

Announced Premises Inspection Report 27 September 2016



Breffni Lodge

Type of Service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Tel No: 028 9065 3335
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Breffni Lodge took place on 27 September 2016 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Regina Brady, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection.

2.0 Service Details

Registered organisation/registered provider: Breffni Lodge/Mr Mark John Uprichard	Registered manager: Ms Regina Brady
Person in charge of the home at the time of inspection: Ms Regina Brady	Date manager registered: 16 May 2013
Categories of care: RC-DE, RC-I	Number of registered places: 22

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Ms Regina Brady, Registered Manager.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

The most recent inspection of the residential care home was an unannounced medicines management inspection on 18 September 2015. The completed QIP was returned and approved by the specialist inspector on 16 December 2015. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 14/03/14

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (2)(b)(d)</p> <p>Stated: First time</p>	<p>The flooring in the following areas was in very poor condition and should be replaced with a suitable impervious, slip resistant finish:</p> <ul style="list-style-type: none"> • Ground Floor Domestic Store • First Floor Sluice Room • Room 102 <p>Ensure the water damage to the ceiling/floor between the domestic store and sluice room is made good first.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(b)(d)</p> <p>Stated: First time</p>	<p>Ensure that the planned works for the refurbishment and redecoration of the Front Lounge and the Dining Room of the home are completed within the timescales identified by the home.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 27 (2)(q) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>Assurances are sought that the control measures flowing from the current risk assessment for 'the control of legionella bacteria within the home's hot and cold water systems', have been fully implemented and are being maintained in accordance with the referenced best practice. http://www.hse.gov.uk/legionnaires/index.htm</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the required control measures had been implemented and were being maintained at the time of inspection.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(q) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>Ensure that the home's tumble dryer is inspected and tested by a 'Gas Safe' registered engineer and forward a copy of the certificate to RQIA for approval.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 27 (2)(q) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>Remove the trailing socket outlet dropping from the roof void into the ground floor staff area, and ensure the access hatch to the roof void is properly seated into the frame.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p>	<p>Ensure the Kitchen door is not wedged open at any time. If there is a clearly identified need for this door to be held open then a suitable hold open device, linked to the fire alarm and detection system, must be installed.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that a suitable hold open device had been fitted at the time of inspection.</p>	Met

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. At the time of the inspection the most recent available report for the thorough examination of the premises passenger lift was dated 20 August 2015. The 'Lifting operations lifting equipment regulations' (LOLER) require that such inspections are undertaken at 6 monthly intervals. The manager stated that she was aware of this oversight and has already been in contact with the premises insurers to have this thorough examination reinstated.
(Refer to requirement 1 in the attached Quality Improvement Plan.)
2. The risk assessment in regards to 'The control of legionella bacteria in the premises hot and cold water systems' was undertaken on 10 June 2013. The written scheme outlined in this risk assessment has been implemented and records were being maintained and were available for inspection in the home. However, this risk assessment is now overdue for review and this review should be undertaken with reference to the latest best practice guidance issued by the Health and Safety Executive Northern Ireland (HSENI), which may be freely downloaded from the following web link:
www.hse.gov.uk/pubns/priced/hsg274part2.pdf
(Refer to recommendation 1 in the attached Quality Improvement Plan.)
3. During the inspection of the premises it was noted that several wardrobes were not securely fixed to a wall. It is important that all such freestanding furniture within the home is checked, and if necessary it is securely fixed to a backing wall to ensure stability and prevent it from toppling.
(Refer to recommendation 1 in the attached Quality Improvement Plan.)

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

One issue was however identified for attention during this premises inspection. This is detailed in the ‘areas for improvement’ section below.

Area for improvement

1. The 2nd Floor Bathroom was noted as being in poor decorative order at the time of the inspection. This bathroom should be refurbished and redecorated in a timely manner. (Refer to recommendation 3 in the attached Quality Improvement Plan.)

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with **Regina Brady, Registered Manager** as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27 (2) Stated: First time To be completed by: 22 November 2016	<p>The registered provider must ensure that the premises passenger lift continues to receive suitable and sufficient 'thorough examination' in accordance with the 'Lifting operations lifting equipment regulations' (LOLER), and that all requirements flowing from these examinations are implemented in a timely manner.</p> <p>Response by registered provider detailing the actions taken: Insurance company has set a date for 6 monthly examinations to re-commence.</p>
Recommendations	
Recommendation 1 Ref: Standard 27.8 Stated: First time To be completed by: 22 November 2016	<p>The registered provider should ensure that the risk assessment with regards to 'The control of legionella bacteria in the premises hot and cold water systems' is suitably reviewed in accordance with the latest best practice guidance issued by the Health and Safety Executive Northern Ireland (HSENI), which may be freely downloaded from the following web link: www.hse.gov.uk/pubns/priced/hsg274part2.pdf</p> <p>Response by registered provider detailing the actions taken: Contracted company instructed to update risk assessment.</p>
Recommendation 2 Ref: Standard 27.8 Stated: First time To be completed by: 22 November 2016	<p>The registered provider should ensure that all freestanding furniture within the home is checked, and if necessary it is securely fixed to a backing wall to ensure stability and prevent it from toppling.</p> <p>Response by registered provider detailing the actions taken: This work has commenced</p>
Recommendation 3 Ref: Standard 27.1 Stated: First time To be completed by: 20 December 2016	<p>The registered provider should ensure that the 2nd Floor Bathroom is refurbished and redecorated in a timely manner.</p> <p>Response by registered provider detailing the actions taken: Work planned for March 2017.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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