The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bruce House**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **6 May 2025**

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

1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual:	Maureen Edwards
Registered Manager:	Hilary Hasson
Service Profile – This home is a registered residential care home which provides health and social care for up to 26 residents living with dementia, and up to two residents who live with alcohol dependence.. 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 6 May 2025, between 9.35 am and 5.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "very nice" and "lovely". Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding. Residents were observed chatting with staff and enjoying a joke with them throughout the day.

One residents' relative said, "the staff here are friendly, there is great communication from them, I am very happy with the care."

One staff member said, "I love my job, there is good team work here and the manager is amazing."

Recent feedback from relatives to the home all indicated that they were happy with the care provided. Comments included, "staff are caring and approachable," "extremely pleasant staff," and "this is a home from home."

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff were observed chatting and joking with residents in the lounge and dining areas. Staff responded to requests for assistance in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff confirmed that they attended safety briefings and staff huddles to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

A review of records confirmed that residents were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

Observation of both the breakfast and the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning musical activity confirmed that staff knew and understood residents' preferences and wishes. Staff were observed supporting residents to participate in planned activities or to remain in their bedroom with their chosen activity such as watching TV or waiting for their visitors to come. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, however, some records were not up to date and did not reflect the residents' current needs. For example, for one resident who required one-to-one supervision, this was not correctly documented in the care plan. An area for improvement was identified.

Documentation with regards to personal care was found to be inconsistent with inaccurate dates recorded in several areas. In addition to this, despite despite activities taking place in the home there was no recorded evidence of this in the daily care notes. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

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

It was noted that some areas in the home were showing signs of wear and tear, for example flooring in some areas of the home needed to be replaced. This was discussed with the management team during the inspection. Evidence was provided that a plan for new flooring was in place. This will be reviewed at a future inspection.

The home was designed to support residents living with dementia. For example; the home was well lit with easy read signage and contrasting colours of furniture and walls throughout.

Staff were observed using PPE in accordance with the regional guidance. However; on the day of the inspection, staff did not take the opportunity to demonstrate hand hygiene measures at the appropriate times, for example, during the lunch time meal staff did not take the opportunity to use hand hygiene measures after physical contact with residents. This was discussed with the manager for action and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Hilary Hanson has been the manager in this home since 18 November 2024. The manager has confirmed her intention to register with RQIA.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One staff member said, “we have a fantastic manager, she is always checking in with you.”

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 30 June 2025	The registered person shall ensure that, all care records are up to date and reflect the current needs of the resident. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure that all care records are audited on a weekly basis, with the ASM also auditing a sample of care records during the monthly Regulation 29 visit to ensure that all records are up to date and reflect the current needs of the resident.
Area for improvement 2 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 6 May 2025	The registered person shall ensure that all documentation is accurate and up to date. This is with specific reference to personal care records and the recording of activities.
	Response by registered person detailing the actions taken: The registered person shall ensure that all documentation relating to personal care records and recording of activities is accurate and up to date through weekly auditing of all records. A sample of these records will also be reviewed by the ASM during the monthly Regulation 29 visit.
Area for improvement 3 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 6 May 2025	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff carryout effective hand hygiene measures at appropriate times. Ref:3.3.4
	Response by registered person detailing the actions taken: The registered person shall carry out daily hand hygiene audits to ensure staff demonstrate all opportunities to undertake hand hygiene measures at the appropriate times after physical contact with residents. Additional audits will be carried out during visits by the Nurse Development Lead for the service area and will be reviewed by the ASM during the monthly Regulation 29 visit.

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

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