

Inspection Report

1 June 2021



Bruce House

Type of Service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast, BT14 6BP
Tel no: 028 9504 0570

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Mr Tony Feenan – not registered
Person in charge at the time of inspection: Tony Feenan	Number of registered places: 30 Only two service users should be resident at any time in RC-A category of care.
Categories of care: Residential Care (RC) DE – Dementia A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 30 residents. The home is a single storey building and residents have access to communal lounges, a dining room and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 1 June 2021 between 9.20 a.m. and 6 p.m. The inspection was conducted by a care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to governance arrangements and managerial oversight within the home; and in relation to the process for ensuring that estates matters within the home are managed in a timely and robust manner.

The responsible individual's representatives were invited to attend a serious concerns meeting with RQIA via video teleconference on 10 June 2021 to discuss the inspection findings and their plans to address the issues identified. At the meeting the senior management team discussed the identified deficits and the actions that had been taken since the inspection to address these shortfalls. A comprehensive action plan was also provided, confirming how the management team would address these deficits in a sustained manner.

RQIA informed the responsible individual following the meeting that further enforcement action may be considered if the issues are not addressed in an effective and sustained manner. RQIA will continue to monitor progress during subsequent inspections.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Three areas for improvement were carried forward to be reviewed at the next inspection. Seven new areas for improvement were identified; these are outlined in the body of the report and in Section 7.0.

Residents said that living in the home was a good experience. Residents less able to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was 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 and a senior manager from the Trust at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight residents and three staff. No questionnaires were returned and we received no feedback from the staff online survey.

Residents spoke positively of the care that they received and about their interactions with staff. Residents said that staff treated them well. Two residents said that they did not always like the food; further information about this can be found in the body of the report.

Staff said that Bruce House was a good place to work and spoke of how much they enjoyed caring for the residents. Staff were complimentary in regard to the home's manager.

5.0 The inspection

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

The last inspection of Bruce House was undertaken on 2 and 4 March 2021 by care and pharmacist inspectors.

Areas for improvement from the last inspection on 2 and 4 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that firm plans are put in place for the replacement of built-in furniture in residents' bedrooms.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Discussion with the manager established that refurbishment works were disrupted during the COVID-19 pandemic. 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.	
Area for improvement 2 Ref: Standard 31 Stated: 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.	Carried forward to the next inspection
	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.	

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure that a record of all administered medicines is maintained.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a system in place to ensure that staff were recruited correctly to protect residents as far as possible. Care staff were provided with a comprehensive induction programme to prepare them for working with the residents and this included agency or temporary staff. Staff said that they had received as good induction.

However, discussion with the manager and review of information received by RQIA following the inspection highlighted deficits in relation to the robustness of the manager's induction. This was discussed with the senior management team during the serious concerns meeting on 10 June 2021; it was agreed that the manager's induction would be revisited by the senior management team as a matter of priority and to support the manager in his role.

There were systems in place to ensure that staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held. A member of staff said that senior care staff meetings would be more effective if they could be arranged for a time that would suit both day and night staff. This was discussed with the manager and the senior manager who agreed to consider the timing of such meetings.

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

Staff said there was good team work; they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff described the home as being very busy but said that the care needs of the residents were met.

Staff reported that the staff team came under pressure when residents presented with behaviours which challenged, or while they were becoming familiar with the individual needs of newly admitted residents; however, staff acknowledged that this did not happen on a daily basis. There was discussion with the manager and the senior manager about how the service responded to any increased needs of residents and assurance was provided that this was kept under regular review.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide them with a choice as to how they wished to spend their day. Staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they enjoyed the activities which staff arranged for them and being able to use the courtyard garden area when the weather was good.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager is therefore responsible for implementing the regional adult safeguarding protocol and the home's adult safeguarding policy.

A review of staff training records confirmed that all staff were required to complete adult safeguarding training on a regular basis. Staff said they were confident about reporting concerns about residents' safety and poor practice.

Residents and their relatives were provided with written information about how to raise a concern or complaint about their care or any service they received in the home. The manager stated that he used any complaints as a learning opportunity to improve practices and/or the quality of services provided by the home.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

The internal environment was inspected and this included a selection of bedrooms and bathrooms, lounges, the dining room and storage areas. Bedrooms were personalised with items belonging to residents. The home was decorated to a good standard, well ventilated and comfortable. The home was clean, warm and fresh smelling throughout.

Whilst most of the furniture and soft furnishings were of good quality, it was noted that some of the chairs in the dining room needed repair or replacement and that the central courtyard was in need of gardening maintenance. The condition of the dining chairs was discussed with the manager and senior manager; written confirmation was received shortly after the inspection that these seats were removed and sent for repair. The maintenance of the garden was identified as an area for improvement.

