

Unannounced Care Inspection Report 20 and 21 August 2020



Bruce House

Type of Service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast BT14 6BP
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www.rqia.org.uk

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

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager and date registered: Tony Feenan, Acting – no application required
Responsible Individual: Catherine Jack	
Person in charge at the time of inspection: Tony Feenan	Number of registered places: 30
Categories of care: Residential Care (RC) DE – Dementia A – Past or present alcohol dependence Only two service users should be resident at any time in RC-A category of care.	Number of residents accommodated in the residential care home at the time of this inspection: 24

4.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 20 August 2020 from 10.20 to 18.30 and an unannounced medicines management inspection was undertaken on 21 August 2020 from 10.50 to 16.20.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. As there had been a number of areas for improvement made at the last care inspection, some of which were already stated for the second time, RQIA decided to undertake a care and a medicines management inspection of this home.

This inspection sought to assess if the areas for improvement previously identified had been addressed in a satisfactory manner and to ascertain if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) measures
- care delivery
- care records
- environment
- governance and management arrangements
- medicines management

Residents said that they liked living in Bruce House and that they were looked after well. We observed residents to be relaxing in the lounge watching television. Staff were warm and friendly and it was evident that staff knew the residents well.

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.

The term 'residents' is used to describe those living in Bruce House.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*7	*6

*The total number of areas for improvement includes two against the Regulations. One of these is stated for a third time and one for a second time. One area for improvement against the Standards is stated for a second time and another has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tony Feenan, Manager, the deputy manager and one other member of staff 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.

The findings of this inspection were discussed with senior inspectors in RQIA. It was decided that RQIA would invite the management of this home to a meeting so that enhanced feedback could be given. This would allow Trust staff to fully understand the improvements needed and to share with RQIA any plans in place for such improvements to be made. This meeting took place on 4 September 2020.

It was highlighted to Trust management that enforcement action may be considered if the necessary improvements were not made.

5.0 How we inspect

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

- notifiable events since the last care and medicines management inspections
- the registration status of the home
- written and verbal communication received since the last care and medicines management inspections
- the reports and returned QIPs of the last care and medicines management inspections

The following records were examined during the care inspection:

- duty rotas
- staff training
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- incidents and accidents reports

- activity planner
- one resident's care file
- annual satisfaction survey
- annual quality report for 2018-19
- fire safety checks

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

- staff training and competency in relation to medicines management
- medicine storage temperatures
- personal medication records
- medicine administration
- medicine receipt and disposal
- controlled drugs
- medicine management audits
- care plans related to medicines management

During the inspection the care inspector met with two residents individually and with others in groups, one resident's relative, the manager, the deputy manager and three members of care staff.

Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Six residents' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No questionnaires were completed by staff, residents or their relatives within the specified time frame.

The care inspector provided the deputy manager with 'Tell Us' cards to be given to visitors not present on the day of inspection to give them the opportunity to give feedback to RQIA regarding the quality of service provision.

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met. One area for improvement identified at the last care inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

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 the last care and medicines management inspections

The last care inspection was undertaken on 16 November 2019 and the last medicines management inspection was undertaken on 17 January 2018.

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
Area for improvement 1 Ref: Regulation 20 (1) (c) Stated: Second time	The registered person shall ensure that staff complete mandatory training in a timely manner.	Not met
	Action taken as confirmed during the inspection: Inspection of staff training records identified that most mandatory training was out of date.	
Area for improvement 2 Ref: Regulation 14 (4) Stated: Second time	The registered person shall ensure that staff who work in the home undertake and complete training in adult safeguarding procedures.	Met
	Action taken as confirmed during the inspection: Inspection of staff training records identified that this training was up to date.	
Area for improvement 3 Ref: Regulation 17 Stated: Second time	The registered person shall ensure that a robust system for the monitoring of the quality of care and services provided by the home is established.	Met
	Action taken as confirmed during the inspection: Inspection of documents submitted after the inspection established that this area was satisfactorily addressed.	

