



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Bruce House, 10059  
**Date of Inspection:** 1 October 2014  
**Inspector's Name:** Lorna Conn  
**Inspection No:** 17807

**The Regulation And Quality Improvement Authority**  
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**1.0 General information**

<b>Name of home:</b>	Bruce House
<b>Address:</b>	6a Duncairn Avenue Belfast BT14 6BP
<b>Telephone number:</b>	028 95040570
<b>Email address:</b>	stephen.dunne@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust Mr Martin Dillon (Acting Chief executive)
<b>Registered Manager:</b>	Mr Stephen Dunne
<b>Person in charge of the home at the time of inspection:</b>	Mr Stephen Dunne
<b>Categories of care:</b>	RC-DE, RC-A
<b>Number of registered places:</b>	30
<b>Number of residents accommodated on day of Inspection:</b>	27
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	21 May 2014, secondary unannounced inspection
<b>Date and time of inspection:</b>	1 October 2014 10:00 am - 5:00 pm
<b>Name of Inspector:</b>	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 a primary announced 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 was 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 included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions 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	10
Staff	3
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	24	8

## 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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

Bruce House is a purpose built residential home for older people with dementia. It was opened in 1987 and is situated in North Belfast, close to the lower Antrim Road. It was originally designed and built to the 'race track' model. The residential home is operated under the auspices of the Belfast HSC Trust and Mr Stephen Dunne is the registered manager of the home.

The home has a large central dining room, visitor's room, hairdressing room and an adequate number of bathrooms, toilets and shower facilities. Outside there are two enclosed gardens.

There are car parking spaces at the front of the house and the whole premises are enclosed behind security gates, which are closed at night.

Accommodation for residents is provided in single rooms on single storey and the home also provides for catering and laundry services.

The home is registered to provide care for a maximum of 30 persons under the following categories of care: RC-DE, (Dementia) and RC-A (Past or present alcohol dependence).

## 8.0 Summary of Inspection

This primary announced care inspection of Bruce House was undertaken by Lorna Conn on 1 October 2014 between the hours of 10:00am and 5:00pm. Stephen Dunne 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 also examined. Review of documentation, observations and discussions demonstrated that one requirement regarding redecoration had been met but the requirement concerning the courtyard was still being progressed and therefore this has been re-stated on a second occasion. Four recommendations previously made were all met. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

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, staff and relatives, 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, 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 and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. 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. Staff 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 resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The statement of purpose was updated to indicate the process of assessment and review required where restrictive practices are deemed necessary. The evidence gathered through the inspection process concluded that Bruce House was 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. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. 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. The home employed an activity coordinator for two days per week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Bruce House was compliant with this standard.

## **Resident, representatives and staff consultation**

During the course of the inspection the inspector met with residents, representatives and staff and questionnaires were also completed and returned by staff.

In discussions with residents they 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the 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 have improved significantly with redecoration of corridors and new lighting having been installed. Special wall coverings had also been sourced to improve visual cues to the dining room and the activities room and signage had been improved throughout the home. This was pleasing to note. However, a number of the toilets were in need of redecoration and this has been made subject to a requirement.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, accident and incidents, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One new requirement and two new recommendations were made as a result of the primary announced inspection. The details of which 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, relatives, the registered manager 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 21 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 (2) (d)	<p>The registered person shall ensure that all parts of the home are reasonably decorated.</p> <p><b>(Standard 27.1)</b></p>	<p>The home has been subject to painting of all the corridors and communal areas. Specialised wallpaper has been used to improve the environment to good effect.</p>	Compliant
2.	27 (2) (o) & 14 (2)(a)(c)	<p>The registered person shall ensure that the surface of the external courtyard is made safe and appropriately maintained.</p> <p><b>(Standard 27.5)</b></p>	<p>The registered manager advised that funding has been secured to re-lay the courtyard. However, the work has not yet commenced. This is restated on a second occasion.</p>	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	11.6	The registered person is recommended to ensure that resident/relative is provided with a copy of the revised plan in a format and language appropriate to their needs.	Three care records were examined and all contained evidence that the resident/relative had been provided with this.	Compliant
2.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, could be involved in the recruitment process.	A survey issued to relatives in July 2014 was reviewed and had asked for views about relevant questions for recruitment.	Compliant
3.	17.10 & 17.14	The registered person is recommended to ensure that all informal complaints are recorded within the summary of complaints made available to RQIA.	The complaints record was reviewed and was found to detail informal complaints and correlated with the summary made available to RQIA.	Compliant
4.	Dementia Design Standards	The registered person is recommended to review the dementia design audit regarding lighting and signage in order to make improvements in respect of the needs of residents with dementia.	Lighting was in process of being replaced during the inspection and signage was greatly improved throughout the home to provide better visual cues for residents.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
All staff have a knowledge of resident's usual behaviours, conduct and means of communication. Staff respond to resident's in a positive manner which promotes positive outcomes for all residents.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The home had a policy entitled 'Use of Restrictive Practices' dated 2011 and a procedure entitled 'Responding to residents' behaviour and behaviours that challenge staff' dated 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). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge during June and September 2014 which included a human rights approach.</p> <p>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.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that training in challenging behaviour had been provided.</p>	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff have knowledge of resident's usual behaviour. Any uncharacteristic behaviour is reported to manager/senior care assistant. ABC charts are completed and resident is assessed as to why behaviour has occurred. Triggers for behaviour are attempted to be identified and removed. If difficult to assess such triggers resident is referred to community mental health team for review of such behaviours. Pain is always considered as a trigger due to each residents age and co-morbidities.	Provider to complete
<b>Inspection Findings:</b> The policy and procedures included the following: <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> 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.  Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.  A review of the records and discussions with relatives and professionals confirmed that they had been informed appropriately.	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Each care plan details the need for particular interventions which may be utilised to reduce behaviours. Where appropriate consent is sought to discuss this with next of kins. As some next of kins live abroad or do not visit their relative who is resident every opportunity has been made to identify all care planning such as posting care plans.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>A resident centred plan/specific management programme is drawn up by the dementia outreach team. This forms part of the resident's care plan and is reviewed on a on-going basis.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of three behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant

<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All staff are currently receiving or have received up-to-date dementia training. This training incorporated the use of behaviour management plans. The manager and Outreach Team are available for support and guidance with relation to the residents behaviour management programme.	Substantially compliant
<b>Inspection Findings:</b> A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> <li>. MAPA in June and September 2014</li> <li>. Training in regard to the home's categories of care in 2013 or 2014.</li> </ul> Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Any incident within the home is reported to the relevant professional team, for example the safeguarding team. Appropriate interventions and safety plans are put in place to minimise such incidents re-occurring. Each incident is examined by the manager and discussed with safeguarding, or multi-disciplinary team	Substantially compliant
<b>Inspection Findings:</b> A review of the accident and incident records from April to September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan.  A review of three number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.  Where necessary, this was followed by a multi-disciplinary review of the resident's care plan.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The use of restraint is prohibited. Alternatively staff are trained in the use of MAPA techniques (Management of Actual and Potential Aggression) This training is delivered through the Trust. If resident's need to be held in a safe manner to minimise risk to self and other residents then the appropriate documentation is completed and retained. If this is to be used as part of care delivery then it will be documented in their care plan and discussed with their representative.	Substantially compliant
<b>Inspection Findings:</b> Discussions with staff, an examination of staff training records and care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.  A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative were notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan.  Relatives confirmed during discussions that they were aware of decisions that affected their care and they were aware of measures in place to minimise the impact of these limitations such as the locked door.  A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described and this included the process of assessment and review associated with any restrictive practices which may be deemed necessary.	Compliant



<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Substantially compliant</b>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
The programme and programming of events is based on resident's like/dislikes and history. It is designed to deliver positive outcomes for all as well as aiding cognitive functioning.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The home had a policy dated 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.</p> <p>Discussions with residents and staff; observation 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

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme is wide and varied. It encompasses the needs of all residents and is inter changeable dependent on the needs of the unit at any particular time.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised twice per day across the each week. An activity co-ordinator is in the home two days per week.</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 discussions that residents were provided with enjoyable and meaningful activities on a regular basis. Activities arranged included a sing-along; nail care, Boccia, reading, knitting, music, brain bus, art work and film archives.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>Resident's are given opportunities to decide on a daily basis what they would like to participate in. For those residents who stay in their room allowances will be made to include activities in their daily plan of care. At time of assessment there are no residents who do not leave their room to partake in activities.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p> <p>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 and this was based on their ‘all about me’ booklets which had been completed by family in advance of admission.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>The activity programme board is displayed on the wall opposite the dining room to allow all residents access it and see what activities are scgheduled. Residents are actively encouraged to suggest alternative activities and decision are made by discussion and negotiation</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>On the day of the inspection the programme of activities was on display outside the dining room and adjacent to one of the lounges. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs.ie in larger print and pictorial format.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There is a variety of activity aids with the home. The manager has also recently procured aids for therapeutic intervention. An order has been placed for further aids which can be examined upon request.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The home employs an activity co coordinator for two days each week and activities are provided on other days by designated care staff.</p> <p>The care staff and the registered manager advised that more equipment was needed but also confirmed and evidenced that the registered manager had ordered additional equipment such as musical instruments and a snooker table to address this deficit.</p>	Moving towards compliance
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The duration of each activities will greatly depend on residents abilities and needs. It will also depend on the time of day and even which day it is.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The care staff and the registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The registered managers receives confirmation from the activity co-ordinator that the individual has the abilities and skills to do so.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that the activity co-ordinator obtains evidence from the person that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Any persons contracted in to the home are organised by the activity co-ordinator. The co-ordinator receives feedback and examines the resident's response to the activity in order for future planning of activity.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The registered manager 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 could affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>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. This practice should continue.</p> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The programme is reviewed and discussed with residents staff and relatives. The manager is presently devising a system to show this is in place.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions with the registered manager identified that it had last been reviewed by the manager on a monthly basis. However, records should be maintained to evidence that the programme had been reviewed at least twice yearly.</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>Moving towards compliance</p>



<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Moving towards compliance</b>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with ten residents individually and with others in groups. Residents were observed in the dining room, 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:

'Sure we all love it here'.

'It's great here and the foods good'.

'They're very nice'.

### 11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'We can't praise the staff high enough and they can't do enough for us. The manager is fantastic and our relative has settled so well. They have been brilliant and have encouraged her eating and taking her medication. They have time to talk to us and to listen'.

'They are awful good'.

### 11.3 Staff consultation/Questionnaires

The inspector spoke with five staff of different grades and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'The manager has done so much regarding dementia care. We have had extra training and he has ordered more equipment for activities in consultation with staff'.

'There's a high standard of care and staff are excellent. They are very committed and know their job'.

'The activities are great both the group and individual ones. We can go to the manager or the senior at any time and have regular supervision and appraisal. People get great care. Staff work very hard and try to spend as much time as we can with residents'.

'Residents love music and there is lots of activity equipment. Some residents went out for lunch recently and they loved that. Communication is excellent as is the standard of care. The residents' personal appearance is very important to us'.

'It's a brilliant home'.  
'The care is 100 percent'.

A couple of staff questionnaires raised issues regarding cleanliness and malodours in the home and the absence of appraisal. On the day of the inspection the home was found to be clean and fresh smelling and hygiene refreshment units were noted to have been installed. Examination of records and discussions with staff confirmed that appraisals had taken place. The registered manager undertook to monitor these issues on an ongoing basis and ensure that records of all appraisals are held on site. A recommendation was made with respect to the latter matter.

#### **11.4 Visiting professionals' consultation**

No professionals visited the home 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 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that not all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. However, since this information was requested by RQIA, the registered manager had audited and arranged for reviews to be conducted in respect of those who had not been reviewed. At the time of the inspection 15 residents had been reviewed and plans were in plan for the review of the remaining residents by their care managers.

#### **11.7 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.

A review of the complaints records evidenced that seven 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.

## **11.8 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. Décor and furnishings were found to have improved significantly with redecoration of corridors and new lighting having been installed. Special wall coverings had also been sourced to improve visual cues to the dining room and the activities room and signage had been improved throughout the home. Hygiene refreshment units had been installed and resident art and craft work was on display on the walls. These improvements were all pleasing to note. However, a number of the toilets were in need of redecoration and this has been made subject to a requirement.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

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.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated July 2014 and this review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff during May, June and July 2014. The records also identified that an evacuation had been undertaken on January 2014 and that different fire alarms were tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **11.12 Accidents and Incidents**

These were sampled and the registered manager provided updates regarding the same.

### **11.13 Resident Dependency**

A review of the information submitted prior to the inspection and observations on the day of the inspection confirmed that residents resented with a level of dependency in accordance with residential care home criteria.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Stephen Dunne, 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

**Bruce House**

**1 October 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 Mr Stephen Dunne during 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.	27 (2) (o) & 14 (2)(a)(c)	The registered person shall ensure that the surface of the external courtyard is made safe and appropriately maintained.  <b>(Standard 27.5)</b>	Two	Funding for this work has been approved. Work is being planned by Estates manager at present to complete work within timeframe.	31 December 2014.
2.	27 (2) (d)	The registered person shall ensure that the toilets are reasonably decorated and fit for purpose.  <b>(Standard 27.1)</b>	Once	Costing has been requested for the renovation and updating of all sanitary areas to make them fir for purpose and dementia friendly.	31 March 2015.



**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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.	13.10	The registered person is recommended to ensure that records are maintained to evidence that the activity programme has been reviewed at least twice yearly.	One	This has been planned and delegated to the activity co-ordinator to review and audit activity planning within the home monthly.	By 31 December 2014.
2.	24.5	The registered person is recommended to ensure that records are kept on site of all staff appraisals.	One	All staff's Personal Development Portfolios are complete and will accompany their Personal Contribution Portfolio in their personal file.	With immediate effect from the date of the inspection.

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Stephen Dunne
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Lorna Conn	24/11/14
Further information requested from provider			