



The Regulation and
Quality Improvement
Authority

Breffni House
RQIA ID: 1582
27-33 Wandsworth Gardens
Belfast
BT4 3NL

Inspector: Laura O'Hanlon
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**Unannounced Care Inspection
of
Breffni House**

16 April 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 16 April 2015 from 11.00 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007).

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no further actions required to be taken following the last inspection on 3 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	5

The details of the QIP within this report were discussed with the Sally Anne Stacey registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Breffni House Ltd, Mr Mark Uprichard	Registered Manager: Mrs Sally Anne Stacey
Person in Charge of the Home at the Time of Inspection: Mrs Sally Anne Stacey	Date Manager Registered: 25 February 2014
Categories of Care: RC-I, RC-DE,RC-PH	Number of Registered Places: 22
Number of Residents Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: £466 - £511

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection we met with 16 residents, three care staff, two ancillary staff, the registered manager and one resident's representative.

The following records were reviewed during the inspection: four care plans, accidents/incident reports, fire safety records, policies and procedures available relating to the theme of continence management.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Breffni House was an unannounced care inspection dated 3 February 2015. No requirements or recommendations resulted from this inspection on 3 February 2015.

5.2 Theme: Residents Receive Individual Continence Management and Support

5.2.1 Is Care Safe? (Quality of Life)

Discussions with staff identified that training in continence management was completed in 2014.

A review of four care records found that a needs assessment was completed and a care plan was in place which was reviewed regularly. It is recommended that a specific continence management care plan is devised for one resident who has complex continence issues. Care plans were appropriately signed and dated.

Discussions with staff and observations identified that there was free access to bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control. During the inspection incontinence products were observed in bathroom areas. It is recommended that incontinence garments are to be stored in enclosed washable cabinets.

5.2.2 Is Care Effective? (Quality of Management)

The home had a policy in place regarding the management of continence dated (2007). A recommendation has been made to review this policy.

Staff have received training in continence management.

5.2.3 Is Care Compassionate? (Quality of Care)

Discussions with staff found that staff were knowledgeable with regard to the promotion and management of continence and reflected the necessary values. Staff were able to describe the necessary support required to meet individual continence management.

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

In one residents bedroom there was an odour. It is recommended that this is addressed.

5.2.4 Areas for Improvement

It is recommended that the home reviews the policy on continence management.

It is recommended that a specific continence care plan is devised for one identified resident.

In all bathrooms areas continence products should be stored in enclosed washable cabinets. The malodour in one identified bedroom should be addressed.

Number of Requirements	0	Number Recommendations:	4
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5.3 Additional Areas Examined

5.3.1 Residents Views

We met with 16 residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area. Residents were observed taking part in a knitting group. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff.

- “The staff are more than good to me.”
- “The staff are more than kind, if I want anything I can get it.”
- “The staff are very good and pleasant, the food is good and I enjoy it. The staff are very helpful.”

5.3.2 Relatives Views

We met with one relative who indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

- “Very good communication between staff and family members.”

5.3.2 Staff Views

We spoke with five staff members, in addition to the registered manager. Staff stated they were supported in their respective roles, had been provided with training in continence management and provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident. Three care staff members referred to ancillary duties which they are required to undertake. This was discussed with the registered manager during feedback.

- “I like to treat the residents as I would my own family.”
- “The care here is brilliant.”
- “The care is very good, all the staff try to make it home from home.”

5.3.3 Environment

We found that the home was clean, organised, adequately heated. With the exception of one bedroom all areas were fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. A programme of redecoration was observed to be underway within the home. There was an inadequate provision of hand wash in communal bathrooms and en suite facilities. A recommendation was made.

5.3.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention

to personal appearance. A residents meeting took place during the inspection and all residents were encouraged to attend.

5.3.4 Care Records

We reviewed four care records and identified that one resident had no care plan in place. A recommendation was made in this regard.