<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of documentation established that most events were correctly notified to RQIA; one significant event, however, was not notified.</p> <p>This area for improvement was not met and is therefore stated for the second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 24</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a systematic approach/planner is established regarding annual appraisal.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of records submitted after the inspection established that a systematic approach/planner was in place for annual appraisal of staff.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First 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"> • repair of the damp area and replacement of the wall tiles in one resident's shower room • refurbishment of the home's sluice room • provision of a hold open device linked to the home's fire safety system on the door to the dining room • draft-proofing of the emergency escape doors at the dining room • correct maintenance of the small enclosed garden and removal of litter and accumulations of fallen leaves 	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Inspection of the premises identified that the shower room was repaired and the dining room doors were draft-proofed. Examination of correspondence with Trust estates department personnel identified that the hold open device was not required; this was discussed with RQIA estates inspector who was in agreement with this.</p> <p>The two remaining areas for improvement were not met. Information submitted after the inspection confirmed that plans had been to address these.</p> <p>Two elements of the area for improvement are stated for the second time.</p>	
<p>Area for improvement 3 Ref: Standard 20.3 Stated: First time</p>	<p>The registered person shall ensure that an audit of staff registrations with NISCC and annual fee payments is carried out regularly.</p> <p>Action taken as confirmed during the inspection: Inspection of audits of staff registrations with NISCC and annual fee payments identified that these were completed; the frequency of these audits was discussed with the manager.</p>	Met
<p>Area for improvement 4 Ref: Standard 29 Stated: First time</p>	<p>The registered person shall ensure robust systems are put in place for the following:</p> <ul style="list-style-type: none"> • regular recorded fire checks • all staff to attend a fire drill at least annually <p>Action taken as confirmed during the inspection: Inspection of fire safety records identified that regular fire checks were recorded. Examination of records submitted after the inspection established that a system was put in place to ensure that all staff attend a fire drill at least annually.</p>	Met

Area for improvement 5 Ref: Standard 25.8 Stated: First time	The registered person shall ensure the following for staff team meetings: <ul style="list-style-type: none"> • an agenda is drawn up • minutes are prepared • a system is established for meeting minutes to be shared with any staff not present 	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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.	
Area for improvement 6 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that the home manager consistently signs that they receive and act upon the findings of the report of the visit by the registered provider.	Met
	Action taken as confirmed during the inspection: Inspection of reports of the visit by the registered provider confirmed that this area was addressed.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that the reason for and the outcome of the administration of “when required” medicines for distressed reactions is recorded on each occasion.	Met
	Action taken as confirmed during the inspection: Separate administration records are in place for these medicines. They detail when the medicine was administered, the reason why the medicine was needed and if this had been effective for the resident.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. The deputy manager advised that an activities co-ordinator, employed to provide 20 hours weekly, was due to commence in the near future and that planned activities took place in the dining room each evening.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

The Trust had created a deputy manager post in Bruce House. The deputy manager took up duties in June 2020 and a new manager started in post some three weeks prior to this inspection. We spoke with two senior care assistants who said that they had already seen how the new management arrangements in the home brought greater stability to the wider staff team.

We saw that some mandatory training was provided for staff. In discussion with the manager we were advised that training was disrupted due to the ongoing Coronavirus pandemic but that the Trust I.T. department was working to arrange for staff to attend training (see section 6.1). Staff had been provided with additional training in swallow awareness, diabetes, Mental Capacity Act, fraud awareness and Equality and Human Rights.

6.2.2 Infection prevention and control measures

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature and symptom check completed. We saw the records of temperature checks taken for care staff during the day, but we established that such checks were not in place for staff on night duty. This was discussed with the manager who agreed to ensure that this was addressed immediately.

Staff were able to describe in detail the arrangements made for visiting and this was confirmed by a visitor to the home.

Care 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 and were carrying out their duties.

PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We observed that staff used PPE according to the current guidance.

We saw that there were hand sanitiser dispensers on each corridor in the home. We discussed how additional dispensers would be of benefit so that staff could more easily access hand sanitiser. Information was later received that this was being arranged.

