

# Unannounced Care Inspection Report 2 and 4 March 2021



## Bruce House

**Type of Service: Residential Care Home (RCH)**

**Address: 6a Duncairn Avenue, Belfast, BT14 6BP**

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**Inspectors: Alice McTavish, Judith Taylor and Philip Lowry**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Catherine Jack, registration pending	<b>Registered Manager and date registered:</b> Tony Feenan, registration pending
<b>Person in charge at the time of inspection:</b> Tony Feenan	<b>Number of registered places:</b> 30  Only two service users should be resident at any time in RC-A category of care.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia. A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 19

### 4.0 Inspection summary

The inspection was undertaken by a care inspector on 2 March 2021 between 10.35 and 15.20 and two pharmacist inspectors on 4 March between 10.25 and 15.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The last inspection on 20 and 26 August 2020 identified several areas for improvement in relation to care and to medicines management which indicated that robust arrangements were not in place. This inspection sought to assess progress with the issues raised at the last inspection.

There was evidence that the medicine related areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed and developed the systems in place to ensure the safe management of medicines and staff had received supervision. The improvements which had been made were acknowledged.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- care delivery
- medicines management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3*

\*The areas for improvement include two against the Standards; one is carried forward to the next inspection and one has been stated for a second time.

The areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tony Feenan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the last inspection
- written and verbal communication received since the last inspection
- the report and the returned QIP from the last inspection

We met with several members of staff, including care staff, senior care staff, domestic staff, the activities co-ordinator and the manager.

Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No feedback was returned to RQIA.

A sample of the following records was examined and/or discussed during the inspection:

- staff training
- AccessNI checks
- agenda and minutes of staff meetings, email correspondence with staff sharing team minutes
- incidents and accidents
- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management

- governance and audit
- medicine storage temperatures

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was a combined care and medicines management inspection undertaken by the care inspector on 20 August 2020 and by the pharmacist inspector on 21 August 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 20 (1) (c) Stated: Third time	The registered person shall ensure that staff complete mandatory training in a timely manner.  <b>Action taken as confirmed during the inspection:</b> Inspection of training records confirmed that a system was developed to ensure robust managerial oversight of staff compliance with training; despite disruption to training during the Covid-19 pandemic, it was evident that staff training had continued. Where some training was slightly out of date, there were firm plans in place to deliver this training.	Met
<b>Area for improvement 2</b> Ref: Regulation 30 (1) Stated: Second time	The registered person shall ensure that RQIA is notified of all accidents, incidents and events which occur in the home in line with current guidance.  <b>Action taken as confirmed during the inspection:</b> Inspection of reports of accidents and incidents which had occurred in the home confirmed that these were correctly reported to RQIA. On occasion, it was noted that the incidents reported to RQIA lacked detail and we had to request this; it was agreed that this would be raised with staff.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure an AccessNI enhanced disclosure is obtained for all staff before staff commence their employment in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of records confirmed that this was addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that personal medication records are fully and accurately maintained at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Examination of records indicated significant improvement and that these had been well maintained.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall investigate the observations made in relation to topical preparations for one identified resident; a written report of the findings and action taken should be forwarded to RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Details of the investigation findings and corrective action taken were provided to RQIA. New documentation has been implemented in consultation with the community pharmacy and trust.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure robust systems are in place for the management of prescribed topical preparations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The administration of topical medicines had been reviewed with staff and records were being monitored by senior care staff and the deputy manager.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a robust auditing system to ensure that any shortfalls in relation to medicines management are identified and improvements are sustained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The auditing arrangements had been developed to include new auditing tools, incorporation of topical medicines, maintaining accurate running stock balances and including some of the medicines which were not supplied in the monitored dosage system. Largely satisfactory outcomes were observed following the completion of audits at this inspection. It was agreed that all formulations of medicines would be included in the weekly audits with immediate effect. Given the improvements noted and assurances provided, this area for improvement has been assessed as met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.5</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure suitable plans are put in place for the following areas to be addressed in a timely manner:</p> <ul style="list-style-type: none"> <li>• refurbishment of the home's sluice room</li> <li>• correct maintenance of the small enclosed garden and removal of litter and accumulations of fallen leaves</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that the sluice room had been refurbished and that the gardens were correctly maintained.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following for staff team meetings:</p> <ul style="list-style-type: none"> <li>• an agenda is drawn up</li> <li>• minutes are prepared</li> <li>• a system is established for meeting minutes to be shared with any staff not present</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of documents relating to staff team meetings confirmed that an agenda was drawn up, minutes were prepared and shared with all staff who were not present at these meetings.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed that liaison with senior management continued with regard to the replacement of furniture in residents' bedrooms. There were, however, no firm plans for the work to commence as such work was disrupted during the Covid-19 pandemic.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the records for incoming and outgoing medicines to ensure that all details are recorded as discussed at the inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> We selected a number of medicines and evidenced that these had been recorded appropriately in the receipt and disposal records.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that two staff were involved in some, but not all of the transcribing on medicine records.</p> <p>This practice has not been fully imbedded into routine practice and the area for improvement is stated for a second time.</p>	<p><b>Partially met</b></p>



<b>Area for improvement 6</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that QIPs are shared with all trained staff to ensure awareness of areas to improve; and QIPs are used as part of the audit processes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussion with the manager and staff, they advised that a copy of the report and QIP had been shared with staff and also discussed at staff meetings.	

