



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Breffni Lodge
Establishment ID No:	1583
Date of Inspection:	2 June 2014
Inspector's Name:	Lorna Conn
Inspection No:	16810

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Breffni Lodge
Address:	3 Wandsworth Road Belfast BT4 3LS
Telephone Number:	028 90653335
E mail Address:	breffni3@hotmail.co.uk
Registered Organisation/ Registered Provider:	Breffni Lodge Mr Mark Uprichard
Registered Manager:	Ms Regina Brady
Person in Charge of the home at the time of Inspection:	Ms Regina Brady
Categories of Care:	RC-I, RC-DE
Number of Registered Places:	22
Number of Residents Accommodated on Day of Inspection:	17
Scale of Charges (per week):	£450-£520
Date and type of previous inspection:	12 March 2014, Secondary unannounced inspection
Date and time of inspection:	2 June 2014, 9:50 am - 5:20 pm
Name of Inspector:	Lorna Conn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	4
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	22	7

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Breffni Lodge Residential Care home is situated in a residential area of East Belfast, within the geographical area of the Belfast Health and Social Care Trust. The residential home is owned and operated by Mr Mark Uprichard. The current registered manager is Ms Regina Brady.

Accommodation for residents is provided in single rooms on three floors. Some of the rooms have en-suite facilities. Access to the first floor is via a passenger lift and stairs.

Two communal lounges and a dining area are provided on the ground floor. One lounge is kept as a quiet room, equipped with comfortable chairs and a large dresser unit with shelves for books. There are a range of bathroom and toilet facilities (fully equipped for people with disabilities) and catering and laundry facilities located on the ground floor. There is a small outdoor area situated at the rear of the home which is paved and has seating. Car parking is to the front of the home.

The home is registered to provide care for a maximum of 22 persons under the following categories of care: RC-I (Old age) and RC-DE (dementia). The home is not registered to provide day care services.

8.0 Summary of Inspection

This primary announced care inspection of Breffni Lodge was undertaken by Lorna Conn on 2 June 2014 between the hours of 9:50 am and 5:20 pm. Ms Regina Brady was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. Review of documentation, observations and discussion demonstrated that two requirements and two recommendations were now compliant. This was good to note. One requirement regarding the annual quality review and one recommendation concerning the staff survey were not examined due to the timescales not having been met by the date of the inspection. One requirement regarding the assessment of staff competency was substantially compliant and has been stated on a second occasion.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place which needs to be updated to include the need for Trust involvement in managing behaviours which challenge; detail that RQIA must be notified on each occasion restraint is used and clarify the types of restraint which would be used. The inspector's observations, a review of documentation and discussions with staff confirmed that physical restraint was not used. Residents' care records outlined their usual routine, behaviours and means of communication and how staff should respond to their assessed needs. However, not all care plans had been signed by the resident or their representative and one resident was overdue for their care review. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents' assessed needs. Staff also confirmed that they have received training in behaviours which challenge and were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the residents' care records. The registered manager was aware of her responsibilities regarding when to refer residents to the multi-disciplinary team. Observations indicated that some environmental restrictive practices were in place e.g. a front door with keypad code as well as the presence of pressure mats. Two requirements regarding mandatory training and accident/incident notifications and four recommendations regarding policy development; care planning, care review and the statement of purpose were made as a result of this inspection. The evidence gathered throughout the inspection process concluded that Breffni Lodge was Substantially Compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. The inspector's observations, a review of documentation and discussions with residents and staff, confirmed that the programme of activities was based on the assessed needs of the residents and were age and culturally appropriate. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed and indicated that activities were provided throughout the course of the week. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities were provided by designated care staff or people were contracted in to provide these. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained and this practice should be continued. The evidence gathered through the inspection process concluded that Breffni Lodge is Compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff. No relatives or visiting professionals were present.

