registered Person shall ensure that fire detection equipment is provided as required and maintained in good working order at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: As noted in the report the fire dector in the unoccupied area has been replaced. Equipment servicing continues as required by the relevant mangement standards and recorded within the home with independent fire risk assseesment as required
Area for improvement 7 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 3 September 2025	The Registered Person shall ensure RQIA are notified, without delay, of any allegation of staff misconduct. Ref: 3.3.5
	Response by registered person detailing the actions taken: While the incident did not meet the criteria for mandatory notification of BHSCT and had been previously screened out within the Home, the RQIA's perspective is acknowledged and their feedback taken on board. Going forward to ensure greater transparency and to maintain clear communication with RQIA in similar circumstances we will advise of any allegation of any type of misconduct should any further occur.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 3 September 2025	The Registered Person shall ensure that medicines are stored safely and securely at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Medications are stored in locked cabinets in a specific locked room. A lock has been added to the fridge within the medication room and a photocopying / printing fascility introduced to reduce any administrative requirement for staff to leave the room. Staff have been reminded of keeping medication secure at all times.

Area for improvement 2 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 November 2025	The Registered Person shall ensure that any furniture that is worn, stained or unclean is repaired or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: Furniture, fixtures and fittings are replaced in the normal course and will continue to be.
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 3 September 2025	The Registered Person shall ensure that any equipment and laundry is stored appropriately in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: Laundry cupboard thoroughly tidied. Additional storage baskets for large items in situ to prevent items being placed on the floor. Memo circulated to staff about the importance of completing the scheduled tidying of this cupboard thoroughly and reminded about general infection control procedures.

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

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