

# Inspection Report

4 April 2024



## Bruce House

**Type of Service: Residential Care Home**

**Address: 6a Duncairn Avenue,  
Belfast, Belfast**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual</b> Dr Catherine Jack	<b>Registered Manager:</b> Miss Mary Jo Markey – not registered
<b>Person in charge at the time of inspection:</b> Miss Mary Jo Markey	<b>Number of registered places:</b> 26
<b>Categories of care:</b>  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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 26 residents. All residents have access to communal bathrooms, lounges, a dining room and an enclosed garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 April 2024, from 9 am to 5 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents' relatives said that they were happy with the care being provided in Bruce House and expressed no concerns.

Two new areas for improvement were identified in relation to Mental Capacity Act Training and the updating of risk assessments and care plans to reflect residents wishes and abilities with regards to call bells in their bedrooms.

RQIA were assured that the delivery of care and service provided in Bruce House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Bruce House.

### **3.0 How we inspect**

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

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

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

Questionnaires were provided after the inspection to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home.

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

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

The findings of the inspection were discussed with Miss Mary-Jo Markey, manager and Mrs Ashlyn Foster, assistant service manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents told us that they were happy living in Bruce House. Residents' comments included, "Yes, this place is lovely, it's all very good, I have no complaints," and "This is a good place, the staff are nice and the food is excellent"

Staff spoke positively in terms of the provision of care in the home. One staff member said, "I love this place, there is really good communication between staff, that is really important."

One residents' relative told us "I am very happy with the care given here, I have no complaints," another relative told us, "this place is great; I have no complaints."

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received included, "The home is fantastic," one complement referred to the "dedication and hard work" of the staff.

## **5.0 The inspection**

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

The last inspection to Bruce House was undertaken on 12 June 2023 by a care inspector no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

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

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

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed a wide range of mandatory training, however, Mental Capacity Act (MCA) training was out of date for a number of staff. This was discussed with the manager and an area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "our new manager is very supportive."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

Residents said that they were happy in the home and described staff as "all very good" and "excellent."

One residents' relative said "the staff are amazing; they are very kind – every single one of them."

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within the home.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

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

There was evidence that residents' needs in relation to nutrition were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records are reviewed to ensure residents received the correct consistency of diet.

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

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. The menu for the day was on display and both residents and staff confirmed that choices for meals were always offered.

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

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence of a person centred approach throughout care records. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. One residents' relative told us "I am kept up to date when needed."

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. Residents care plans and falls risk assessment were updated appropriately.

There was evidence that residents' weights were checked on a regular basis to monitor weight loss or gain. The manager confirmed that onward referrals were made when concerns were raised with regards to significant fluctuations in weight.

It was observed that, in some residents' bedrooms, there was no call bell lead in place for residents to summon assistance if and when required. The manager told us that some residents were unable to use these leads and that the leads could be a ligature risk. The manager explained how this was managed and said that staff routinely carried out regular observations to ensure that all residents were safe and well. However, this was not detailed in the residents' care records and there was no formal protocol in place to guide staff in the absence of a suitable system.

The lack of a suitable call bell system in the bedrooms was brought to the attention of the senior manager for information and appropriate action. It was agreed that risk assessments and care plans would be updated to reflect residents wishes and the absence of leads. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was filed in the residents' individual file.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

One residents' told us "this place is very clean, there are no concerns."

One of the outside courtyards was in need of attention, this was discussed with the manager during feedback. The manager confirmed that this had been requested from the organisation's estates department and was in the process of being arranged, therefore an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 7 March 2024; actions from this assessment are in the process of being addressed.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents indicated that they were happy living in Bruce House. Residents' and relatives commented positively about activity co-ordinator, describing her as kind and caring.

The activity co-ordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents. A monthly newsletter is made available for both residents' and their families detailing both recent and upcoming events.

Staff recognised the importance of maintaining good communication with families, all visiting family members confirmed that the communication from the home was very good.

#### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Mary-Jo Markey has been the Temporary Manager of the home since 15 March 2024.

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

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

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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

Staff commented positively about the manager and the deputy manager and described them as supportive.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Mary-Jo Markey, Manager and Mrs Ashlyn Foster, Assistant Service Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that staff receive refresher Mental Capacity Act training, in line with their roles and responsibilities.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager has ensured that all staff have completed/booked Mental Capacity Act training at a level appropriate to their job role. Compliance with the training will be monitored by the Assistant Service Manager during monthly Regulation 29 visit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2024</p>	<p>The registered person shall ensure that risk assessments reflect residents’ preferences and abilities with regards to the use of call bell leads in their bedrooms.</p> <p>Ref 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager will risk assess all residents to reflect individual preferences and ability to use a call bell in their bedroom. Risk assessments will be updated to reflect the individual needs of residents. Risk assessments will be reviewed by the Assistant Service Manager during monthly Regulation 29 visit</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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