5.3.5 Accidents / Incident reports

A review of the accidents /incidents records and care records evidenced that RQIA is not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. A requirement has been made to address this.

5.3.6 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 13 October 2014.

A review of the fire safety records evidenced that fire safety training was carried out on 13 October 2014 and the registered manager confirmed this is scheduled for May 2015.

Fire training records confirmed that a fire drill took place on 3 December 2014 attended by five staff.

The records identified that different fire alarms have not been routinely tested weekly. A requirement has been made to address this. At the time of the inspection there was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

This matter is referred to the estates inspector for the home for further review.

5.3.7 Staffing

On arrival to the home we were met by the care assistant in charge as the registered manager had not yet started her duty. Discussion with the registered manager during the inspection identified that competency and capability assessments for such staff were not available in the home at the time of the inspection. A requirement has been made to address this matter.

Areas for Improvement

RQIA should be informed of all accidents and incidents within the home.

Fire alarms should be tested weekly with written records retained.

Competency and capability assessments should be completed for staff that are in charge of the home at any time.

There should be adequate provision of hand wash in communal bathrooms and en suite facilities.

A care plan should be devised for one individual resident.

Number of Requirements	3	Number Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sally Anne Stacey, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of this inspection</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <ul style="list-style-type: none"> • Reference is made to this in that RQIA should be informed of all accidents and incidents within the home.
	<p>Response by Registered Manager Detailing the Actions Taken: All accidents and incidents notified on form 1a to the RQIA from the date of the inspection.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p>	<p>The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <ul style="list-style-type: none"> • Reference is made to this in that competency and capability assessments should be completed for staff that are in charge of the home at any time.
	<p>Response by Registered Manager Detailing the Actions Taken: Registered manager has prepared a competency and capability assessment for the healthcare assistant in charge of the shift in the absence of the manager or officer-in-charge. Confirmation of competency is in progress. 4 members have completed their formal assessments satisfactorily, 2 more are underway and the remainder will be completed by all staff that are in charge of the Home in the absence of the Manager or Officer-in-Charge.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (4) (d) (v)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of this inspection</p>	<p>The registered person shall – make adequate arrangements – for reviewing fire precautions, and testing fire equipment, at suitable intervals;</p> <ul style="list-style-type: none"> • Reference is made to this in that fire alarms should be tested weekly with written records retained.
	<p>Response by Registered Manager Detailing the Actions Taken: Fire alarms have been tested weekly and written records retained since the date of this inspection. A fire drill and fire training have been held since the inspection. Fire extinguishers and emergency lighting are checked weekly, findings recorded and repairs as arranged when necessary. Annual fire risk assessment is due October.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be Completed by: 16 June 2015</p>	<p>It is recommended that the policy on continence promotion is reviewed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Review of the policy on continence promotion is underway</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p>	<p>It is recommended that a specific continence care plan is devised for one identified resident.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: A specific continence care plan has been devised for resident A.D.identified by the inspector. Care plan is being followed and will be reviewed as appropriate.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.1 & 35.7</p> <p>Stated: First time</p> <p>To be Completed by: From the date of this inspection</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • In all bathrooms areas continence products should be stored in enclosed washable cabinets • Adequate provisions of hand wash in communal bathrooms and en suite facilities. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Continence products are no longer stored in the communal bathrooms. Continence products in resident's bathrooms are stored in a washable cabinet. Handwash and handtowels available in all bathrooms and ensuites.</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p>	<p>It is recommended that the carpet in one identified bedroom should be replaced.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The identified carpet will be replaced on 8th June.</p>
<p>Recommendation 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2015</p>	<p>It is recommended that a care plan should be devised for one identified resident.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The partially care plan identified by the inspector was completed on 24th May and has been signed by the resident.</p>

Registered Manager Completing QIP	Response by Registered Manager Detailing the Actions Taken: Sally-Anne Stacey	Date Completed	04/06/15
Registered Person Approving QIP	Mark Uprichard	Date Approved	4/6/15
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	17/6/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address