



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Bruce House
Establishment ID No:	10059
Date of Inspection:	21 May 2014
Inspector's Name:	Lorna Conn
Inspection No:	16807

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Bruce House
Address:	6a Duncairn Avenue Belfast BT14 6BP
Telephone Number:	028 95040570
E mail Address:	stephen.dunne@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust Mr Colm Donaghy
Registered Manager:	Mr Stephen Dunne
Person in Charge of the home at the time of Inspection:	Mr Stephen Dunne
Categories of Care:	RC-DE, RC-A
Number of Registered Places:	30
Number of Residents Accommodated on Day of Inspection:	26
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	4 December 2013, Primary announced inspection
Date and time of inspection:	21 May 2014, 1:40 pm - 4:50 pm
Name of Inspector:	Lorna Conn

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Visual Inspection of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Bruce House is a purpose built residential home for older people with dementia. It was opened in 1987 and is situated in North Belfast, close to the lower Antrim Road. It was originally designed and built to the 'race track' model.

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

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

Community Services provided by this home are day care services.

SUMMARY

This is a summary of a secondary unannounced care inspection of Bruce House Residential Care Home. The inspection was undertaken on 21 May 2014 from 1:40pm-4:50pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection. Verbal feedback was given at the end of the inspection to Mr Stephen Dunne, the registered manager.

On arrival the inspector was welcomed by Mr Stephen Dunne, the registered manager. The inspector viewed parts of the home accompanied and also alone during the inspection. The home was found to be clean, tidy but the décor and the external courtyard was noted to be in need of attention. One new requirement regarding the maintenance of the external courtyard and one new recommendation regarding lighting and signage were made following this inspection.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found that one requirement and six recommendations were compliant. One requirement concerning the decor and one recommendation regarding the care planning were rated as moving towards compliance. These have been stated on a second occasion. Two recommendations were not able to be examined due to the absence of recruitment and complaints and these will be inspected at the next inspection.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were no visiting professionals or relatives present in the home during the inspection.

The inspector spoke privately to a range of grades of staff on duty. Staff made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the registered manager; residents and staff throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (2) (d)	The registered person shall ensure that all parts of the home are reasonably decorated.	The inspector was advised that painting had just commenced in one of the corridors on the day prior to this inspection. Significant areas of the home still require re-decoration and this is stated on a second occasion.	Moving towards Compliance
2.	27 (4) (a)	The registered person shall ensure that the fire risk assessment and management plan is actioned when necessary and in a timely manner.	This was confirmed to the care inspector and the estates inspector post the last inspection. An estates inspection by RQIA occurred on 31 March 2014 and a report was issued under separate cover.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.3	The registered person is recommended to ensure that a copy is kept of the written review report prepared by staff in consultation with the resident and provided for the review meeting.	All resident reviews held since the last inspection were examined and these files were all found to contain a written review report prepared by staff.	Compliant
2.	11.5	The registered person is recommended to ensure that review minute records are requested from the Trust.	All resident reviews held since the last inspection were examined and these files were all found to include review minute records.	Compliant
3.	11.6	The registered person is recommended to ensure that resident/relative is provided with a copy of the revised plan in a format and language appropriate to their needs.	The inspector was advised that all care plans are undergoing review in terms of content and format. Therefore, these have not yet been provided to residents/relatives. This is stated on a second occasion.	Moving towards Compliance
4.	16.7	The registered person is recommended to ensure that written communication is sought from the Trust regarding the final outcome of one identified incident.	Written communication was available to evidence that this had occurred.	Compliant

5.	19.4	The registered person is recommended to review the recruitment information held on site and ensure information is available for inspection purposes to verify that all the information stipulated within regulation 21; schedule 2 and standard 19.4 has been issued.	Written confirmation was located on site to verify that all of the recommended information was now captured.	Compliant
6.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, could be involved in the recruitment process.	There had been no new recruitment since the last inspection and so this will be examined at the next inspection.	Not examined
7.	12.1 & 12.3	The registered person is recommended to review the meal provision to ensure residents are provided with a varied diet which meets their individual recorded dietary needs and preferences.	The manager had reviewed the meals ordered and had been monitoring the quality of food. Observation of food stores and discussions with staff confirmed that improved snacks and refreshments had been provided to compliment the cook-chilled meals provision.	Compliant
8.	17.10 & 17.14	The registered person is recommended to ensure that all informal complaints are recorded within the summary of complaints made available to RQIA.	There were no recorded complaints since the last inspection. This will be examined at the next inspection.	Not examined
9.	29.4	The registered person is recommended to confirm that all staff have received fire safety training from a competent person at least twice per year.	Records of staff training which were reviewed indicated that all staff had fire safety training from a competent person at least twice per year.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met many of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'It's very good here. Whatever I want I get'.

'He's one of the best. I love him'. (Comment made regarding a staff member)

'I enjoy it here'.

'Everything is going great'.

Visiting professionals' views

There were no visiting professionals present in the home at the time of the inspection.

Visitors/ Relatives views

There were no visitors/relatives present in the home at the time of the inspection.

Staff views

During the inspection the inspector met with four staff of different grades that were on duty. They all made complimentary comments regarding the care and the training and support they received. Staff comments included:-

'It's quite settled here at the minute. The care is good and I'm happy enough'.

'The team works pretty well together and the training's very good. The care is good and staff are attentive'.

'I have no concerns. Everything is going ok and it's good to see the re-decoration has started'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be adequately furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming. The redecoration of the home had started which was good to note as the décor was rather tired throughout. This was subject to a requirement at the last inspection and this has been re-stated. The paving in the external enclosed courtyard was noted to be uneven in places with raised edges which could lead to an increased risk of trips and falls. A requirement was made regarding this and is detailed within the attached QIP. The recommendations of the dementia audit were discussed with the registered manager and a recommendation was made regarding addressing lighting and signage issues as identified within this audit.

Observation of Care practices

The inspector also observed staff interacting appropriately with residents during the course of the inspection. Staff interactions with residents were observed to be unhurried, respectful, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed. Fire safety training had been provided for staff. The home was subject to a RQIA estates inspection on 31 March 2014 and a report was issued recently under separate cover.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Stephen Dunne, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Bruce House

21 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Stephen Dunne during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (d)	<p>The registered person shall ensure that all parts of the home are reasonably decorated.</p> <p>(Standard 27.1)</p>	Twice	Redecoration of the home has commenced. All walls ceilings and skirtings have been completed. Further work is ongoing with the painting of architraves and doors.	By 21 August 2014.
2.	27 (2) (o) & 14 (2)(a)(c)	<p>The registered person shall ensure that the surface of the external courtyard is made safe and appropriately maintained.</p> <p>(Standard 27.5)</p>	Once	The registered manager has submitted a capital bid for the work to be completed. This work has been assessed by the contractor. The courtyard has been risk assessed by the registered manager to minimise risk to all who utilise it.	By 21 August 2014.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.6	The registered person is recommended to ensure that resident/relative is provided with a copy of the revised plan in a format and language appropriate to their needs.	Twice	All residents/relatives have a copy of the revised plan of care and evidence of this is found in the notes. New care plans devised by manager will be reviewed with relative/resident before being put in place. As discussed with inspector via phone 26-06-14 these were not reviewed during inspection.	By 21 July 2014.
2.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, could be involved in the recruitment process.	Once	The registered manager has included in the satisfaction survey an area for residents/relatives to suggest questions for the interview process.	By 21 November 2014.
3.	17.10 & 17.14	The registered person is recommended to ensure that all informal complaints are recorded within the summary of complaints made available to RQIA.	Once	All complaints are documented in the complaints folder held in managers office. Up to date complaints audits are included in this folder along with resolutions for each complaint as per standard 17. During unannounced inspection complaints were not examined/reviewed .	By 21 November 2014.

4.	Dementia Design Standards	The registered person is recommended to review the dementia design audit regarding lighting and signage in order to make improvements in respect of the needs of residents with dementia.	Once	This has been completed. Signage is now in the unit awaiting the doors to be painted before these can be erected. The registered manager has requested from the estates department a costing for replacement of lighting in corridors, offices and communal areas.	By 21 November 2014.
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Stephen Dunne
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	18 August 2014
Further information requested from provider			