



Unannounced Inspection Report

3 January 2020



Bryansburn NH

Type of Service: Nursing Home

Address: 96-100 Bryansburn Road, Bangor, BT20 3RG

Tel No: 028 9127 5182

Inspector: Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Bryansburn Responsible Individuals: James Kelly Briege Agnes Kelly	Registered Manager and date registered: Monika Wojciechowska - 18 December 2018
Person in charge at the time of inspection: Monika Wojciechowska	Number of registered places: 35 The home is also approved to provide care on a day basis to 2 persons.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 32

4.0 Inspection summary

An unannounced inspection took place on 3 January 2020 from 10.30 hours to 13.50 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment of the home, medicine and care records and the governance arrangements in place.

It was positive to note that all areas for improvement from the previous care and medicines management inspections have been met and there were no areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Patients were seen to be relaxed and comfortable in their surroundings and in their interactions with others. Warm and caring relationships with staff were observed.

Comments received from patients, people who visit them and staff during inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Monika Wojciechowska, Registered Manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 11 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 April 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- risk assessments, care plans and hospital discharge letters for recently admitted residents
- daily progress notes for patients who had recently been prescribed an antibiotic
- a sample of patients records of care and progress notes
- governance audits/records
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care 11 April 2019

Areas for improvement from the most recent care inspection dated 11 April 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure the identified equipment is effectively cleaned and added to the equipment cleaning schedule. This is in order to ensure compliance with best practice guidelines in infection prevention and control.	Met
	Action taken as confirmed during the inspection: Moving and handling equipment has been added to the cleaning schedule and is reviewed by the manager frequently. Cleaning of equipment is discussed during the shift report and at staff meetings. A memo reminding staff about the importance of cleaning the equipment was issued to staff in December 2019. All equipment that was seen during the inspection was clean and fit for purpose.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure care plans in relation to wound care are reviewed and updated as necessary and up to date records of wound care are maintained both on wound care charts and in daily records in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: Care plans and wound charts were observed to be fully completed, up to date and in accordance with NICE guidelines. Staff were knowledgeable about the patients' wounds when discussing with the inspector.	

Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure pressure relieving mattresses in use in the home are maintained at the appropriate setting for the individual patient in accordance with NICE best practice guidelines on management and prevention of pressure ulceration.	Met
	Action taken as confirmed during the inspection: An audit of pressure relieving mattresses is completed every day to ensure that they are correctly set. The manager discussed some problems with one particular brand of mattress and advised that she monitors those more frequently. Evidence of the checks was provided for inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A review of the home's environment included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated and clean throughout. A mild malodour was noted in the entrance hall and was explained by the manager. This was resolved during the inspection. Bedrooms were nicely decorated and personalised with items that were meaningful to the patients.

The activity programme was displayed on a notice board on the ground floor and outside the activity room on the first floor. It had been updated with photographs of the Christmas festivities and recent birthday celebrations.

Observation of the delivery of care evidenced that staff attended to patients' needs in a timely and caring manner. Call bells were answered promptly and staff were observed to helpfully assist patients as necessary.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Updates on the personal medication records and handwritten updates on the medication administration records had been verified and signed by a two members of staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the home's environment and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

Audits were completed on a sample of medicines and indicated that medicines were being administered as prescribed.

We reviewed the serving of the midday meal in the main dining room. Patients dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. Food was served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and assistance was offered in an unhurried manner. Records of food and fluid intake were maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement/assistance provided by staff to ensure that residents received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Of the questionnaires that were issued, none were returned within the timeframe (two weeks) specified for inclusion in this report.

We spoke with three residents and their relatives during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:

- “I am very happy here. Staff are very kind.”
- “Just fantastic.”
- “Staff are so friendly.”
- “The staff tell me how my relative is when I arrive and that means so much.”
- “Staff always ask me how I am too which is lovely.” (Visiting relative)

Staff engaged residents in appropriate and caring conversations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining the dignity and privacy of patients, listening to and valuing residents and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

No medication incidents had been reported within the last year. Robust procedures for monitoring the management of medicines were in place. This included weekly monitoring by staff, a monthly audit by the manager and quarterly audits by the community pharmacy. When required, action plans are produced and completed. This is good practice.

The registered manager provided a sample of other audits that had been completed by her on a monthly basis and good outcomes were observed.

The implementation of the Deprivation of Liberty Safeguards (DoLS) was discussed with the manager. Staff have attended training appropriate to their roles and have knowledge of the new legislation. The manager advised that they had received all of the appropriate DoLS paperwork for the most recently admitted patient and were in the process of reviewing care plans for other patients.

We spoke with two registered nurses and one care assistant who said that they were very happy working in the home. They advised that there were good working relationships and staff worked well together. One nurse was very appreciative of the stable staff group and said that it made working life much easier. There were no responses to the online staff survey.

The outcome of this inspection shows that robust management and governance systems are in place in Bryansburn.

Areas of good practice

There were examples of good practice found in relation to quality improvement and working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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