Feedback from the manager highlighted that Legionella bacteria had been detected prior to the inspection in one identified bathroom within the home. This bathroom had been taken out of use by the manager and there were other bathrooms available for residents to use. However, the manager was unable to provide a clear explanation as to what corrective actions had been taken and/or remained in place to effectively address, manage and resolve this potential risk to residents living within the home.

In addition, the incident had not been reported to RQIA in keeping with regulation. A retrospective notification was submitted to RQIA upon request. An area for improvement was made.

Also, RQIA was concerned at the lack of an escalation process for the home, specifically; the method for ensuring that information from the Trust's estates department is effectively communicated to the manager and staff in a sustained manner. Feedback from both the manager and senior management team during and/or following the inspection included an acknowledgement that existing mechanisms within the service for reporting such issues were inadequate and required improvement.

These deficits were discussed with the senior management team during the serious concerns meeting on 10 June 2021; feedback provided during this meeting provided RQIA with assurance that robust processes were in place with regard to these identified deficits.

A review of the fire safety measures established that these were in place and well managed to ensure residents, staff and visitors to the home were safe. However, the Trust's Fire Manual lacked detail concerning notification to RQIA. This was identified as an area for improvement.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

A review of records, observation of practice and discussion with staff confirmed that they had received training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and used PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents' care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, daily routines, wishes and preferences.

It was observed that 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.

The manager and staff were knowledgeable about how to effectively monitor residents' skin and were familiar with the pathway for referring to the multidisciplinary team, such as district nursing.

Discussion with the manager and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed an audit of accidents and incidents to ensure they were appropriately managed, monitored and notified. The manager was familiar with the pathway for referral to other professionals such as the Trust's Specialist Falls Service, or physiotherapy.

The menu on display at the door to the dining area used a pictorial format to help residents see the menu choices for each meal. The menu did not match the food choices on offer. This was discussed with staff who reported that that more accurate pictures were being sourced; this will be reviewed at a future inspection.

The atmosphere in the dining room was calm, relaxed and unhurried. Residents were offered a choice of four hot meals or sandwiches and a choice of cold drinks followed by tea. The food was attractively presented and smelled appetising, and portions were generous. Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance. Whilst most residents said that they had enjoyed their meal, some residents commented that the quality of one dish was poor.

Staff reported that meals were pre-cooked and supplied to the home to be heated. Whilst there was plenty of food supplied, some dishes were unpopular with residents but had remained on the menu as residents were not directly involved in the designing of menus. No fresh fruit was available as none had been delivered that day. An area for improvement was made.

It was noted that there was no choice of meals offered to those residents who required a modified diet and that there were limited options for any resident who chose to eat a vegetarian diet. This was also identified as an area for improvement. The catering arrangements were discussed with the manager and the senior manager who agreed to review all aspects of the dining experience for residents.

There was evidence that residents' weights were checked regularly and were recorded within their individual care files. The manager reported that there were no concerns about residents losing weight. It was noted that the template used to record residents' weights did not include a note of whether there had been a weight loss or gain; also, there was no central record of the weights for all residents, hence it was difficult to identify any patterns or trends in individual residents' weights or across the home as a whole. This was identified as an area for improvement.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff about how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was noted that the individual written agreements of some residents were out of date. This was identified as an area for improvement.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms, in the lounges or in the garden. Residents said they also enjoyed having visitors.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games, quizzes and bingo. A full time activities co-ordinator was employed and had devised a programme of activities to suit residents. Staff described the level and variety of activities offered within Bruce House as good, but said that there were fewer activities offered at weekends. Where residents preferred to spend time in their bedrooms, staff engaged with residents in one to one activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls with their loved ones. Visiting and Care Partner arrangements were in place with positive benefits being noted by staff to the physical and mental wellbeing of residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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

There has been no change in the management of the home since the last inspection. Mr Tony Feenan has been the manager in this home since August 2020 and an application has been made for his registration as the manager with RQIA.

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 completed regular audits of accidents and incidents, care records, IPC and the home's environment.

There was a system in place to manage complaints. The manager reported that complaints were seen as an opportunity to for the team to learn and improve and that compliments received about the home was kept and shared with the staff team.

Staff commented positively about the manager and the senior care team and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. Representatives of the Responsible Individual attended a serious concerns meeting with RQIA on 10 June 2021 to discuss the highlighted deficits and what actions were taken/planned to effectively address these shortfalls.

RQIA informed the responsible individual following the meeting that further enforcement action may be considered if the issues are not addressed in an effective and sustained manner. RQIA will continue to monitor progress during subsequent inspections.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

Seven new areas for improvement were identified; these are outlined in the body of the report and in Section 7.0.

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).

	Regulations	Standards
Total number of Areas for Improvement	3	7*

*the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Tony Feenan, Manager, and Mrs Breige Connery, Senior Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any resident; this relates specifically to estates related issues.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Daily Safety huddle has been implemented to discuss incidents/ accidents and actions required including the need for onward reporting.</p> <p>Each morning a safety brief is carried out with all Home Manager and ASM to discuss incidents over the past 24 hours and at this time clarification of appropriate onward referrals and notifications are made.</p> <p>Weekly managers meetings now insitu with Home Managers and ASM, agenda includes health and safety and estates.</p> <p>There is an environmental check carried out by the manager daily and any issues or concerns will be actioned with Estates. Any event which adversely affects the safety and wellbeing of the residents will be notified to RQIA within the required timeframes.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (5) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the food provided is suitable for the needs of each resident and there are sufficient choices of food available to residents who require a modified diet or a vegetarian diet.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Covering Manager has liaised with support services in relation to ordering non perishable food items which can be offered and cooked as an alternative when required. A review of the Home's menu cycle including food options to incorporate vegetarian diets and modified diets as per IDDSI recommendations has been completed. Managers SLT, and dieticians have been involved in this project to increase the food choices for the residents. Capturing and actioning feedback from residents and family of mealtime experience is in place</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that there is a robust system in place for recording, monitoring and managing residents' weights; this should also facilitate the manager analysing any significant trends or patterns across the home.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The manager and ASM have liaised with the BHSCT Dietitian service and training has been sought for all staff within the residential homes.</p> <p>All residents within the home are weighed weekly and weights are recorded in the shower/ weight monitoring file. Senior staff audit this file once weekly and any concerns re weight increase or decrease will then inturn be highlighted to the Home Manager and onward referrals will be made at this time as appropriate i.e Dietitian services/ GP.</p> <p>Standard Operational Procedure has been devised and implemented in relation to the weighing of residents and actions required to take if there are concerns with weight loss or gain for indiviudal residents</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that firm plans are put in place for the replacement of built-in furniture in residents' bedrooms.</p> <p>Ref: 5.1</p> <hr/> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<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>Ref: 5.1</p> <hr/> <p>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.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that robust arrangements are in place to help ensure that the garden is kept tidy, safe, suitable for and accessible to all residents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: House rounds are completed three times daily which includes inspection and tidying of the outside areas of the building including the garden, this is completed by the Manager and senior staff on duty throughout the course of the day. Estates services provide support to power wash the patio area when requested.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the Trust's Fire Manual is updated to include that RQIA must be notified of fires or incidents of false alarms.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Belfast Health and Social Care Trust's fire manual is an overarching manual which is then in turn adapted to each service specifically. The BHSCT Fire Officer visits each facility and provides them with a Fire Risk Assessment.</p> <p>General Risk Assessment for Burce House has been reviewed and updated to include the following: 'Any incidents of fire whether actual, suspected or false alarm will be recorded appropriately as an incident via Datixweb and a RQIA notifiable event form must be completed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the menu on display accurately reflects the daily food choices on offer • residents are involved in the designing of menus • there is fresh fruit available at all times for residents. <p>Ref: 5.2.5</p>

	<p>Response by registered person detailing the actions taken: It has been identified that the Activity Worker and Manager through resident meetings will discuss the food options with residents, discuss alternative options of food items available and incorporate these into the meals cycle order.</p> <p>The menu is now on display daily and accurately reflects the daily food choices on order, this is part of household rounds completed three times daily, the first of which is undertaken at 9.30am. Senior staff/ manager completing houseround check will ensure menus are present at this time, if not they will ensure that PCSS staff member is instructed to do so. This will be audited through the Reg 29 and also by the manager in the home on a monthly basis. PCSS staff are responsible to ensure that menu choices for the coming day are displayed. Bruce House management have liaised with PCSS management also to ensure this information is reiterated at PCSS weekly meetings.</p> <p>Fresh fruit is ordered regularly. PCSS staff will inform PCSS supervisor when stock of fruit items are running low and additional supply will be provided from Knockbracken Foods.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2021</p>	<p>The registered person shall ensure that individual written agreements are reviewed and kept up to date.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: A full review of resident files has been completed. Written agreements are currently being renewed by all parties and this will be maintained yearly at annual reviews and audited by manager.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews