

Inspection Report

17 February 2022



Bruce House

Type of service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast, BT14 6BP
Telephone number: 028 9504 0570

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT) | Registered Manager: Mr Thomas McCorry - not registered |
| Responsible Individual: Dr Catherine Jack | |
| Person in charge at the time of inspection: Mary Jo Markey, senior care assistant | Number of registered places: 30 |
| Categories of care: Residential Care (RC) DE – Dementia. A – Past or present alcohol dependence. | Number of residents accommodated in the residential care home on the day of this inspection: 20 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 residents. | |

2.0 Inspection summary

An unannounced inspection took place on 17 February 2022, from 09.55am to 4.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

Residents told us staff were “very good” and kind. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents’ experience.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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 and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 18 residents, both individually and in group settings. Residents spoke positively about their experiences living in the home, and described staff as very kind and caring. Residents unable to clearly voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with five staff. Staff told us they felt there had been several improvements to the home since the last inspection and that they could see how changes were made to benefit the residents. Staff told us that they were given clear guidance and support by the manager. Specific comments included, "Things have come on leaps and bounds here... (the manager) doesn't push things under the carpet."

RQIA received one completed questionnaire from a resident's relative following the inspection. They confirmed that they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. They also included a letter describing their positive experiences of the home and describing staff as kind, patient, passionate and sincere. Specific comments included; "(my mother) is better than I have seen her in years... (staff) really captured the essence of my mum and what she needs moving forward...I feel for the first time in years that she is getting what she needs and deserves...Bruce House holds a really nice atmosphere, staff are warm and welcoming and most importantly the leadership is clear to see."

No other feedback was received following the inspection.

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 21&23 September 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (1) (a) Stated: Second time | The registered person shall ensure that there is a robust system in place for recording, monitoring and managing residents' weights; this should also facilitate the manager analysing any significant trends or patterns across the home. | Met |
| | Action taken as confirmed during the inspection: A new operational policy and procedure was in place in the home regarding the recording, monitoring and management of residents' weights. Discussion with staff and review of care records confirmed this system was robust and that any concerns or changes in resident's weights were well managed. There was clear evidence that the manager maintained good oversight through monthly audits and staff handovers. This area for improvement is therefore met. | |
| Area for Improvement 2 Ref: Regulation 19 (2) Stated: First time | The registered person shall ensure that the staff duty rota: <ul style="list-style-type: none"> • Records the full names and grades of all staff • Accurately reflects the staff on duty in the home. | Met |
| | Action taken as confirmed during the inspection: The staff duty rota system had been updated and now clearly included staff's full names and their job role. However; initial review of the duty rota did not clearly highlight the person in charge of the home, in the absence of the manager, and did not accurately reflect the hours worked by the manager or the deputy manager on the day of inspection. Following the inspection, the manager provided | |

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| | additional information and evidence, including a detailed staff allocation sheet which included the required information. Therefore, this area for improvement is met. | |
| Area for Improvement 3 Ref: Regulation 16 (1) Stated: First time | <p>The registered person shall ensure that care plans accurately reflect recommendations from professionals specifically in relation to modified dietary requirements and adhere to the correct use of IDDSI terminology.</p> <p>Action taken as confirmed during the inspection: Care records included updated recommendations from professionals. Corresponding supplementary care records and care plans had been updated and included clear and accurate information on resident's dietary requirements, using the correct IDDSI terminology. Additional guidance for staff was available in the kitchen and dining areas. Discussion with staff demonstrated their knowledge and awareness of modified dietary requirements and staff had completed updated dysphagia training. This area for improvement is met.</p> | Met |
| Area for Improvement 4 Ref: Regulation 13 (7) Stated: First time | <p>The registered person shall ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>Action taken as confirmed during the inspection: The home was clean, tidy and free from clutter. Cleaning was ongoing throughout the inspection. A cleaning schedule was in place and records maintained of cleaning tasks completed. Repainting and redecoration of the home had been completed, including replacement of blinds and soft furnishings. Further redecoration work was ongoing during the inspection. Discussion with staff and review of maintenance records confirmed there was a robust system in place for staff to report any environmental issues, and these were actioned promptly. Management maintained a detailed environmental action plan regarding the scheduling of redecoration work, and audits of the environment were conducted on a regular basis to ensure the home was maintained to an acceptable standard. This area for improvement is met.</p> | Met |

