

Unannounced Care Inspection Report 26 July 2016



Bruce House

Type of service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast, BT14 6BP
Tel No: 028 9504 0570
Inspector: Patricia Galbraith

1.0 Summary

An unannounced inspection of Bruce House took place on 26 July 2016 from 11.10 to 17.05.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

No requirements or recommendations were stated in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents, and providing residents with individual opportunities to maintain community links.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of a well led service. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Karen Smyth, senior carer as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent estates inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Colin Thomas Morgan - Acting
Person in charge of the home at the time of inspection: Karen Johnston senior carer	Date manager registered: Acting Manger
Categories of care: A – Past or present alcohol dependence DE – Dementia	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, notifications of accidents and incidents submitted to RQIA since the previous care inspection and complaints returns.

During the inspection the inspector met with 11 residents, five care staff, and the senior carer in charge on the day of the inspection and one visiting professional nurse from the Dementia team. There were no visitors/representatives present during the period of the inspection.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives'
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 June 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: 12 November 2015	<p>The registered person must ensure that the toilets are reasonably decorated and fit for purpose. It should be noted that should this requirement be made on a third occasion then possible enforcement action may ensue.</p> <p>Action taken as confirmed during the inspection: The toilets were inspected and all had been decorated and fit for purpose.</p>	Met
Requirement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 6 August 2015	<p>The registered person must ensure the Fire Safety Risk Assessment is completed to meet regulation.</p> <p>Action taken as confirmed during the inspection: The fire safety risk assessment had been updated.</p>	Met

Requirement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 12 November 2015	The registered person must ensure environmental issues are addressed <ul style="list-style-type: none"> the shower rooms are urgently decorated and fittings are fit for purpose. the walls and plaster flaking in the rooms identified to the acting manager are urgently attended to. 	Met
	Action taken as confirmed during the inspection: The showers were inspected and had been refurbished, decorated and fit for purpose.	

4.3 Is care safe?

The senior carer confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- x 1 senior care assistant
- x 3 care assistants
- x 1 domestic
- x1 Cook
- x1 laundry assistant

One senior carer and three care assistants were due to be on duty later in the day. One senior carer and two care assistants were due to be on night duty.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The senior carer confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. There had also been further update training in this area was planned for staff to be held on 8 September 2016.

Discussion with the senior carer, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior carer confirmed that restrictive practices were employed within the home, notably locked doors, keypad entry systems, lap belts, etc. Discussion with the senior carer confirmed such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of four records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

On the day of inspection a nurse from the Dementia team had visited the home to ensure the residents discharge from hospital had gone well. The discharge team had also provided a very detailed plan of care for the resident and was ensuring transition to the home for the resident had been completed efficiently and effectively to support resident, relatives and staff.

The senior carer and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public health agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The home has had a major refurbishment of toilets and bathrooms, the corridors had been painted and new curtains had been put up. The senior carer also in discussion confirmed that there is a plan in place to have residents' rooms redecorated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. The patio area of the home had new furniture bought. Discussion with the senior carer confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 22 July 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed the last one had taken place on 18/05/16. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Two completed questionnaires were returned to RQIA from resident's representatives and staff. Representative commented:

- I miss my relative so much but I know he/she is being cared for and this is because of the lovely staff and a very good manager. My thanks to them all.

Areas for improvement

There were no areas identified for improvement

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The senior carer confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report which included plans to redecorate resident's bedrooms.

The senior carer confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and/or their representative meetings were available for inspection. The last residents meeting was dated 20 July 2016. Residents had requested that they have a night planned that they can get a carry out of fish and chips, they would also like tray bakes to be provided. The senior carer confirmed that this was to be looked into and provided for residents.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The senior carer confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity who required specialist supports.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The senior carer confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents were involved in the reorganisation of the patio area of the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home celebrated being opened for 30 years, a party had been organised for residents their family and staff.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. The homes activities board had included pictorial images as well as words to ensure residents were fully informed.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Annual satisfactory questionnaires had been sent out and completed in February 2016. These were reviewed and residents' opinions had been taken on board. The outcome of these findings was a plan to redecorate resident's bedrooms.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The senior carer confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The senior carer confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The senior carer confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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