



Inspection Report

Name of Service: Breffni Residential Home

Provider: Breffni Limited

Date of Inspection: 4 February 2025

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

1.0 Service information

Registered Provider:	Breffni Limited
Responsible Person:	Mr Mark John Uprichard
Registered Manager:	Ms Regina Brady Date registered: 16 May 2013
Service Profile: This home is a registered residential care home which provides health and social care for up to 44 residents. Residents have a range of needs including dementia, old age not falling within any other category and physical health conditions. The home is divided into two units, the House and the Lodge, with residents' bedrooms, dining rooms, lounge areas and bathrooms located in each section.	

2.0 Inspection summary

An unannounced care inspection took place on 4 February 2025, from 9.20 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home was 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 29 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is 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 promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

However, as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns Meeting was held on 26 February 2025 to discuss concerns relating to environmental risk management, use of premises for its intended purposes, maintenance and upkeep of the environment, particularly the Lodge, and fire safety. Details can be found in the main body of this report. RQIA accepted the action plan completed by the provider, which detailed the actions they had taken and intended to take to ensure the minimum improvements necessary, in order to achieve compliance with the regulations identified during the inspection.

As a result of this inspection four areas for improvement from the previous care inspection on 29 February 2024 were assessed as having been addressed by the provider. One area for improvement in relation to environmental risk management was not met and will be stated for a second time. One area for improvement in relation to the maintenance of the homes environment was not met and will be subsumed into a regulation. 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 resident's, 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.

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 and management. Residents comments included "staff are very nice people", "you could not ask for better" and "the staff are very patient".

Two relatives spoke highly of the care and support provided to their loved one in the home. They told us that staff are caring, quick to communicate and that their family member has settled well 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.

No questionnaire responses were received from residents or their representatives 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 skill 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.

There was one resident accommodated in the Lodge. Residents in the Lodge accessed the dining room in the House as the facilities in the Lodge were not well maintained. A decision had been made to only offer short breaks to those accommodated in the Lodge and to reduce the numbers so there was sufficient dining space. RQIA were assured that a staff member was always on duty in the Lodge to meet the needs of residents.

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 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.

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 smelt and looked 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 including music, movie nights and bingo.

Observation of the planned activity, which was arts and crafts completed by an external provider, demonstrated that the residents involved in this activity were actively engaged and enjoying the opportunity to socialise with each other.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents care records were held confidentially.

Care staff recorded regular evaluations about the delivery of care, these records were person centred in detail.

3.3.4 Quality and Management of Residents' Environment

Observation of the home's environment identified a significant number of areas throughout the home requiring repair or redecoration. Areas of concern were mostly noted in the older part of the home, which is known as 'The Lodge'. The Lodge was not fully occupied and offered only short breaks. Those accommodated in the Lodge used the facilities in the House by passing through the manager's office, which links both units. Numbers of residents admitted were kept low so that all could be accommodated in the dining room of the House should they wish to do so. RQIA would expect that all areas of the registered premises are well maintained and accessible for residents to enjoy.

It was evident, particularly on the ground floor of the Lodge that the residents' environment had not been maintained to an acceptable standard. For example; there was evidence of water damage to ceilings, damage to ceiling tiles, poorly fitted and stained flooring, dirty windows, damage to walls and paintwork and communal areas being used as storage for various items and equipment.

In addition, a substantial amount of black mould was observed on the wall/s of an unoccupied bedroom on the ground floor of the home. The presence of mould has the potential to pose significant health risks to individuals using or accessing this environment. RQIA were assured that no resident was accommodated in this bedroom.

It was evident that a number of registered bedrooms and communal rooms situated in the Lodge, were not being used for the purpose for which they are registered. These rooms were being used to store various items such as furniture and other equipment. RQIA were concerned that the rooms were not in use, so had begun to be misused. The registered rooms should always be used for their stated purpose.

In addition, it was observed that the smoke detector in one of the unoccupied bedrooms was missing. RQIA have since been assured that this has been fixed and was damaged as a result of a leak. It was concerning that the fire risk assessment had not been considered for review given the increased fire loading in this area of the home; due to the storage of combustible materials; and that fire detection equipment was not being maintained in line with regulations. This has potential to place residents, staff and visitors to the home at risk of harm.

At the meeting with RQIA the Responsible Individual accepted that there had been a deterioration within the environment of 'The Lodge' and since the inspection the black mould had been addressed, the leak was fixed and an action plan for re-decoration was now in place. The Responsible Individual also confirmed that rooms had been cleared of combustible materials and the smoke detector had been replaced.

It was also noted that the medication room had been moved from the ground floor to the first floor. No application to vary the home's registration had been submitted to RQIA for review and approval prior to the change of use of rooms as required. At the meeting with RQIA the Responsible Individual agreed to submit this to RQIA for review but he was confident that it represented an improvement to the facilities.

Concerns were also identified with the management of risks and hazards within 'The Lodge'. A large container of bleach was found in a shared bathroom used by residents, this was removed by the Inspector and given to the manager for safe storage. The door of the sluice room, adjacent to the manager's office, was propped open, allowing residents access to cleaning chemicals, placing them at potential risk of harm.

Although it was identified that some improvements had been addressed in 'The House' section of the home, particularly with a bathroom refurbishment and painting in communal areas; RQIA were concerned that the issues, identified by the Inspector in 'The Lodge', had not been addressed in a timely way, to ensure that the home was being maintained to an appropriate standard which respected residents' dignity and right to live in a pleasant environment.

Details were shared with the Responsible Person and the manager during the meeting with RQIA on 26 February 2025. An action plan was submitted to RQIA and at the meeting it was agreed that this would be resubmitted to RQIA by 10 March 2025 with expected dates of completion. The Responsible Individual indicated that he would update RQIA on their progress.

Three areas for improvement have been identified in relation to the quality of the residents' environment, use of rooms for their intended purpose and risk management, this includes one area for improvement that was identified at the last inspection in relation to the maintenance of the home's environment that has been subsumed into a regulation. It also includes an area for improvement stated for a second time in relation to environmental risk management.

It was noted that there were a number of items of equipment used by residents, such as wheelchairs being stored inappropriately in a communal bathroom. This was brought to the attention of the manager who agreed to remove them. This will be reviewed at a future inspection.

A review of equipment used by residents identified that one shower chair was rusted and could not be effectively cleaned. This was brought to the attention of the manager who agreed to replace it. This will be reviewed at a future inspection.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

The home was visited by the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home; in accordance with Regulation 29. However, a review of these records identified that these reports were not robust in identifying or driving the necessary improvements in the home to ensure the home was compliant with the necessary standards and regulations. For example; they did not identify many of the environmental issues identified during the inspection, action plans lacked specific details and were carried forward on occasions for over one year. The views of staff, residents and relatives had not been consistently sought and there was a gap of three months in the completion of these monthly monitoring visits. An area for improvement has been identified.

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	4*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Regina Brady, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 4 February 2025</p>	<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>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The inappropriate storage of cleaning materials in the unoccupied will be monitored</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>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.</p> <p>This plan should be kept under regular review in consultation with the manager.</p> <p>Ref: 3.3.4</p>

	<p>Response by registered person detailing the actions taken: An action plan for the proposed works scheduled to the Lodge was submitted to the RQIA and will be included for review in the R29 process</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (1)</p> <p>Stated: First time</p> <p>To be completed by: 4 February 2025</p>	<p>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.</p> <p>Applications to vary the home's registration must be submitted to RQIA for review and approval prior to the change of use of rooms.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Variation for the relocation of medicine storage in the House has been submitted and any rooms cleared of any surplus items</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2025</p>	<p>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.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The Registered Provider will endeavour to broaden the breadth of consultations recorded in the R29 and see 2 above</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews