The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Bruce House

Provider: Belfast Health and Social Care Trust

Date of Inspection: 24 February 2026

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 Health and Social Care Trust
Responsible Individual:	Jennifer Welsh
Registered Manager:	Anna Kennan, not registered

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 lounges, bathrooms, a dining room and an enclosed garden area.

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026, from 10.00 am to 5.00 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 inspection 6 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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.

Some staff raised concerns about the turnover of managers in the home and the high use of agency staff to cover vacant shifts.

Details were shared with the management team who confirmed that they were aware of this and were taking steps to address the staffing and management issue.

As a result of this inspection, all areas for improvement from the last inspection 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 residents, 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 "Good" and "Nice." Residents spoken with said that they were happy living in Bruce House. Comments included, "I like it here, they are very good to you," and "The staff are very good to us." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home; discussion with visitors to the home confirmed this. Further comments from visitors were shared with the management team for review and action if required.

Some staff raised concerns about the use of agency staff in the home and the high turnover of managers. Details were shared with the management team who confirmed that they would be carrying out a recruitment drive for staff and for a permanent manager in the home. This is further discussed in section 3.3.1.

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.

Discussion with staff on duty confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions for agency staff were not fully completed or robust. For example, gaps were noted throughout the induction paperwork and signatures were missing and in some of the records. An area for improvement was identified.

Systems were in place for staff appraisal; however, a number of staff had not received planned supervision on a regular basis. An area for improvement was identified.

Residents and their visitors mostly commented positively about the staff in the home.

Examination of the duty rota and discussions with staff confirmed that the home relied on agency staff to cover vacant posts in the home. Staff expressed concerns about the reliance on agency staff. Staff also expressed concerns regarding the high turnover of managers in the home, comments included, “There has been lots of changes in management, staffing is very unsettled,” “The staffing levels are ok, but the changes in management is unsettling” and “Although there is enough staff there is a lot of agency staff used.” Other comments from staff were shared with the manager for their review and action if required.

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 pauses’ prior to mealtimes 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.

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, the planning of activities and the provision of meals.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A sample of care records such as risk assessments in relation to falls were found to be under regular review.

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

Whilst we observed positive interactions between residents and staff, interactions during the lunchtime experience were task driven and generally not tailored to the resident as an individual. This was discussed with the management team for review and action if required.

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 supported residents to participate in planned activities or to remain in their bedroom with their chosen activity such as listening to music or waiting for their visitors to come.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and a monthly newsletter was made available to residents and their families advising of future and past events.

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.

It was noted that the homes archive room was open on three different occasions with access to residents' records. This was discussed with the management team for immediate action. An area for improvement was identified.

Care records were mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

Care records reviewed in relation to those residents who required a Deprivation of Liberty Safeguards (DoLS) evidenced that care plans lacked sufficient detail to direct the required care. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

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

Incontinence products were being stored open and on top of toilet cisterns, an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment, and staff practice to ensure compliance. However, some staff were not bare below the elbow, which is not in accordance with good practice in infection prevention and control. 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. Ms Anna Kennan has been the acting manager of this home since 13 January 2026.

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.

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	1	5

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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (b) **Stated:** First Time **To be completed by:** 24 February 2026	The registered person shall ensure that confidential information relating to residents are safely secured at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: Immediate action was taken by the registered person to ensure all confidential resident information is securely stored at all times. The archive room is now kept locked when not in use, with access restricted to authorised staff only. Compliance is monitored daily during regular environmental checks by the registered person, and monthly during the ASM regulation 29 visit to ensure records remain secure at all times. Staff have been reminded of their responsibilities regarding information governance and confidentiality and work is ongoing to ensure 100% compliance with data protection training.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure that all staff receive a structured, robust induction. Records must be signed and maintained to evidence managerial review and oversight. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person has put in place a structured and robust induction programme for all staff, including agency staff. All required sections are completed in full, signed and dated. Managerial oversight has been strengthened, with completed induction records reviewed and countersigned by the manager to evidence compliance and reviewed by the ASM during the monthly regulation 29 visit.
Area for improvement 2 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person shall ensure that all staff receive individual, formal supervision, as recommended by RQIA, no less than every six months. A supervision schedule is now in place and monitored by the manager weekly and by the ASM monthly during the regulation 29 visit. Records of supervision are maintained within

	staff files to evidence completion and oversight. Any outstanding supervisions have been prioritised and addressed.
Area for improvement 3 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that care plans in relation to Deprivation of Liberty Safeguards contain sufficient detail as to direct the care required. Ref 3.3.3
	Response by registered person detailing the actions taken: The registered person has reviewed resident care plans in relation to Deprivation of Liberty Safeguards to ensure they contain sufficient detail to clearly direct the care required. Staff have been reminded of the importance of detailed, person-centred documentation. Ongoing audits of care plans are undertaken by the ASM during monthly regulation 29 visits to ensure continued compliance and quality.
Area for Improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 March 2025	The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to, but not limited to, incontinence pad storage in the home, and storage areas. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person ensured that immediate action was taken to address storage of incontinence products. Products are now stored appropriately in the designated storage area to minimise the risk of infection. The environment continues to be monitored through regular infection prevention and control checks to ensure safe storage practices are maintained.
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow .. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has reminded all staff, including agency staff, of their responsibility to adhere to the Northern Ireland Regional Infection Prevention and Control Manual, specifically the requirement to be bare below the elbow. This has been reinforced through supervision and daily management oversight. Compliance is monitored routinely with audits completed weekly by the registered person, and monthly by the ASM. Any non-compliance is addressed promptly.

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