We observed that staff carried out hand hygiene at appropriate times. There was discussion with the manager about how staff ensured that residents had the opportunity to wash their hands before each mealtime in order to further reduce the potential for infection and saw that there was a good supply of hand wipes located in the dining room.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “It’s good here, I like it. I had a lovely lunch and I got plenty to eat. The food is good and we get lots of drinks. We are watching the horse racing today – I enjoy that.”
- “All’s good here!”
- “This is a nice place...the staff are good to me...I can chat to them and have a laugh. My room is nice and comfortable. I like it here.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones at the home.

We met with a relative who said, “I’m happy with the care my (relative) gets in Bruce House. The place is homely, the staff are very friendly and approachable and they keep good communication with me and my family. (My relative) has settled well and doesn’t tell me that she wants to leave. She has a lot of company and is comfortable with the staff.”

The relative raised with us that there was sometimes difficulty in contacting staff in the home by telephone as calls went unanswered. This was discussed with the manager who agreed to ensure that the correct contact details were available to relatives and to review the arrangements for staff to carry a mobile device.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. 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 for residents. We saw that staff were helpful and attentive to residents. We noted that the menu board showed only the options for breakfast and residents did not know what choices were available for lunch and evening meals. We later received confirmation that the menu boards were updated and now showed the daily choices available.

6.2.4 Care records

We reviewed the care file of one resident which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, dining and storage areas.

The home was decorated to a fair 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. Residents' bedrooms were found to be personalised with items of memorabilia and special interests.

We saw that some work had been done to prepare the walls for painting; staff told us that the painting was delayed due to the ongoing Covid-19 pandemic. We saw that the built in furniture in residents' bedrooms was in poor state, with handles missing. The waste paper bins in residents' bedrooms were uncovered. Evidence was later submitted that some painting had been completed and enclosed bins were provided. The issue relating to the built in furniture was identified as an area for improvement to comply with the Standards.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and the manager and deputy manager were available throughout the inspection process. The manager retained oversight of the home. All staff commented positively about the manager and described him as supportive, approachable and available for guidance and support.

We reviewed records which confirmed that there was a system of audits which covered areas such as hand hygiene, complaints and compliments, nutrition, IPC, annual care reviews, residents' meetings. These audits were designed to ensure that the manager had full oversight of all necessary areas. We noted that an audit of activities provided for residents was neither signed nor dated. We discussed with the manager the importance of completing a comprehensive and accurate system of audits.

We examined the reports of the visits by the registered provider for April, June and July 2020. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

With regard to making notification of any accidents and incidents to RQIA, it was identified that neither the manager nor deputy manager had been provided with access to the RQIA web portal. This was the responsibility of a senior trust manager; the manager agreed to ensure that this was requested as soon as possible.

We spoke with the manager who advised that no AccessNI enhanced disclosure application had yet been made for his current post. It is expected that all staff, regardless of their grade, is correctly vetted before they take up post. This was identified as an area for improvement to comply with the Regulations.

In a discussion with the previous manager about the number of bedrooms available for residents, RQIA had advised that a variation should be submitted to reduce the number of residents from 30 to 28 as some rooms, formerly used to accommodate two people, were now only used for one person. This was reiterated during the enhanced feedback meeting.

6.2.7 Medicines Management

6.2.7.1 Personal medication records and associated care plans

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP, medical consultant or the pharmacist.

Staff advised that residents in the home were registered with a GP and medicines were reviewed and dispensed by the community pharmacist; the majority of medicines were supplied in a monitored dosage system from which staff administered medicines. We acknowledged that staff were very familiar with the residents and resident's medicines management.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, transfers to hospital. We identified that these records were not up to date and some were incomplete. This could lead to an error when administering medicines to the resident or another healthcare professional receiving incomplete information on the medicines that were prescribed. These records must be used as part of the administration of medicines process and a checking system to ensure accuracy must be in place; this was further discussed with the management and staff. All handwritten entries, including updates, should be signed and verified by two trained staff. This was identified as an area for improvement to comply with the Regulations.

