

# Inspection Report

23 July 2022



## Bruce House

**Type of service: Residential Care Home**  
**Address: 6a Duncairn Avenue, Belfast BT14 6BP**  
**Telephone number: 028 9504 0570**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual :</b> Dr Catherine Jack	<b>Registered Manager:</b> Mr Thomas McCorry - not registered
<b>Person in charge at the time of inspection:</b> Miss Eileen Moran, senior care assistant from 8.35am and Mr Thomas McCorry, manager from 9.40am.	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Residential Care (RC) A – Past or present alcohol dependence DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 30 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 July 2022 from 8.35am to 3.35pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 7.0. Two areas for improvement identified at a previous medicines management inspection were carried forward for review at the next inspection.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Bruce House was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Bruce House. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "I am happy here. The staff are good" while another resident said, "the food is quite good and the staff are kind".

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home. One relative said, "I cannot praise the staff enough. Not only do the staff care for our relatives but they support us too".

Staff told us that since the last inspection improvements had been made to the home's environment which benefitted the residents. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> Second time	The registered person shall ensure that all handwritten entries on personal medication records and medication administration records are signed by two trained members of staff to ensure accuracy.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that a record of all administered medicines is maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 4.6 <b>Stated:</b> Second time	The registered person shall ensure that individual written agreements are reviewed and kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> <b>Action taken as confirmed during the inspection:</b> Examination of the records evidenced that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, 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. It was observed that staff members were adept at comforting and reassuring residents who became distressed or anxious.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records identified that staff had responded correctly to support the resident but some inconsistencies were noted in the records kept to evidence monitoring of the resident following the fall. Details were discussed with the manager who agreed to implement a post fall monitoring tool and ensure staff comment on the status of the resident in daily evaluation records.

Consideration should be given to reviewing the current falls policy to ensure staff members manage falls consistently and in keeping with best practice guidance. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

It was observed that residents were enjoying their breakfast. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. There was evidence that care records were regularly reviewed and updated regarding changes in residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred. It was noted that on occasions some staff did not consistently record the time their daily evaluation records were made and on at least one occasion, some staff did not complete a daily care record. This was discussed with the manager who agreed to meet with staff and ensure contemporaneous recording is maintained. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm and comfortable. Residents' bedrooms had been recently refurbished to a good standard. Some bedrooms were personalised with items important to residents and some were not. This was discussed with the manager who confirmed bedrooms had been recently painted and there was ongoing engagement with families to address this.

Bedrooms and communal areas were suitably furnished, clean and tidy; although it was noted that not all bedrooms had a table top facility. This was discussed with the manager who agreed to audit the bedrooms in the home to ensure all resident equipment was available in keeping with the care standards.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals and access to sharps and medication in the treatment room. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by a senior manager that further action would be taken to reduce risks to residents in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 29 March 2022. No corrective actions were identified by the fire risk assessor.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures, although these were not consistently displayed at hand hygiene points. The manager agreed to review this. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were frequently displayed at PPE stations. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly most of the time. It was pleasing to note that staff encouraged residents to take an opportunity for hand hygiene prior to mealtimes; this is good practice.

Minor deficits in hand hygiene and PPE use were observed during breakfast. These were discussed as before who agreed to review staff practice and to engage with the Trust's IPC team for further advice and support.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One resident said, "I like watching TV, reading and listening to music".

There was evidence that planned activities were being delivered for residents within the home. An activity planner displayed in the home confirmed varied activities were delivered which included movie magic, arts sessions, live music, play your cards right, church services and bingo. Staff members said they did a variety of one to one and group activities to ensure all residents had some activity engagement.

#### **5.2.5 Management and Governance Arrangements**

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.



There has been no change in the management of the home since the last inspection. Mr Thomas McCorry has been the manager since 19 July 2021. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Deficits identified following review of the IPC and care record audits were discussed with the manager who agreed to review how to improve the governance of these areas. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	*4

\*The total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Thomas McCorry, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 10</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered Manager has discussed with staff the importance of ensuring potential risks and hazards to residents are reported, reduced and eliminated. This will be a standing item on safety huddles and team meetings. Registered Manager has requested swipe hold access locks for areas within the home which where identified as risks and hazardous. Areas identified have included: staff room, clinical room, senior office, staff records room, archiving room, managers office and fire exit door in the dining room. These locks will be linked to the central fire alarm system and will release in the event of a fire. Staff complete mandatory training on Fire Safety, COSHH and health and safety. Policies and procedures are shared at team meetings and copies of all policies and procedures in relation to risks and hazards are accessible to all staff via the electronic HUB and also hard copies are available in the central senior office for all staff to access.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that all handwritten entries on personal medication records and medication administration records are signed by two trained members of staff to ensure accuracy.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>            Ref: 5.1</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>            Ref: 5.1</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 August 2022</p>	<p>The registered person shall ensure residents are appropriately monitored following a fall. Accurate records should be maintained to evidence actions taken following falls. Staff should comment on the status of the resident in daily evaluation records.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 August 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> Manager has implemented an operating procedure where senior staff make an entry into the residents daily evaluation records (daily recordings) the following day post fall. Staff will record the actions taken and complete post falls checklist for every fall. Manager will continue to critically review and analyse incidents on DATIX and ensure timely investigation and recording of same.</p> <p>The registered person shall ensure daily care records are accurately maintained and completed contemporaneously.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Manager has discussed with staff the importance of ensuring care records are accurately maintained and they are completed contemporaneously. Date and time will be added to resident notes. Manager audits 10 percent of daily notes weekly and any discrepancies will be addressed with staff. Staff attend data protection training which highlights the importance of accurate recording and this will continue to be reiterated at team meetings, safety huddles and supervisions for all staff.</p>

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



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