Discussion with residents indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Questionnaires were also distributed to staff and seven were returned within the timescales for inclusion in this report. Discussion with staff and the questionnaires returned, indicated that staff were supported in their respective roles and were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in additional areas section 10 of this report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be generally of a good standard although the décor behind the washbasins in the bathrooms was noted to be rather tired. A requirement was made to address this matter.

A number of additional areas were also examined these and these included the management of complaints, guardianship and fire safety. Further details can be found in the additional areas section 10 of this report.

Three requirements and four recommendations were made as a result of the primary announced inspection. The details of these can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the registered manager, the registered person and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p>(standard 20. 12)</p>	<p>This was not reviewed as the timescale set for completion had not been exceeded. This will be inspected at the next inspection.</p>	Not examined
2.	19 (2) schedule 4 14	<p>The registered person must ensure that a record is kept of every fire practice or drill conducted within the home.</p> <p>(standard 29.6)</p>	<p>Fire drill records were examined and these had occurred in April and May 2014. The registered manager had implemented a system for reviewing the learning from each drill and monitoring the development of staff training as a result of the drill practice. This was good to note.</p>	Compliant
3.	20 (c) (i)	<p>The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform.</p> <p>(standard 24.5)</p>	<p>Four staff files were sampled at random and all were found to include appraisals for 2014. This requirement was reviewed despite the fact that the prescribed timescales had not been exceeded as the registered manager indicated that it was now compliant. It was good to note that it had been met earlier than directed.</p>	Compliant

4.	20 (3)	<p>The registered manager must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his/her absence.</p> <p>(standard 25.3)</p>	<p>Five out of the seven staff in charge in the absence of the manager had had a new competency and capability assessment completed. These were evidenced to the inspector. As two still required this new assessment, this has been stated on a second occasion.</p>	<p>Substantially Compliant</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20.11	The registered person is recommended to ensure that monthly monitoring reports are further developed regarding:-the recording of all unannounced visits; follow up on QIP and include fuller records of residents, relative and staff involvement.	Monthly monitoring reports were available for May and June 2014 and these had been supplemented by additional unannounced visits and care audits involving the registered person. This will continue to be monitored through the inspection process.	Compliant
2.	20.10	The registered person should ensure that a staff satisfaction survey takes place.	This was not reviewed as the timescale set for completion had not been exceeded. This will be inspected at the next inspection.	Not examined
3.	23.1 & 23.2	The registered person is recommended to ensure that staff induction is reviewed to include all mandatory training areas.	The inspector was advised that no new staff have been inducted since the last inspection. However, a blank template to be used in staff induction had been developed. This was reviewed and was found to include all of the mandatory training areas.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Each resident has a detailed assessment of need and care plans to reflect this. All staff have access to these records and are instructed and guided to read same. We have three handovers daily to pass on concerns, changes and other issues. Hospital staff frequently compliment our staff for their knowledge and guidance of any of our residents under their care whom they may be having issues with.	Compliant
Inspection Findings:	
The home had a 'Responding to residents' behaviour' policy and procedure dated 26 April 2014 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). However, it should be updated to include the need for Trust involvement in managing behaviours which challenge; detail that RQIA must be notified on each occasion restraint is used and clarify the types of restraint which would be used. A review of staff training records identified that all care staff had received training in behaviours which challenge entitled 'Challenging Behaviour' on a range of different dates during 2013 and 2014 which included a human rights approach. A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. However two of the care plans required to be signed by the resident or their representative. A recommendation was made with respect to this area. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines,	Substantially Compliant