Copies of residents' prescriptions are retained in the home and staff confirmed that they are used to check that all prescribed medicines are available for administration. These copies should also be used to verify the accuracy of the personal medication records.

6.2.7.2 Medicine storage and record keeping

Medicines must be available to ensure that they are administered to residents as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access or administration of a discontinued medicine/medicine error.

A review of the records inspected showed that medicines were available for administration. Systems were in place to ensure that when low stock levels were identified, this was addressed. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. However, we identified that where medicines are supplied in seven day packs, the name and quantity of each medicine was not routinely recorded in the receipt of medicines record. This is necessary to ensure there are sufficient stock levels of medicines and also to facilitate the audit process.

Medicine storage areas were locked and all keys kept by the person responsible for medicines so that there could be no unauthorised access. This is safe practice. Areas were tidy and organised so that medicines belonging to each resident could be easily located. Controlled drugs were stored in the controlled drug cabinet. When medicines needed to be stored at a colder temperature, they were stored within the medicines refrigerator and the temperature of this refrigerator was monitored and recorded.

Medicines disposal was discussed. All unwanted or discontinued medicines are safely locked away, until they are returned to the community pharmacy. Disposal of medicine records were examined and had been completed so that all medicines could be accounted for. However, a more formal layout is necessary to ensure that all of the information is consistently recorded, including the reason for the disposal or transfer of the resident's medicine. The record keeping for the receipt and disposal of medicines was identified as an area for improvement to comply with the Standards.

6.2.7.3 Administration of medicines

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed or handwritten medicine administration records (MARs) when medicines are administered to a resident; these are filed away once completed. A review of a sample of these records found that where medicines are supplied in monitored dosage system, these were accurately maintained. However, we could not conclude if a number of topical medicines e.g. creams and ointments, had been administered as prescribed, as records were not up to date or fully completed. This was discussed in detail with staff, particularly in relation to one specific regime. This should be investigated and the outcome reported to RQIA. These medicines are prescribed to treat specific conditions and it is essential that staff can demonstrate that these medicines are being applied to the resident's skin as prescribed. These issues were identified as two areas for improvement to comply with the Regulations.

We also noted that handwritten entries on MARs were not routinely signed and verified by two trained staff. This is best practice to ensure the information is correct and for the safe administration of medicines; and should occur on each occasion that a handwritten update is made to the MAR. This issue was identified as an area for improvement to comply with the Standards.

Sometimes residents may refuse their medicines. We reviewed the systems in place to ensure that when this occurs on more than one occasion, it is recorded and reported to the relevant persons e.g. doctor for review. These systems were in place; staff advised that residents rarely refused their medicines.

To ensure that residents' medicines are being administered correctly, we were advised that management are responsible for completing monthly audits; and staff complete daily audits on specific medicines. The date of opening was recorded on all medicines so that they can be easily audited. This is good practice. We observed the audits completed by staff; however, were unable to view the audits completed by management. It was not clear if the management audits had been undertaken. The need for a robust auditing process is essential to ensure the safe management of medicines.

We completed several audits during the inspection and noted that the majority of medicines had been administered as prescribed; this included medicines supplied in the monitored dosage system and also other medicines, such as sachets, liquids, inhalers, eye drops. However, the audits showed discrepancies in a small number of medicines and were discussed with staff. This was identified as an area for improvement to comply with the Regulations.

6.2.7.4 Management of medicines on admission/re-admission to the home

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with a written list of medicines from the hospital or resident's GP. A sample of these lists was reviewed. The need for the personal medication records to be accurately written/rewritten was reiterated.

6.2.7.5 Medicine related incidents

Occasionally medicines incidents occur within care homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. To assist with this identification, a good audit process will enable staff to readily see where there are shortfalls in the system and/or medicine related incidents have occurred. As mentioned above, the audit process should be developed.

We discussed the medicine incidents which had occurred. These had been managed appropriately. Following discussion it was evident that staff were familiar with the types of incidents that should be reported to RQIA.

6.2.7.6 Medicines management training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

There was evidence that staff responsible for medicines management had received induction training and ongoing refresher training. The deputy manager described the recent work in progressing the supervision, training and competency of staff. Staff responsible for medicines had received updated training this month and competency assessments were completed for most staff with the aim for completion by 27 August 2020. We acknowledged that many senior care assistants had worked in the home for several years and were very familiar with their roles and responsibilities and with the residents' personal and healthcare needs.

In addition to training of staff, the Trust must ensure that up to date policies and procedures for the safe management of medicines are in place and that all staff are aware of them and adhere to them. Staff confirmed that these policies were available for staff reference.

As we identified areas for improvement, it was recommended that the QIP from inspections are shared with staff and used as part of the governance and audit processes to ensure the necessary improvement is sustained. This issue was identified as an area for improvement to comply with the Standards.

Areas of good practice

Good practice was found throughout the inspection in relation to the cleanliness of the home, the quality of care records and the kindness and compassion of all staff in their interactions with the residents. Most of the residents had been administered their medicines as prescribed and staff were knowledgeable regarding the residents' medicines.

Areas for improvement

We identified a number of new areas for improvement. These were in relation to AccessNI enhanced disclosures for new staff and replacement of built in furniture in residents' bedrooms, the standard of record keeping regarding personal medication records, administration of topical medicines, receipt and disposal of medicines records and auditing arrangements for medicines management.

	Regulations	Standards
Total number of areas for improvement	5	4

6.3 Conclusion

Whilst new areas for improvement were identified and some were stated for the second or third time, we received sufficient assurance from the meeting with Trust managers that there were robust plans in place to address each issue.

We can conclude that overall, with the exception of a small number of medicines, residents were being administered their medicines as prescribed by their doctor. It was identified that robust arrangements were not in place for the governance and audit of medicines management. Whilst we acknowledge that the manager and deputy manager are new to the home and are in the process of developing and adopting new systems, the necessary improvements will take time. There was constructive discussion about how improvements could be achieved and advice was given.

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, the deputy manager and one other member of staff, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: Third time</p> <p>To be completed by: 30 November 2020</p>	<p>The registered person shall ensure that staff complete mandatory training in a timely manner.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Individual training records are available for each staff member in Bruce house. A training matrix is in place and updated on a monthly basis. The matrix provides the manager with an analysis of current staff training and strategies are implemented based on an early alert system on the training matrix to meet the training requirement. Outstanding training is monitored by senior care staff to achieve monthly target dates with the care assistants for the completion of training to occur and communicated to the manager. Mandatory training is a standing agenda on the monthly Team meetings and is discussed during one to one supervision.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Senior care staff have been provided with a copy of the RQIA Notification of Incidents and Deaths protocol and are aware of the importance of both prompt and appropriate reporting procedures. Copies were provided to the senior care team on the 08/09/2020. The manager maintains a spreadsheet of incidents referred to RQIA and communicates with the senior team regarding updates required. Access for Bruce House team via the Web portal has been reviewed by the Service Manager to ensure appropriate access is provided for staff. Manager has added 'RQIA Email Alerts' to the senior staff daily handover of duties to ensure there is a checking process in place.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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> <p>Ref: 6.2.6</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken: An audit of the Access NI checks on all staff within Bruce House has been undertaken by the BHSCT HR department.</p> <p>Recruitment checks including Access NI disclosures are managed by BSO prior to a post being offered to a potential staff member. An email to confirm receipt of acceptable recruitment checks is forwarded to the manager from BSO prior to appointment of any new staff. A copy of this email is retained in the staff members personnel file.</p> <p>The registered person shall ensure that personal medication records are fully and accurately maintained at all times.</p> <p>Ref: 6.2.7.1</p> <p>Response by registered person detailing the actions taken: Monthly medication audits are undertaken by the manager within Bruce House to provide assurance of compliance to administration of medication and recording standards.</p> <p>There is a written process in place to guide staff regarding updating of medication records in a timely manner following a change to prescribed medications. Actions from the weekly audits are reviewed by the Deputy manager and escalated to the manager. Investigations are shared with the senior team for learning. There is a system in place to provide additional training opportunities BHSCT pharmacist provided support and medication management training on the 12/10/2020. In addition, medication management competency banding assessment is planned for Band 5 senior staff.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2020</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> <p>Ref: 6.2.7.3</p> <p>Response by registered person detailing the actions taken: A report has been prepared by the manager in relation to application of creams, body mapping and area for administration of specific creams prescribed. Actions have been taken and learning shared within the team. The report has been forwarded by the manager to RQIA via the web portal</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure robust systems are in place for the management of prescribed topical preparations.</p> <p>Ref: 6.2.7.3</p> <p>Response by registered person detailing the actions taken: Monthly management medication audits are ongoing and medication policy and procedures are in place. There are robust guidelines in place following learning regarding the ordering management, storage, application, disposal and recording of all topical preparations.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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> <p>Ref: 6.2.7.3</p> <p>Response by registered person detailing the actions taken: Bruce House has commenced the rolling out of new Residential Home audit programme that was recently introduced within the service. The manager is overseeing the implementation of the auditing system which is undertaken on a daily, weekly and monthly cycle. The senior care staff undertake the daily weekly auditing processes to ensure any issues arising are actioned in a timely manner. The manager auditing processed ensures quality standards are maintained within Bruce house. The deputy manager shares the audit outcome with staff and an action plan with a timeframe is agreed with senior staff. Audits and outcomes are discussed at senior meetings and 1:1 supervisions. Concerns regarding practice are addressed with individual staff member to determine staff competency and training opportunities are identified.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2020</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"> • refurbishment of the home's sluice room • correct maintenance of the small enclosed garden and removal of litter and accumulations of fallen leaves <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The refurbishment of the sluice room is with the design team and date for commencement of the work has been sought.. The maintenance of the small enclosed garden in Bruce house was actioned by estates services. Photographs were provided as evidence in the Action Plan submitted to RQIA on 04.09.2020.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure the following for staff team meetings:</p> <ul style="list-style-type: none"> • an agenda is drawn up • minutes are prepared • a system is established for meeting minutes to be shared with any staff not present <p>Ref: 6.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 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: 6.2.5</p> <p>Response by registered person detailing the actions taken: A business case has been pursued with support of Estates Department to request funding for built in furniture within the residents bedrooms, new seating and replacement curtains within the home.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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> <p>Ref: 6.2.7.2</p> <p>Response by registered person detailing the actions taken: New processes have been developed to ensure that medications coming into the home are accounted for and prescribed for individual residents. Documentation has been reviewed to ensure medications & treatment are provided in a timely manner for residents following discharge from hospital. There is a process in place to guide staff regarding confirmation of new medication / treatments with the GP on discharge from hospital (in & out of hours). The written process ensures checking mechanisms are in place for medications coming into and going out of the home eg discharge from the home, transfer to another home or discontinued medications. Two staff are required to provide evidence of the checks undertaken and provide signatures. The auditing processes within Bruce House provide assurances the appropriate checks are carried out for medication coming into and going out of the home.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate 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: 6.2.7.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken: Assurances are provided by the monthly audits that entries on personal medication administration records are signed only by two trained staff. The manager ensures a list of trained staff signatures are maintained and updated as new staff join the team to provide evidence of signatures for reference.</p> <hr/> <p>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.</p> <p>Ref: 6.2.7.6</p> <hr/> <p>Response by registered person detailing the actions taken: The QIP is shared with all members of the care team in Bruce House. Trust Pharmacist has received a copy of the QIP to guide the service improvement relating to medication management. The inspection report / QIP is provided for the team to read and discussed at Team meetings and the action plan for improvement is shared to support team ownership of the quality improvements required within the service. A copy of the action plan for Bruce House has been shared with all staff arising from the initial inspection.</p>

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