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily.

Care and domestic staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We saw that domestic staff were present throughout the building. Domestic staff told us that all points which were frequently touched by residents and staff were thoroughly cleaned at intervals throughout the day.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

### 6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of residents' bedrooms, bathrooms, lounges and the dining room. We saw that residents' bedrooms contained personal items. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

### 6.2.3 Care delivery

The atmosphere throughout the home was calm and relaxed. We saw that residents engaged with staff positively and appeared to enjoy light-hearted and good humoured interactions. Residents were well presented with clean skin, hair and nails. Residents were dressed in clean, well-fitting clothes. Staff spoke to residents kindly, were supportive and attentive. It was evident from their interactions that they knew the residents well.

We spoke with the home's activities co-ordinator who had recently taken up post. The activities co-ordinator advised that a range of group activities was now in place and that she spent time with residents on a one to one basis if this was what the resident preferred. Bingo was taking place on one of the days of the inspection and residents were observed enjoying this activity.

### 6.2.4 Medicines Management

New systems had been developed and implemented. Staff had completed online medicines management training and a staff meeting was held to discuss the inspection findings with particular emphasis on record keeping, auditing and the improvements that must be made. As part of the improvements, the manager advised of the new information sharing processes in place to ensure that all staff were kept up to date, including medicines management.

We identified a good improvement in the completion of medicine records. There was evidence that when rewritten, the personal medication records had been signed by two staff to ensure accuracy; this is safe practice. However, this did not occur on each occasion a new resident was admitted to the home or if there was a medicine change. One area for improvement has been stated for a second time.

Examination of medication administration records indicated that overall residents were being administered their medicines as prescribed. Whilst we acknowledged the improvements made, we identified occasional gaps in the records indicating a missed dose; however, the audit indicated the medicine had been given, but staff had not signed the record. In addition, we identified there were several missing signatures for one antibiotic cream. We could not ascertain if this had been administered as prescribed. The manager investigated this and advised that staff had administered the medicine as prescribed; however, had not recorded this. Records of administered medicines must be accurately completed and this was identified as an area for improvement.

The stock control of medicines was reviewed. There was evidence that all incoming medicines, including those supplied in seven day domiciliary packs and new medicines, were recorded. Details of the discontinued medicines were recorded in the disposal of medicines records.

The auditing process for medicines management had been further developed in consultation with the community pharmacist. This occurred through daily, weekly and monthly audits by staff and the manager, and follow up of any deficits identified. The majority of audits completed at the inspection indicated residents were being administered their medicines as prescribed. We identified one discrepancy in a liquid medicine and the manager reviewed this with staff and put corrective measures in place. It was agreed that liquid medicines would be closely monitored within the audit process.

## Areas for improvement

One new area for improvement was identified. This was in relation to recording the administration of medicines.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.3 Conclusion

Throughout the inspection residents in the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy, and staff wore PPE in line with guidance. It was pleasing to see that an activities co-ordinator had taken up post and was actively engaged in providing residents with stimulating and interesting diversions.

There was evidence of significant improvement in ensuring the safe management of medicines. Residents were being administered their medicines as prescribed. Management had reviewed and developed the systems and staff had received further training. All but one of the medicine related areas in the QIP had been fully addressed. This has been stated for a second time and one new area for improvement identified.

Overall, the improvements which had been made were acknowledged and the need to ensure these are sustained was discussed.

We would like to thank the residents, staff and management for their assistance throughout the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tony Feenan, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector..

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2020</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: 6.1 and 6.2.5</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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: 6.1 and 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Practices for the management of medication are being systematically audited to ensure that they are consistent with the homes policies and procedures. Copies of the homes policies and procedures have been distributed and read by Band 5 staff and guidance has been provided regarding the provision of signatures of two trained staff in medication processes. This process involves two trained care staff signing the incoming medications and two trained members of the care staff signing the prescription recordings. This system will be audited on a weekly basis by band 5 staff and on a monthly basis by management and will be addressed with discussed with individual staff members as part of supervision. This area for improvement will be a consistent agenda item on staff meetings and consistent monitoring and feedback will be provided to staff to improve and embed compliance with this standard. Training in medications administration and management will be provided by staff when any medication error occurs and staff will be subject to a period of supervised practice.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Copies of the homes policies and procedures have been distributed and read by Band 5 staff and guidance has been provided regarding the responsibility of staff to accurately record all administered medication. The management team will complete a monthly audit of medications within the home as part of their monthly governance process. The band 5 staff will also complete weekly audits of medications within the home, which will include the reconciliation of medication, to ensure consistency in standards. The records of the audits will be maintained within the manager’s office in the home. The medication record of all administered medicines will be maintained in a secure cabinet within the medical room in the home. This area for improvement will be a consistent agenda item on staff meetings and consistent monitoring and feedback will be provided to staff to improve and embed compliance with this standard. Training in medications administration and management will be provided by staff when any medication error occurs and staff will be subject to a period of supervised practice.</p>

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



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