

Inspection Report

Name of Service:	Bruce House
Provider:	Belfast Health and Social Care Trust
Date of Inspection:	20 July 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:	Thomas McCorry, 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 20 July 2026, between 9.25 am and 5.50 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 24 February 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of; the care delivery, the completion of care records, the environment and the review of staffing levels within the home.

Residents, staff and visitors raised concerns regarding staffing levels in the home and the high use of agency staff. Refer to Sections 3.2 and 3.3.1 for details.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider and two areas for improvement have been stated for a second time.

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". Residents spoken with said that they were happy living in Bruce House. Comments included, "It's very nice, the staff are lovely," "It is a very nice place," and "The staff are very good to us." Some residents expressed concerns regarding staffing levels, comments included, "Not enough staff, sometimes you have to wait" and "they need more staff." Staffing is discussed further in section 3.3.1.

Residents who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff said there was good teamwork within the home. However, a number of staff expressed concerns about staffing levels and the use of agency staff in the home. Specific feedback was discussed in detail with the manager throughout the inspection and during feedback. The manager confirmed that he was aware of these concerns and posts had been advertised.

A visitor in the home commented on the number of agency staff employed in the home, comments were shared with the manager for review and action.

A professional visiting the home commented on the "Good communication" within the home and commented that she felt that "Staff were very attuned to the resident's needs."

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. Concerns were identified regarding the oversight of the recruitment checklist; one checklist had not been completed and the records suggested that the staff member started in employment before an Access NI check had been completed. This was discussed with the manager who provided assurances that the Access NI check had been completed prior to the staff member commencing employment in the home and the date on the checklist was incorrect. An area for improvement was identified.

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 both permanent and agency staff were not fully completed or robust and; in some cases, signed off in one day. Gaps were noted throughout the induction paperwork, signatures were missing and in one agency induction, there was no evidence that identity had been checked prior to the agency staff member commencing employment in the home. An area for improvement was stated for a second time.

On the day of the inspection, due to unexpected staff absence the home had fallen below the planned staffing levels. Discussion with both staff and residents indicated that this was a regular occurrence. As discussed in section 3.2 residents and staff raised concerns about the staffing levels 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 and relatives expressed concerns about the reliance on agency staff. Staff also expressed concerns regarding the high turnover of managers in the home, comments included, "There is a shortage of staff in the home," "There is not enough staff, it is mostly agency staff," and "We need more staff, there is not enough." Discussion with the manager confirmed that recruitment was ongoing and that posts were due to be offered out to prospective applicants. Given these assurances an area for improvement was not identified at this time and this will be reviewed at the next inspection. Further discussion on one to one arrangement is discussed in section 3.3.2.

Systems were in place for staff appraisal and supervision; although all staff have received both formal supervision and appraisal within the last six months, this is not in line with the homes own policies and procedures. This is discussed further in section 3.3.5.

Review of staff training evidenced that two staff had not completed their mandatory fire training within the required timeframe, this was discussed during the inspection and these staff have now been booked on to the next available training.

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.

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. For example, staff were observed supporting residents who had become unsettled throughout the day, staff were observed using gentle supportive encouragement to try to support them to relax.

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 residents choice in how and where they spent their day or how they wanted to engage socially with others. For example; staff were observed offering residents the choice of whether to attend the morning activity or to stay in the lounge and watch TV or spend time on their own in their bedrooms.

Review of records confirmed that residents were encouraged to participate in residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices, however the minutes of these meetings lacked detail and some agreed actions had been carried forward multiple times. This was discussed with the manager who agreed to review the structure of residents meeting in the home and ensure that identified actions are met. This will be reviewed at a future inspection.

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. Whilst there was evidence of systems in place to evidence those residents with a Deprivation of Liberty Safeguard (DoLS) in place, this was not always consistent with what was reflected in residents care plans. The details of this were shared with the management team for review and action. This is discussed further in section 3.3.3.

A review of the one to one provision in the home indicated that this was not always covered, this was discussed with the manager and an area for improvement was identified.

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.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. At present the home does not have a permanent activity coordinator and this role is shared by other coordinators throughout the organisation. Discussion with the manager confirmed that this post has been offered out and that they are awaiting the recruitment checks.

Observation of the planned morning activity confirmed that staff knew and understood residents' preferences and wishes. The residents were observed engaging in the planned singalong/music quiz with staff and they appeared to be enjoying this as they were laughing and singing along.

Staff understood that meaningful activity was not isolated to the planned social events or games. 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 shared with residents, families and staff advising of future 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.

Care records were 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 some residents who required a Deprivation of Liberty Safeguard (DoLS) evidenced that some care plans lacked sufficient detail to direct the required care. An area for improvement was stated for a second time.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Two wardrobe door handles were broken, these were reported on the day of the inspection, in addition to this, some paintwork throughout the home was chipped and in need of repainting. Redecoration is ongoing in the home at present and this will be reviewed at a future inspection.

Observation of the outside of the home evidenced that the outside area needed further attention. Residents and staff also commented on the presentation of the exterior of the home. For example, the courtyards were overgrown with weeds, litter was lying outside residents' windows and both doors to the courtyard had broken glass. The doors were secured and escalated for repair immediately. The manager confirmed that plans were in place to address these issues but there was no timeframe in place. An area for improvement was identified.

Unnamed toiletries were found in an unlocked bathroom cabinet and the domestic trolley was left unattended. This was discussed with the manager for immediate action and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks. The most recent fire risk assessment was carried out in May 2026 and any actions identified were in the process of being addressed.

Review of records and observations confirmed 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.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Thomas McCorry has been the manager in this home since 22 June 2026. The manager confirmed that this was on a temporary basis until a permanent manager is recruited.

Review of a sample of records evidenced that a system for reviewing the quality of care, the environment and staff practices were in place. However, there was limited evidence of managerial oversight of these audits, in addition to this as discussed in section 3.3.1 the home was not working in line with its own policies and procedures, for example although staff supervision was being carried out at least six monthly this was not in line with the home's own policies. The environmental audit did not identify the issues found during this inspection. This was discussed during feedback and an area for improvement was identified.

The home was visited monthly 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. There was no recorded visit during April 2026. In addition to this, action plans were being carried forward on a regular basis with no evidence of identified actions being completed. There was no evidence of managerial oversight of these reports. An area for improvement was identified.

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	2*	6*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Thomas McCorry, manager, 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 14 (2) (a) Stated: First time To be completed by: 20 July 2026	The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: An environmental audit of the home has taken place and areas addressed during inspection have now been resolved via Estates Services. Daily environmental walkarounds will continue. An emphasis on the environment, to include audit for hazards within the setting, will remain part of the monthly regulation 29 visits to ensure issues are addressed in a timely fashion.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure that regulation 29 visits are carried out on a monthly basis and that that action plans are addressed in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Assistant Service Manager for Residential Homes within BHSCT will carry out monthly regulation 29 visits, and reports will be reviewed by the service manager to ensure actions are progressing in a timely manner.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 23.1 Stated: Second time To be completed by: 31 July 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: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The Assistant Service Manager and Service Manager have reviewed and updated the induction documentation for the service. All records will be complete and signed by both parties

	during induction for all new staff. Records of new staff to the team will be reviewed at the monthly regulation 29 visits to ensure compliance.
Area for improvement 2 Ref: Standard 6.6 Stated: Second time To be completed by: 31 July 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 2.0 & 3.3.3 Response by registered person detailing the actions taken: Monthly auditing template has been updated to include that care plans are reflective of Deprivation of Liberty Safeguards and that sufficient details have been included to direct the care required.
Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: 20 July 2026	The registered person shall ensure that evidence of pre-employment checks are maintained in the home and that these checks are completed prior to any staff member commencing employment in the home. Ref: 3.3.1 Response by registered person detailing the actions taken: The Belfast Health and Social Care Trust receive all pre employment documentation. A new proforma schedule 2 standard 19.2 has been developed to ensure pre employment checks are evident and signed by the Registered Manager prior to any new members of staff commencing post.
Area for improvement 4 Ref: Standard 25 Stated: First time To be completed by: 20 July 2026	The registered person shall review the staffing arrangements to ensure one to one care is delivered to residents in accordance with their care plan. Ref: 3.3.2 Response by registered person detailing the actions taken: Rotas are reviewed daily to ensure adequate staffing. One to one staff are procured in as timely a manner as is possible, and only once shifts have been formally confirmed by staff/ agencies will they appear on the rota. If not formally confirmed, the Registered Manager will seek alternative cover in a timely manner to ensure all one to one requirements are satisfied 72 hours prior to each shift.
Area for improvement 5 Ref: Standard 27 Stated: First time	The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents. Ref: 3.3.4

To be completed by: 31 August 2026	Response by registered person detailing the actions taken: Estates services have since inspection carried out extensive enviomental works to the parameters of the building. The outdoor parameters have now been included in the managers daily house round audit and any issues will be addressed and rectified immediately.
Area for improvement 6 Ref: Standard 20.10 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that audits are completed consistently to identify deficits and action plans are developed to drive the necessary improvements. The manager should retain oversight of the audit process to ensure the necessary improvements are made. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Assistant Service Manager will carry out audit compliance checks monthly during regulation 29 visits to the home. A template action plan is now in place for audits which result in actions. The Registered Manager will ensure each action plan per audit cycle is followed up in a timely manner, to ensure compliance.

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews