

Inspection Report

25 June 2024



Breffni Residential Home

Type of service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Telephone number: 028 9065 3335

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

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| Organisation/Registered Provider: Breffni Limited | Registered Manager: Ms Regina Brady |
| Responsible Individual Mr Mark John Uprichard | 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: 19 |
| Brief description of the accommodation/how the service operates: Breffni Residential 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; with residents' bedrooms, lounges and dining rooms located within each unit. | |

2.0 Inspection summary

An unannounced inspection took place on 25 June 2024, from 10.30am to 1.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The inspection also assessed progress with one area for improvement identified at the last inspection. The remaining areas for improvement identified at the last inspection have been carried forward for review at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

The outcome of this inspection concluded that the area for improvement reviewed from the last inspection had been addressed. No new areas for improvement were identified.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with senior care staff and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

| Areas for improvement from the last inspection on 29 February 2024 | | |
|---|--|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time | <p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This relates to the following areas:</p> <ul style="list-style-type: none"> - Equipment used by residents for example, raised toilet seats and shower seats that have evidence of rust must be repaired to allow effective cleaning or replaced. - Continence products must be stored appropriately in accordance with the manufacturers recommendations and best practice guidance for infection prevention and control. | Carried forward to the next inspection |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | |
| Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time | <p>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.</p> <p>This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals, paint and steradent denture cleaning tablets.</p> | Carried forward to the next inspection |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | | Validation of compliance |
|---|--|---|
| Area for improvement 1 Ref: Standard 24.5 Stated: First time | The registered person shall ensure that all staff have a recorded annual appraisal. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 2 Ref: Standard 27 Stated: First time | The registered person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. A time bound refurbishment plan should be completed and shared with RQIA with the return of the QIP. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 3 Ref: Standard 32 Stated: First time | The registered person shall ensure that oxygen cylinders in the home are stored in a safe and secure manner at all times in line with fire safety requirements. | Met |
| | Action taken as confirmed during the inspection: Oxygen cylinders no longer required had been returned to the supplier. No oxygen cylinders were stored in the home on the day of the inspection. | |
| Area for improvement 4 Ref: Standard 20.15 Stated: First time | The registered person shall ensure that all accidents, incidents and events occurring in the home are reported promptly to RQIA and other relevant organisations in accordance with legislation. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. These medicines were administered infrequently; staff were aware to record the reason and outcome of each administration should these medicines be required.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. Completed records were filed and readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

A number of residents self-administer their medicines. Appropriate risk assessments and monitoring arrangements were in place.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the large majority of medicines so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that medicines were being administered as prescribed.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social

care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place and readily accessible to staff.

6.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2* | 3* |

* The total number of areas for improvement includes five which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Regina Brady, Registered Manager, as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 29 February 2024 | <p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This relates to the following areas:</p> <ul style="list-style-type: none"> - Equipment used by residents for example, raised toilet seats and shower seats that have evidence of rust must be repaired to allow effective cleaning or replaced. - Continence products must be stored appropriately in accordance with the manufacturers recommendations and best practice guidance for infection prevention and control. |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 29 February 2024 | <p>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.</p> <p>This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals, paint and steradent denture cleaning tablets.</p> |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022 | |
| Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 28 June 2024 | <p>The registered person shall ensure that all staff have a recorded annual appraisal.</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2024</p> | <p>The registered person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. A time bound refurbishment plan should be completed and shared with RQIA with the return of the QIP.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2024</p> | <p>The registered person shall ensure that all accidents, incidents and events occurring in the home are reported promptly to RQIA and other relevant organisations in accordance with legislation.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |



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