behaviours and means of communication and a review of the returned staff questionnaires also confirmed this. Staff consulted were knowledgeable in relation to responses and interventions which promoted positive outcomes for residents.	
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<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Staff take prompt action where a resident is displaying uncharacteristic behaviour. The person in charge of the home will seek to find a reason why - infection, pain etc. Where an issue is identified the relevant professional is consulted and an intervention sought. Where a reason cannot be obtained, staff will liaise with family and the manager will observe and consult with the resident's GP.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The Responding to residents' behaviour' policy and procedure dated 26 April 2014 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff and relatives . Agreed and recorded response(s) to be made by staff. <p>However, it should be updated to include the need for Trust involvement in managing behaviours which challenge; detail that RQIA must be notified on each occasion restraint is used and clarify the types of restraint which could be used.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p>	<p>Substantially Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment At present we have no resident requiring this approach	Not Applicable
Inspection Findings: A review of three residents' records identified that when a resident needed a consistent approach or response from staff, this was detailed. However, only one of the care plans had been signed by the resident or their representative. The registered person is recommended to ensure the identified care plans have been signed by the resident or their representative where appropriate.	Substantially Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
At present we have no resident requiring a behaviour management programme. Where the need arises, a care review will be under taken. The management programme will be constructed using staff, family, GP and care manager input.	Not applicable
Inspection Findings:	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	
Provider's Self-Assessment	
<p>At present we have no resident requiring a behaviour management programme. Last challenging behaviour training August 2012. We are currently waiting on a date from our training provider to update our training end of May 14 beginning of June.</p> <p>Where a behaviour management programme is required a detailed needs/trigger/outcome orientated specific care plan will be out in place. A specific in-house with staff on the resident will be conducted. Home Manager has experience in managing specific behaviours and so guidance and support will be given.</p>	Not applicable
Inspection Findings:	
<p>Records reviewed during the inspection indicated that staff had received training in February, April and May 2014 (earlier than detailed in the self-assessment above) and the staff training matrix had been reviewed to capture previous training received. However, as the registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, the remainder of this criterion was not applicable at this time.</p>	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any incident will be recorded and reported as per policy and procedure.	Provider to complete
Inspection Findings: A review of the accident and incident records August 2013 to the date of inspection and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. This review highlighted that not all accidents, incidents and events had been notified to RQIA in accordance with the regulations and a requirement was made with respect to this matter. The one identified incident must be retrospectively notified to the inspector.	Moving towards Compliance

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment At present we do not use any form of restraint. We have alarm mats in place for 3 residents. These mats are not in place to prevent or monitor a behaviour but for falls prevention only.	Not applicable
Inspection Findings: Discussions with staff and the registered manager and a review of returned staff questionnaires, confirmed that physical restraint was not used. Staff are not trained in use of restraint and this should be indicated within the home's policy on restraint. Discussion with the registered manager confirmed that other restrictive practices in the home include an external front door with a key pad and pressure mats. Residents confirmed during discussion that they were aware of decisions that affected their care. Residents confirmed that they had given their consent to the limitations and were aware of the measures which had been put in place to minimise the impact of these limitations. Review of the current statement of purpose and residents guide indicated that while the key pad on the front door is referred to, not all restrictive practices are described. The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad code and the use of restrictive practices in the home.	Substantially Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
<p>We provide a variety of activities to take into account identified needs and interests of residents.</p> <p>We have noted a shortfall in where we do not consult with relatives and friends before admission and so we have compiled a 'Tell us about your relative' questionnaire.</p> <p>Our resident's appear to enjoy the programme of activities provided for them. Our activities begin as soon as our resident wakes in the morning. We believe in the Activities of Daily Living and each of these are embedded in our practices. Our activities promote independence, problem solving, day to day tasks, socialising, physical exercise and social inclusion.</p>	Compliant
Inspection Findings:	
<p>The home had a policy dated 27 May 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. The registered manager had recently introduced a life story type booklet which had been partially completed with some residents and an admission questionnaire focused on the person's interests, hobbies and social history. This was good to note as these should expand on and provide a fuller identification of the needs and interests of residents.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>'I really enjoyed the Opera House. It was great to get out and about and then to see a musical, wonderful'. 'The two staff that do the exercises are so good at it. They could be trained. They are funny and entertaining and brighten up your day. They get your heart pumping'. We have daily activities that range between day trips, entertainers, exercise classes and one to ones. We aim to have a purpose for our activities so the residents have a sense of achievement. 'It was great to wear our bonnets to the easter party, we put a lot of work into them'. We recognise that there are some shortcomings in regards to maintaining spiritual needs. We have a Generic service in-house every 8 weeks. That is all we can achieve at present. We encourage relatives to assist us with this activity.</p>	<p>Substantially Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that social activities are organised two-three times per day across the seven days of week. An in-house religious service is arranged every eight weeks and this has been supplemented by a televised service each Sunday. The registered manager has plans to develop this area in keeping with identified needs. On the day of the inspection some of the residents were involved in a ball game and listening to music which they appeared to be enjoying.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment All residents are having 'My Life Story' completed. This will give us an opportunity to gain more of an insight to assist us with the development and widening of the activity programmes. All residents are consulted at the beginning of each month so their suggestions for outings, themes etc can be added to the programme.	Substantially Compliant
Inspection Findings: A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Each resident is given a copy of the 4 weeks programme. A copy is the main hallway. in the main lounge we have a daily display board. residents are reminded what is on daily and when activity is about to begin.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the main hallway and main lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives. Individual residents were also in possession of a personal copy of the programme. Discussions with residents confirmed that some of them were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs i.e. larger print. This should be kept under review and other formats considered as necessary.	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Our staff assist our resident's at all activities to enable their involvement. During activities like arts and crafts 2-3 members of staff are present to provide one to one. Any resident requiring a wheelchair to attend a day trip is provided with one and a member of staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Activities are provided three times per day across seven days by designated care staff and by others who were contracted in.</p> <p>The care staff and residents confirmed during discussions that there was an acceptable supply of activity equipment available. This equipment included darts; hoopla; arts and crafts; CD's; DVD's; board games and puzzles.</p> <p>The registered manager confirmed that a budget for the provision of activities was in place and that equipment was readily purchased as required.</p>	<p>Compliant</p>

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment Our activities are spread over a waking day for each resident. An activity can last 5 mins and up to one hour. Residents are enabled to take part and leave at their request. We have a mixture of evening and day time trips to suit the routines of our residents.	Substantially compliant
Inspection Findings: The care staff, the registered manager and residents as well as the records held confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
Provider's Self-Assessment	
Feedback from our resident's, staff and relatives are sought after each entertainer has completed their activity. Most of our activities are performed by our staff. Training has been arranged for a selection of staff for yoga, chair exercises and aerobics. Training is in September 2014.	Compliant
Inspection Findings:	
The registered manager advised that three people are employed to provide music and nail care. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Most of our activities are performed by our staff. Any other person contracted in will liaise with the staff before commencing. Feedback is sought on the day of the activity.	Compliant
Inspection Findings:	
The registered manager and care staff confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A daily record is kept of the activities performed, participants and the outcome. Our staff occasionally do not complete their records and this is being monitored by the manager and has improved.	Substantially Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. These records were noted to have improved recently and this practice should continue. There was evidence that appropriate consents are in place in regard to photography and other forms of media.	Substantially Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Our programme is reviewed every 4 weeks to suit time of year, events, birthdays, change in occupancy and the changing needs of our residents.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had last been reviewed in December 2013. The records also identified that the programme had been reviewed at least twice in the last year.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Residents' consultation

The inspector met with ten residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's very good here'.

'I'm very happy here. The food is lovely'.

'I enjoy the activities'.

'It's very good. You only have to ask and you get what you want'.

'Staff are very attentive. They are wonderful'.

'There's plenty on here. We have barbecues in the summer and go to the continental market.

'The care is very good and the staff are wonderful. I love the food, there are piles of it'.

11.2 Relatives'/representatives' consultation

There were no relatives present during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with four staff of different grades of staff on duty and seven staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff felt supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. Some staff made comments regarding the décor needing to be updated and a requirement has been made regarding this matter. Comments made regarding the audibility of the buzzer, night staffing and the food presentation were discussed with the registered manager who undertook to review these matters. See section 11.10 for further information.

Comments received included:

'Residents enjoy the activities and all seem to get involved. The care is absolutely brilliant and they are well looked after. I would be happy to put my granny in here. There's good communication between all the staff'.

'I'm very pleased to be working in Breffni as staff and residents are very friendly'.

'The residents are asked regularly their likes and dislikes and how we could improve in meeting their needs'.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. However, three staff were overdue for their updates in manual handling and a requirement was made regarding this matter.

11.4 Visiting professionals' views

There were no visiting professionals present during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be 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 observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The returned questionnaire indicated that sixteen complaints had been received and this correlated with the complaints records held in the home.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. It was noted that bedrooms are being re-decorated as they become vacant. Décor and furnishings were found to be generally of a good standard although the décor in the dining room and the décor and flooring in the communal toilets was noted to be rather tired. A requirement was made regarding these matters.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated February 2014 and the registered manager confirmed that the recommendations made as a result of this assessment had been duly actioned. The home received an estates inspection from RQIA on 14 March 2014 and a report was issued under separate cover.

A review of the fire safety records evidenced that fire training had been provided to staff. Records indicated that fire drills had been held on 22 April 2014 and 22 May 2014 and that appropriate checks were in place on a weekly and monthly basis with records retained. No obvious fire safety risks were observed. All fire exits were unobstructed and fire doors were closed.

11.10 Menu

The current four week menu was inspected and it would appear to provide a satisfactory selection of food across this period. Discussions with other staff and residents all indicated alternatives were provided on a daily basis and that residents enjoyed the food.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Regina Brady, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Breffni Lodge

2 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Regina Brady either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17 (1-3)	The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request. (standard 20. 12)	One	Work on the annual quality review is on-going.	By 24 December 2014.
2.	20 (3)	The registered manager must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in her absence. (standard 25.3)	Two	All shift leaders have had their competency assessment completed or reviewed.	By 2 July 2014.
3.	27 (2) (d)	The registered person must ensure that the décor in the dining room and the communal toilets is improved. (Standard 27.1)	One	Work on the communal toilets has begun. Work planned for the dining room October 2014.	By 20 December 2014.
4.	14 (3)	The registered person must ensure that three staff receive updates in manual handling in keeping with the RQIA guidance on mandatory training. (standard 23.3)	One	One of the three staff is bank and has not been working at Breffni since inspection. Update will be completed upon her return. The remaining staff have had their updates completed.	By 2 July 2014.

5.	30 (1)	<p>The registered person must ensure all accidents; incidents and events are notified to RQIA. The one identified incident has been retrospectively notified to the inspector.</p> <p>(Standard 20.15)</p>	One	<p>All incidents and events are forwarded to the RQIA. The identified incident has been forwarded to the RQIA.</p>	<p>With immediate effect from the date of the inspection.</p>
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20.10	The registered person should ensure that a staff satisfaction survey takes place.	One	Staff satisfaction survey has taken place. The outcomes of this will contribute to the annual quality review.	By 12 June 2014.
2.	10.1	The registered person is recommended to update the challenging behaviour policy to include the need for Trust involvement in managing behaviours which challenge; detail that RQIA must be notified on each occasion restraint is used and clarify the types of restraint which would be used.	One	Challenging behaviour and restraint policy both have been updated.	By 2 July 2014.
3.	10.3;11.6; 6.1; 6.3 & 5.4	The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate).	One	All relatives have been invited by letter to come and sign their relatives assessments and care plans. Any resident that wishes to do so has signed their assessments.	With immediate effect from the date of the inspection.
4.	10 & 3.2	The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad code and the use of restrictive practices in the home.	One	Statement of purpose and residents guide has been updated and includes for the key code.	By 14 July 2014.

5.	11.5	The registered person is recommended to arrange a review for the identified resident whose review was overdue.	One	Care manager was off on maternity leave and there had been no replacement. Review took place for this resident on 23 rd June 2014	With immediate effect from the date of the inspection.
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Regina Brady
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mark Uprichard

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorna Conn	21/7/14
Further information requested from provider			