

Inspection Report

12 June 2023



Bruce House

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Registered Person/s OR Responsible Individual Dr Catherine Jack	Registered Manager: Mr Thomas McCorry Date registered: 09/11/2022
Person in charge at the time of inspection: Mr Thomas McCorry, manager	Number of registered places: 26
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: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 26 residents. All residents have access to communal lounges, a dining room and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 12 June 2023, from 9.25 am to 5.30 pm by a care inspector.

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

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents and their relatives confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents, their relatives and other professionals are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

There were no areas for improvement identified during this inspection. RQIA were sufficiently assured that the delivery of care and service provided in Bruce House was safe, effective and compassionate, and that the home was well led.

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

3.0 How we inspect

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

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

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Thomas McCorry, manager and Mrs Louise Radcliffe, service manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included; "I like it here," "this is a nice place" and "staff are very attentive here."

We spoke to one residents' relatives who told us they had no concerns about the home, commenting; "I have no concerns, the staff are so responsive, I am very happy with the care offered." This relative also confirmed that the communication from the home was excellent.

Staff commented that the home was a “great place to work,” all staff spoken to commented on the “good teamwork” with in the home. Staff spoken to said that they felt well supported in their roles within the home and were all encouraged to completed any training relevant to their roles and responsibilities.

A professional visiting the home commented, “they (staff) know what they are doing, I have no concerns.”

No questionnaires were received from residents or relatives. There were four replies from the on line survey, three from staff and one from a visiting professional. All respondents reported to be very satisfied by the care provided in Bruce House. All respondents also felt that Bruce House was well led. Comments on the feedback include, “Bruce House is a lovely place to work,” and “Thomas really cares about his staff.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment referred to the “compassionate care” in the home, while another compliment commented, “Bruce House is very person centred.”

5.0 The inspection

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

Areas for improvement from the last inspection on 23 February July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard. Ref: 5.2.3 Action taken as confirmed during the inspection: This area for improvement has been met.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 3 Ref: Standard 9.3 Stated: First time	The registered person shall ensure residents are appropriately monitored following a fall. Accurate records should be maintained to evidence actions taken following falls. Staff should comment on the status of the resident	Met

To be completed by: 23 August 2022	in daily evaluation records. Ref: 5.2.2	
	Action taken as confirmed during the inspection: This area for improvement has been met.	
Area for improvement 4 Ref: Standard 8.5 Stated: First time To be completed by: 23 August 2022	The registered person shall ensure daily care records are accurately maintained and completed contemporaneously. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: This area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The off duty was recorded in both twelve and twenty-four-hour format; this was discussed with the manager who agreed that going forward they would use one format to avoid any confusion, therefore an area for improvement was not identified at this time.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act and safeguarding.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "I get up every morning and I look forward to coming into work, the team are great." A second member of staff commented, "the training we get here has been wonderful,"

Staff told us that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

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 residents with a choice on how they wished to spend their day. For example, on the day of the inspection staff were observed supporting residents to take short walks outside or spend time in their bedrooms or in the communal lounges watching TV.

Relatives and professionals spoken to expressed no concerns regarding staffing arrangements within the home.

Visiting professionals said "the staff know what they are doing, they are on top of things."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Detailed handover sheets were available for staff to read on a daily basis. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine 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.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, during the lunchtime meal, one resident appeared to be distressed, staff adapted their communication in order to support this resident to choose the meal they wanted.

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

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff were observed providing additional support to residents who needed help, using gentle encouragement, prompting and humour.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Both the breakfast and the lunchtime meal were a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked regularly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of a post falls monitoring tool being used to monitor residents after a fall and appropriate onward referral as a result of the post falls review. All falls were managed consistently and in keeping with best practice.

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

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the resident's next of kin, where appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident commented "this place is clean, it's always clean."

There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 27 March 2023; this assessment resulted in no actions. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

5.2.4 Quality of Life for Residents

Discussion with residents and staff confirmed that they were able to choose how they spent their day. For example, could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as shopping trips, walking activities and church services. On the day of the inspection a new interactive system was being used by residents to enjoy various games and listen to music. There was evidence that special events had been arranged for residents and their families; for example, a summer garden party had been arranged for later in the month.

The activities coordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents and was on display in the hallway.

A review of the minutes of residents' meetings evidenced that residents were encouraged to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff recognised the importance of maintaining good communication with families. The relatives spoken to confirmed that the communication between the home and families was excellent. Visiting arrangements were well managed and relatives said that they always felt welcomed when visiting the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Thomas McCorry has been the Manager in this home since 19 July 2021 and has been registered with RQIA since 9 November 2022.

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents.

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 or worries about residents, care practices or the environment. Staff commented positively about the manager and described him as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Interim Director of Social Work and Social Care was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns or complaints quickly. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager, comments from staff included; "Thomas is great" and "Thomas is so supportive to us all."

The home was visited each month by a representative of the registered provider 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 are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Thomas McCorry, Manager and Mrs Louise Radcliffe, Service Manager, as part of the inspection process and can be found in the main body of the report.

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