Unannounced Care Inspection Report
11 April 2019

Bryansburn

Type of Service: Nursing Home (NH)
Address: 96-100 Bryansburn Road, Bangor, BT20 3RG
Tel No: 028 9127 5182
Inspector: Julie Palmer

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 11 April 2019 from 09.00 hours to 16.35 hours.

The inspection assessed progress with any areas for improvement identified since the last care inspection and 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 staffing, treating patients with dignity and respect, management of nutrition and hydration and the provision of activities.

Areas requiring improvement were identified in relation to infection prevention and control measures, management of pressure relieving mattresses and recording of wound care.

Patients described living in the home as being a good experience/ in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others or with staff.

Comments received from patients, people who visit them and staff during and after the 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Monika Wojciechowska, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 October 2018

The most recent inspection of the home was an unannounced care inspection; no areas for improvement were identified. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- Duty rota for all staff from 1 April to 14 April 2019
- Records confirming registration of staff with the Nursing and Midwifery Council (NMC) and The Northern Ireland Social Care Council (NISCC)
- Staff training records
- Incident and accident records
- Two staff recruitment and induction files
- Four patient care records
- Four patient care charts including food and fluid intake charts and reposition charts.
- A sample of governance audits/records
- Complaints record
- Compliments received

- A sample of reports of visits by the registered provider/monthly monitoring reports from October 2019
- Staff supervision and appraisal record
- Fire risk assessment
- RQIA registration certificate.

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 inspection dated 24 October 2018

The most recent inspection of the home was an unannounced care type inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 24 October 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to weekly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 14 April 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. 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.

Staff spoken with reported no issues with staffing levels other than occasional short notice leave which they felt was unavoidable and was generally 'covered'. Comments from staff included:

- "It's a lovely home to work in."
- "It's really good here."
- "Teamwork is very good."

We also sought staff opinion on staffing via the online survey. One response was received and this indicated the staff member was satisfied with staffing levels.

Patients spoken with who were able to express their views had no concerns about staffing levels; one patient commented "staff are grand". Patients who were unable to express their views appeared to be content and settled in the home.

Three of the five patients' visitors spoken with during the inspection were not satisfied there were always enough staff on duty. One visitor commented that, in their opinion, staff were "thin on the ground". However, all visitors spoken with were of the opinion that patients' needs were met and that care delivery was good. Other comments received included:

- "Staff do their best."
- "Quite satisfied, no problems."
- "Staff are second to none."

The registered manager was made aware of comments made by patients' visitors at the conclusion of the inspection.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there. Discussion with staff and review of records confirmed they had completed a period of induction and also that they received supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns and had completed training in this area.

We observed staff adhering to infection prevention and control (IPC) measures in the home. Personal protective equipment (PPE), for example aprons and gloves, were available and appropriately used by staff.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where potential restrictive practices, such as bedrails were used, validated risk assessments and care plans were in place and reviewed regularly.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, the laundry, sluices, treatment rooms, the activity room and storage areas. The home was found to be warm, well decorated, fresh smelling and

clean throughout. Bedrooms were nicely decorated and personalised with items that were meaningful to the patients.

The activity programme was clearly displayed on a notice board on the ground floor and outside the activity room on the first floor. The activity room was brightly decorated with arts and crafts created by the patients; it was also well equipped with art supplies, games and jigsaws.

We observed that the environment was clean and hygienic. However identified moving and handling equipment, which was noted not to be on the equipment cleaning schedule, required more thorough cleaning, in order to ensure compliance with best practice guidelines in IPC measures. The equipment cleaning schedule was discussed with the registered manager who stated that these will be updated to include all moving and handling equipment in use in the home. An area for improvement was made.

Isolated environmental issues brought to the attention of the registered manager were resolved on the day of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. The most recent fire risk assessors report, completed on 4 December 2018, was available to view. Discussion with the registered manager and review of records confirmed staff completed two sessions of fire safety training/awareness per year.

We observed staff to be kind and caring in their interactions with patients and to offer explanation and reassurance when engaging in tasks such as moving and handling.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

One area was identified for improvement in relation to ensuring effective cleaning of identified equipment in the home.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.5 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients received the right care at the right time. Patients appeared to be content and settled in their surroundings.

We observed the serving of lunch in the first floor dining room and saw that staff assisted patients to the dining room or delivered trays to them in their rooms. The dining room was clean and tidy, tables were nicely set and condiments were available. The menu was displayed on a

notice board and staff discussed the choices available with patients and encouraged them to eat up and enjoy their meal. The food looked appetising and was well presented. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, which patients required modified diets, how to thicken fluids if necessary and how to care for patients during mealtimes. Staff were assisting patients appropriately throughout the meal and the atmosphere was friendly, calm and relaxed.

Review of four patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds, pressure area care and restrictive practice. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, were necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning, patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SLT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We reviewed the management of falls and the care records evidenced that validated risk assessments and care plans were in place to direct the care required. Where a fall had occurred and resulted in either a confirmed or suspected head injury the appropriate actions had been taken by staff, neurological observations had been undertaken for a 24 hour period post fall and assessments and care plans had been updated as necessary.

Review of the care record for a patient who had a wound evidenced appropriate risk assessments and body maps had been completed and included recommendations from the tissue viability nurse (TVN). However, the wound care plan had not been updated to reflect a change in the dressings used and there was a 'gap' in the recording of wound care on the wound chart and also in the daily record. Discussion with the registered nurse confirmed the wound had been redressed the previous day. This was identified as an area for improvement.

Validated risk assessments and care plans were also in place to direct care for the prevention of pressure damage. However, when pressure relieving mattress settings were reviewed in comparison with the weight of individual patients, we observed that were discrepancies in several cases and the settings were incorrect. This was immediately brought to the attention of the registered manager who assured us that all pressure relieving mattresses in use in the home would be checked and the settings adjusted if necessary. We were further assured that there had been no incidences of patients developing pressure ulceration in the home. Management of pressure relieving mattresses in use for the prevention of pressure ulceration was identified as an area for improvement. The registered manager contacted RQIA following the inspection to inform us that regular checks of pressure relieving mattresses had been implemented.

Where potential restrictive practices, such as bed rails, were in use validated risk assessments and care plans, to provide a rationale for the practice and direct the care required, had been completed. There was also evidence of consultation with the patient and/or their next of kin and general practitioner (GP). Consent forms had been completed and the risk assessments and care plans were evaluated on at least a monthly basis.

Staff spoken with confirmed they were required to attend a handover at the beginning of each shift. Staff remarked positively about teamwork and morale within the home; each staff member knew their role, function and responsibilities. Staff demonstrated their understanding of how to effectively communicate with patients and other staff and also of requirements regarding patient information and confidentiality. Comments from staff included:

- "Very good bunch of people, everyone works well together."
- "I'm really happy."

Patients' visitors spoken with expressed no concerns about the effectiveness of care provided and felt patients received the right care at the right time. They were also satisfied with communication in the home, one visitor commented "staff are very nice and engage with you very readily".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, management of nutrition, falls and restrictive practice and communication between patients, staff and other key stakeholders

Areas for improvement

Two areas were identified for improvement in relation to ensuring care records for wound care were up to date and that pressure relieving mattresses in use for the prevention of pressure damage were at the correct setting.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

We arrived in the home at 09.00 hours and observed that patients were enjoying breakfast in the dining room, one of the lounges or their own room if they preferred. Staff were friendly and welcoming and were assisting patients appropriately. Those patients who were up and about were nicely dressed in their own clothes; it was obvious staff paid attention to detail when assisting patients with their personal care and choosing an outfit for the day.

During the inspection we spoke to ten patients and those who were able to express their views indicated they were well looked after by the staff in Bryansburn, one patient said "there's tea whenever you want and that suits me". Those patients who were unable to express their views appeared to be content and relaxed in their surroundings and in their interactions with staff.

Staff interactions with patients were observed to be compassionate, caring and timely; patients were treated with dignity and respect by staff. The culture and ethos in the home was observed to be supportive and comforting. Staff spoke warmly about the patients in their care and it was clear staff and patients knew each other well. A member of staff commented on the importance

of recognising the signs of upset or distress and knowing when to comfort a patient and how "just listening" could really help.

We spoke to five patients' visitors during the inspection and they all spoke positively about the care and compassion provided. Comments included:

- "Early days but so far so good."
- "If the staff weren't as good as they are I wouldn't sleep at night."

Patients' visitors also confirmed they were consulted about care planning for their relative and were kept well informed of any changes with effective and regular communication from staff. They were aware of how to raise a concern and with whom; a visitor commented that "things are dealt with pretty much on the spot" and that this was very reassuring.

We observed an activity session prior to lunch were patients were being assisted by the activity co-ordinator to paint pictures to make Easter bunting. The activity co-ordinator encouraged those patients who were able and wanted to take part to join her in the activity room and also provided other activities, such as jigsaws, for patients who preferred. The activity co-ordinator confirmed she did a daily walk around the home to provide one to one activities for patients who could not, or preferred not to, join in group activities. This might involve reading a poem, a hand massage or just chatting but was based on each individual patient's needs and preferences. Once a fortnight children from a local school visit the home. This is arranged to promote intergenerational and community involvement via the 'Together Young and Old' (TOY) Scheme. The activity co-ordinator spoke of the value of the visits for all concerned and how much the patients enjoyed the company of the school children. A great success of the scheme occurred when one particular patient was helped to get to grips with sending a text, much to the surprise and delight of her family when they read it.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining dignity and privacy and provision of a meaningful activity programme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was extremely approachable. One patient's visitor commented that "the manager oozes sincerity" and everyone spoken with referred to her by her first name.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, record keeping and wound analysis.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. The complaints policy was displayed in the entrance hall along with comment cards and other useful information such as healthy living leaflets and the role of RQIA.

A selection of thank you cards were on display and these included the following comments:

- "We are so thankful for the support you have given to our family."
- "Thank you all so much for looking after … so well."
- "Thank you for the care and compassion shown to my lovely daddy."

The home's annual review report was available to read; this provided an overview on the quality of nursing and other services provided during the previous year.

We reviewed a sample of reports of monthly monitoring visits by the registered provider; these included evidence of consultation with patients, patients' visitors and staff and identified any actions required, by whom and a completion date for resolution.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining patient confidentiality.

Observation of staff interactions with patients evidenced effective and sensitive communication that met the patients' individual needs. Staff obviously knew the patients well and were kind and caring in their approaches to them.

Patients' visitors spoken with were complimentary about communication and confirmed they were kept very well informed.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. Discussion with staff confirmed they were satisfied their mandatory training needs were met and also that the registered manager was open to suggestions from them as to other training they felt might be useful and appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management, governance arrangements, reporting of accidents/incidents, quality improvement and communication.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Monika Wojciechowska, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 16 April 2019	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: This was added to our daily cleaning list on day of inspection and is monitored to maintain standards.All staff were made aware of the importance of this to include day and night staff.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 16 April 2019	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. Ref: Section 6.5
	Response by registered person detailing the actions taken: This Care Plan was updated on the day of the inspection and all nurses were spoken to at Nurses Meeting to reiterate the importance of this.
Area for improvement 3 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 16 April 2019	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. Ref: Section 6.5
	Response by registered person detailing the actions taken: It was identified that a power cut a few days prior to the inspection put some of our mattresses to the highest reading when the power came back on again. Mattress checks are now in place and checked weekly.

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

The Regulation and Quality Improvement Authority

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