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| <p>Area for Improvement 5</p> <p>Ref: Regulation 18 (2) (j)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all areas of the home are kept free from offensive odours</p> <hr/> <p>Action taken as confirmed during the inspection: No offensive odours were present during the inspection. Review of governance records, observation of the environment and discussion with staff established that repairs and maintenance had been completed to the drainage and sewage system in the home. Flooring had been replaced. Management maintained robust oversight of this through daily checks and regular audits of the home’s environment. This area for improvement is met.</p> | <p style="text-align: center;">Met</p> |
| <p>Area for Improvement 6</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all unnecessary risks to the health, welfare and safety of residents, are identified and as far as possible eliminated. This includes but is not limited to:</p> <ul style="list-style-type: none"> • Ensuring that the hairdressing room must be secured when not in use • Ensuring that residents’ toiletries are safely stored at all times. <hr/> <p>Action taken as confirmed during the inspection: The hairdressing room was secured and keypad systems were now in place to ensure that the room could only be accessed by staff. Resident’s bedrooms now contained lockable storage. Signage was in place regarding the management of Control of Substances Hazardous to Health (COSHH). Individual risk assessments and care plans were in place regarding the management of COSHH. Management completed minimum daily checks to ensure compliance was maintained. This area for improvement is met.</p> | <p style="text-align: center;">Met</p> |

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| <p>Area for Improvement 7</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that confidential documents must be appropriately secured.</p> <p>Action taken as confirmed during the inspection: Keypad systems were now in place to ensure that confidential documents were securely stored. A new filing and organisational system was in place to ensure the home were compliant with GDPR. An archiving project had been ongoing in the home and was due to be completed within the month. This had created more office space and improved confidentiality for both past and current residents. This area for improvement is met.</p> | <p>Met</p> |
| <p>Area for Improvement 8</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> | <p>The registered person shall take adequate precautions against the risk of fire.</p> <p>This is with specific reference to those deficits identified in the body of this report.</p> <p>Action taken as confirmed during the inspection: No fire doors were propped open. Fire doors were fitted with appropriate fire safety devices and were fully closing. Corridors and rooms were kept clear and free from obstruction. Fire safety training had been conducted in October 2021, and staff's compliance was now 90%. Management maintained robust oversight of fire safety arrangements through daily checks and an action plan tracking report. This area for improvement is met.</p> | <p>Met</p> |
| <p>Area for Improvement 9</p> <p>Ref: Regulation 29 (3) and (4)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the visits undertaken on behalf of the registered provider are completed on a monthly basis and are robust in detail so as to effectively identify deficits and drive improvements in a sustained manner. Any included actions plans within these reports should be addressed in a timely manner.</p> <p>Action taken as confirmed during the inspection: The Regulation 29 monthly monitoring visits were completed on a monthly basis. Reports were detailed and included clear evidence of how the views of residents, their relatives,</p> | <p>Met</p> |

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| | <p>staff and other professionals were sought, regarding the quality of care and service provided in the home. This feedback was also used to identify and drive improvement in the home. Comprehensive action plans were in place and it was evident that management took prompt action to address any deficits. This area for improvement is met.</p> | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | | Validation of compliance |
| <p>Area for Improvement 1 Ref: Standard 31 Stated: Second 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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | Carried forward to the next inspection |
| <p>Area for Improvement 2 Ref: Standard 31 Stated: First time</p> | <p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | |
| <p>Area for Improvement 3 Ref: Standard 27.1 Stated: Second 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> <p>Action taken as confirmed during the inspection: Discussion with management and review of governance records confirmed that firm plans were in place and reviewed to ensure the work was progressing in a timely manner. A number of residents' bedrooms had already been refurbished. Some work had been delayed due to an outbreak of illness in the home. A team of builders were in the home on the day of inspection, planning and completing work in the rest of the home. This area for improvement is met.</p> | Met |

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| <p>Area for Improvement 4</p> <p>Ref: Standard 27.5</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that robust arrangements are in place to help ensure that the garden is kept tidy, safe, suitable for and accessible to all residents.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The garden was clear of any major hazards, and there was adequate and suitable seating for residents who enjoyed using the garden. Landscaping work had been completed in October 2021. Some tidying and removal of rubbish and fallen leaves was required; there had been a severe storm and storm warning in place the week of inspection. The estates team were contacted on the day to address this. Discussion with staff established there was a clear policy and procedures in place to report and escalate any issues with the garden. Management maintained robust oversight via daily walk arounds and monthly estates audits. This area for improvement is met.</p> | <p>Met</p> |
| <p>Area for Improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> | <p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the menu on display accurately reflects the daily food choices on offer • residents are involved in the designing of menus • there is fresh fruit available at all times for residents. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The menu on display beside the dining room contained accurate visual and written information of the food choices on offer on the day of inspection. The menu reflected the food we saw residents being offered for breakfast and lunch.</p> <p>There was evidence of resident involvement in planning the menus through resident meetings, and in care records. This included completion of individual 'All About Me' documentation. Residents told us they liked the food in the home, and that they were provided with options depending on their wishes and preferences. For instance, one</p> | <p>Met</p> |

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| | <p>resident told us they were a vegetarian, and that staff always ensured she got a vegetarian option. We also observed staff offering alternative options or additional portions to residents to ensure they had a meal they enjoyed.</p> <p>Residents told us they were offered fresh fruit every day, and we could see that this was available in the kitchen, and offered to residents during meal and snack times. Discussion with the cook confirmed that smoothies, 'mocktails' and fruit salad were popular and ensured residents ate fresh fruit more regularly. There was evidence that management reviewed and monitored the dining arrangements in the home, including completion of nutritional audits.</p> <p>The overall dining experience was discussed with the management team. Staff demonstrated good knowledge and awareness of how the dining experience could be further adapted and improved for residents. For instance, ways that the noise levels could be reduced or the use of dementia friendly crockery. It was established that there are plans in place for a dementia friendly quality improvement project in the home.</p> <p>Therefore this area for improvement is met and no new areas for improvement were identified during this inspection.</p> | |
| <p>Area for improvement 6</p> <p>Ref: Standard 4.6</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that individual written agreements are reviewed and kept up to date.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | <p>Carried forward to the next inspection</p> |

5.2 Inspection findings

5.2.1 Care Delivery

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.

Examination of records and discussion with staff confirmed that risks and changes in resident's mobility, behaviours and physical health were well managed.

There was evidence of appropriate onward referral and multi-disciplinary care; for instance, residents were referred to the Trust's Specialist Falls Service, their GP, CPN, or for physiotherapy.

At times some residents may require additional safeguards or the use of equipment that can be considered to be restrictive. For example, one to one supervision by staff, bed rails, restricted access to smoking materials and alarm mats. Review of care records and observation of practice identified some deficits in the home's systems to manage this aspect of care for one resident. For instance, ensuring that care records include a risk assessment and care plan regarding any restricted practice, and the written agreement of the resident or their representative. Discussion with the home's management during and after the inspection provided a high level of assurance that these issues had been reviewed and addressed immediately after the inspection. In addition, the manager had reviewed and implemented a more robust policy and procedure regarding restricted practices in the home. Therefore, an area for improvement was not required on this occasion.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. An activities schedule was on display in the home listing a range of social, religious and creative activities offered in the home. However; there were no organised activities arranged on the day of inspection. It was acknowledged that the activities co-ordinator was on leave during the inspection.

Discussion with the staff and observation of practice confirmed that they tried to ensure that residents were offered a variety of events, including nail care, hand massage, listening to music and playing games on of the home's iPads. Residents told us they enjoyed each other's company and some talked about enjoying watching the Winter Olympics. However; some residents expressed occasional feelings of boredom. This feedback was shared with the management team for action and review.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 0 | 3* |

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) | |
| Area for Improvement 1 Ref: Standard 31 Stated: Second time To be completed by: Immediate and ongoing | 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. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Area for Improvement 2 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that a record of all administered medicines is maintained. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Area for Improvement 3 Ref: Standard 4.6 Stated: Second time To be completed by: 31 October 2021 | The registered person shall ensure that individual written agreements are reviewed and kept up to date. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.2.6 |

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