The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Breffni Residential Home

Provider: Breffni Limited

Date of Inspection: 5 March 2026

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 and estates inspection took place on 5 March 2026, from 10.00 am to 2.30 pm by two Inspectors.

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 3 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The Regulation and Quality Improvement Authority (RQIA) issued a Notice of Proposal to the provider of the home on 19 September 2025 under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). The notice confirmed our proposal to impose the following condition in relation to Breffni Residential Home.

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.

RQIA then issued a Notice of Decision on 22 October 2025 and the above condition took effect on 25 November 2025.

At the Notice of Proposal Intention meeting held on 17 September 2025, RQIA were provided with assurances that refurbishment works in the currently unoccupied part of Breffni Residential Home, would be completed by the end of February 2026. An action plan detailing these works was also provided.

However, it was evident during this inspection, and in discussion with the manager, that the works had not been completed as planned. RQIA met internally to discuss these findings and it was agreed that the condition shall remain on the registration at this time. This will be reviewed at a future inspection.

As a result of this inspection, seven areas for improvement from the previous care inspection on 3 September 2025 were assessed as having been addressed by the provider. Three areas for improvement were not met; two will be stated for a third time and one 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 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. 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 and management. Resident's comments included "staff are great", "the staff are very hardworking and helpful" and "I am very happy here".

One relative spoken with spoke highly of the care and services provided in the home to their loved one.

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.

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, one resident's comments about staffing was shared with the manager for their review and action. 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.

The staff training matrix evidenced good over all compliance with mandatory training requirements. However, advice was provided to the manager to review the current recording system for staff training in the home, as there are currently two systems being used; one for the occupied part of the home and one for the unoccupied part of the home. The use of two systems has the potential for errors to occur. This will be reviewed at a future inspection.

It was noted that the manager had not received formal, twice yearly supervision or an annual appraisal as required. An area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed. Staff were knowledgeable of individual resident's 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. 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.

3.3.3 Quality and Management of Residents' Environment

As stated in section 2.0, a review of the currently unoccupied part of the home, highlighted that no refurbishment works have been completed to date, therefore the condition shall remain on the home's registration and this will be reviewed at a future inspection.

During this inspection, there was evidence that works are required in the occupied part of the home to ensure the home's environment is maintained and decorated to a good standard in order to enhance the overall quality of life and lived experience for all residents living in the home. This includes, paintwork, replacement of carpet/flooring in the communal corridors and hairdressing room, damage to woodwork and doors and furniture that is worn in the communal living area. Advice was provided to the manager to complete an environmental action plan for the occupied part of the home in order to ensure managerial oversight of refurbishment works required. Two previous areas for improvement in relation to the homes environment remain unmet, and therefore will be restated. One area for improvement under Regulation 27 (2) (b) (d) will be stated for a third time and one under Standard 27 will now be stated for a second time.

Observation of the home's environment identified that a storage cupboard, underneath the stair well was unlocked and there was access to paint. Discussion with staff and the manager confirmed that this had been unlocked to allow a delivery person access that morning. The manager secured the cupboard and provided assurances post-inspection that the paint had been removed and signage completed for staff and visitors to reduce the risk of this occurring again. This will be reviewed at a future inspection.

There were some infection prevention and control deficits identified, for example equipment used by residents such as one raised toilet seat was rusted and could not be effectively cleaned. It was also identified that one toilet seat cover was worn and needed replaced. This was discussed with the manager who agreed to action accordingly. This will be reviewed at a future inspection.

It was noted that a small living area on the first floor was cluttered with items which had the potential to restrict access to any resident wishing to use this room. This was discussed with the manager who confirmed that the room is used infrequently, however it was agreed that the clutter would be removed. This will be reviewed at a future inspection.

3.3.4 Quality of Management Systems

There has been no change in the management of this 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.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home. However, advice was

provided to the manager to review the frequency of environmental audits to ensure they are effective in identifying shortfalls and driving the required improvements including when actions are identified ensuring these are time managed and actioned accordingly, based on the concerns identified during the inspection. Advice was also provided to ensure the manager is signing all audits as they are completed. This will be reviewed at a future care inspection.

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. However, a review of these records highlighted that the views of residents, staff and relatives had not been consistently sought and actions identified were often carried over from one month to the next. RQIA are concerned that these monitoring visits are not sufficiently robust to drive the necessary improvements in the home. An area for improvement has been stated for a third 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	2*	2*

* the total number of areas for improvement includes two regulations that have been stated for a third time and one standard 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 27 (2) (b) (d) **Stated:** Third time **To be completed by:** 1 April 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: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The organisation served notice of termination of its contract for the provision of residential services with BHSCT on 26th March 2026, the home is ceasing to operate as residential home.

Area for improvement 2 **Ref:** Regulation 29 **Stated:** Third time **To be completed by:** 1 May 2026	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: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: The organisation served notice of termination of its contract for the provision of residential services with BHSCT on 26th March 2026, the home is ceasing to operate as residential home.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 27 **Stated:** Second time **To be completed by:** 1 May 2026	The Registered Person shall ensure that any furniture that is worn, stained or unclean is repaired or replaced. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The organisation served notice of termination of its contract for the provision of residential services with BHSCT on 26th March 2026, the home is ceasing to operate as residential home.
Area for improvement 2 **Ref:** Standard 24 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure that the manager has formal, twice yearly supervision and an annual appraisal. Ref: 3.3.1
	Response by registered person detailing the actions taken: The organisation served notice of termination of its contract for the provision of residential services with BHSCT on 26th March 2026, the home is ceasing to operate as residential home.

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

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