

# Announced Premises Inspection Report 26 May 2016



## BRUCE HOUSE

Type of Service: Residential  
6a Duncairn Avenue, Belfast, BT14 6BP  
Tel No: 028 9504 0570  
Inspector: Gavin Doherty

## 1.0 Summary

An announced premises inspection of Bruce House took place on 26 May 2016 from 10:30 to 12:30.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However two issues were identified for attention by the registered person. Refer to section 4.3 for further details on these issues.

### 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.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Colin Morgan, acting registered manager and Drew Denvir, estates officer with Belfast Health and Social Care Trust, 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 last inspection.

## 2.0 Service Details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust	<b>Registered manager:</b> Colin Morgan
<b>Person in charge of the home at the time of inspection:</b> Colin Morgan	<b>Date manager registered:</b> Acting
<b>Categories of care:</b> RC-A, RC-DE	<b>Number of registered places:</b> 30

## 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.

Discussions were held with Colin Morgan, acting registered manager and Drew Denvir, estates officer with Belfast Health and Social Care Trust.

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

### 4.1 Review of requirements and recommendations from the most recent inspection dated 14/01/2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the specialist inspector on 23 March 2016. 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 31/3/2014

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)(q) 14(2)(a)(c)  <b>Stated:</b> First time	Ensure that the inspection and test of the home's fixed electrical installation is completed without further delay, and that all requirements are implemented to ensure the system is deemed to be in a 'satisfactory' condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the most recent inspection of the Home's fixed electrical installation was undertaken on 10 March 2014. All required remedial works have been completed and the installation is deemed to be in a 'satisfactory' condition.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(q) 14(2)(a)(c)  <b>Stated:</b> First time	Ensure that the Laundry area is not used for the storage of combustible materials.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the Laundry is no longer used for the storage of combustible materials at the time of the inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2)(q) 14(2)(a)(c)  <b>Stated:</b> First time	Ensure that suitable remedial works are undertaken with the paving in the external, enclosed courtyard to provide a suitable 'level' and 'slip resistant' finish. It is essential that this important outdoor space is maintained in a safe condition, suitable for use by the residents of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection, that the paving in the external courtyard had been re-laid to ensure there were no trip hazards.	

### 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 and supports the delivery of safe care.

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

#### Areas for improvement

1. A risk assessment with regards to the 'control of legionella bacteria in the Home's hot and cold water systems' was undertaken in May 2015. The recommended control measures have been implemented and records relating to these were in place and viewed at the time of the inspection. However, it was impossible to ascertain at the time of the inspection, if the remedial works required to the cold water storage tanks had been completed. Confirmation should be provided to RQIA that these remedial works have been completed and signed-off in the risk assessment.  
(Refer to Recommendation 1 in the attached Quality Improvement Plan).
2. Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.  
(Refer to Recommendation 2 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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. Ongoing improvements have been made to the quality of the artificial lighting in the home and the bathrooms have been recently refurbished. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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

The home has undergone extensive redecoration and refurbishment since the last inspection and the manager confirmed that service users were consulted about decisions around décor and their private accommodation where appropriate. The external courtyard had been extensively refurbished also. The paving had been re-laid to provide a level surface, with raised flower beds provided and new garden furniture in place.

This all supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Colin Morgan, acting registered manager and Drew Denvir, estates officer with Belfast Health and Social Care Trust 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 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.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) for review 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

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 July 2016</p>	<p>Confirmation should be provided to RQIA that the remedial works required to the cold water storage tanks in the home, have been completed and signed-off in the risk assessment.</p> <p><b>Response by registered person detailing the actions taken:</b> Estates Risk &amp; Governance team have programmed the remedial works to be carried out as part of a larger group of work for the area. Once completed out defects on risk assessments will be updated.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> On review of the Fire Risk Assessment</p>	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p><b>Response by registered person detailing the actions taken:</b> With reference to the fire risk assessor the BHSCT are investigating avenues to ensure that going forward that the risk assessments are carried out by an accredited assessor.</p>

*\*Please ensure this document is completed in full and returned to [estates.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) from the authorised email address\**





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