



# **Announced Care Inspection Report 16 October 2020 & 03 December 2020**



## **Bryansburn**

**Type of Service: Nursing Home**

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

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**Inspectors: Dermot Walsh & Joseph McRandle**

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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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bryansburn  <b>Responsible Individuals:</b> James Kelly Briege Agnes Kelly	<b>Registered Manager and date registered:</b> Monika Wojciechowska 18 December 2018
<b>Persons in charge at the time of inspection:</b> Monika Wojciechowska – Manager and Briege Kelly – Responsible individual	<b>Number of registered places:</b> 35 The home is also approved to provide care on a day basis to 2 persons. Category NH-MP(E) for 1 named person only for the duration of their accommodation in the home.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 33

### 4.0 Inspection summary

An announced inspection took place on 16 October 2020 from 10.00 to 13.30 hours. An announced finance inspection was undertaken on 03 December 2020 from 10.45 to 13.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for patients
- quality improvement
- nutrition
- safeguarding
- consultation.
- management of patients' finances

Patients consulted spoke positively on living in Bryansburn and some of their comments can be found in the main body of the 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
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Monika Wojciechowska, registered manager and Briega Kelly, responsible individual, 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.

#### 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- a selection of quality assurance audits
- complaints review
- compliments records
- incident and accident review
- minutes of patients'/relatives'/ staff meetings
- activity planner
- three patients' care records
- menus

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the care inspection took place remotely, using technology, with Monika Wojciechowska, registered manager and Briega Kelly, responsible individual. The Finance inspection took place at the home.

The findings of the inspection were provided to the managers at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 January 2020. No further actions were required to be taken following the most recent inspection on 3 January 2020.

Areas for improvement identified at the last finance inspection undertaken on 24 April 2018 were reviewed and assessment of compliance recorded as met.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (3)  <b>Stated:</b> First time	The registered person shall ensure that individual written agreements or copies of the agreements with patients are held within the home.	<b>Met</b>
	A review of records evidenced that since the last finance inspection copies of patients' written agreements were retained within the home. This area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	A review of two patients' files evidenced that property records were retained for each patient. The records had been updated and reconciled at least quarterly as in line with the Care Standards for Nursing Homes (2015). The majority of the records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. The manager was advised to ensure that all records were signed by at least two members of staff. This area for improvement had been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards Receipts for such purchases are returned to the patient for their own records.</p> <p>A review of records and discussion with staff confirmed that no loyalty cards belonging to staff had been used when making purchases on behalf of patients. The last finance report identified that the purchase was from the patients' comfort fund and not the patient's own personal monies. This area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the patients' comfort fund records follow a standard financial ledger format which is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>A review of records evidenced that a revised system for recording transactions from the patients' comfort fund had been implemented following the last finance inspection. The details recorded included the date, amount and description of the transaction; whether the entry was a lodgement or withdrawal and the running balance of the cash total held. Each entry reviewed was signed by two members of staff.</p> <p>The manager advised the inspector that a further review of recording purchases undertaken from the patients' comfort fund had taken place and a revised format is currently being implemented. This area for improvement had been met.</p>	<p><b>Met</b></p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any changes to a patient's individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>A review of two patients' files evidenced that written agreements were retained within both files. The agreements reviewed had been updated to show the current fee. The agreements were signed by the patients' representatives. This area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a patient agreement as set out within standard 2.2.</p> <p>A review of two patients' written agreements showed that the agreements provided details of the current weekly fee to be paid by, or on behalf of, the patients. Discussion with the manager confirmed that the amount detailed in the agreements was inclusive of any third party payment (top up) paid on behalf of the patients. The manager advised the inspector that all payments for fees, including top ups, were paid directly to the home by the Health and Social Care Trust.</p> <p>The manager agreed to revise the agreements to show the top up separately when the agreements are reissued to patients at the time of the next increase in fees. This area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 14.6, 14.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services and/or authority for specific financial arrangements to be in place with the home are updated for all relevant patients. Evidence should be available to confirm that there is authority from the patient/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.</p>	<p><b>Met</b></p>

	A review of records evidenced that since the last finance inspection written authorisation forms were in place for the patients identified during the last finance inspection. The authorisation forms detailed the items members of staff were authorised to purchase from the patients' monies. The forms were signed by the patients' representatives. This area for improvement had been met.	
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## 6.2 Inspection findings

### Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by patient dependency levels which were monitored regularly. Patients consulted spoke positively in relation to the care delivery in the home. There were no concerns identified within a relative/visitors' returned questionnaire. Staff consulted stated that they felt the staffing arrangements met the required needs of patients.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment and the inductee would be assigned supernumerary hours; hours in which they would not be included within the normal staffing levels, to allow them time to become more familiar with the policies and procedures in the home.

Due to the Coronavirus pandemic, staff confirmed that some normal face to face staff training had been postponed as an infection prevention measure by minimising the number of people entering the home. Discussion with staff evidenced that the majority of training needs were now being met electronically. The manager confirmed that remote training offered from the Trust, Royal College of Nursing and Clinical Education Centre was also shared with staff if they wished to engage in this. All staff confirmed that they were satisfied with the training provision in the home. The manager utilised a matrix to oversee the compliance with staffs' training and this was reviewed on a monthly basis to ensure that all staff received the appropriate mandatory training depending on their role.

Discussion with the manager and staff evidenced that annual appraisals and staff supervisions were being completed in the home. The manager confirmed that a planner was maintained to ensure that all staff received their appraisal yearly and, at minimum, two recorded supervisions every year.

The manager confirmed that staff competencies on medicines management were reviewed six monthly and that the competency assessment on taking charge of the home in the absence of the manager was completed and reviewed annually or more often if the need arose.



## **Management arrangements**

There was a clear organisational structure within the home and staff were aware of the management arrangements. There had been no changes to the management arrangements since the last care inspection. The manager confirmed that they and the deputy manager would share the on call arrangements for any queries which staff may have out of normal working hours. The person on call would be identified within the home's diary. Contact numbers for all managers in the provider group; head office and for the responsible individuals were also available to staff. Additional emergency contact details were available for staff to use in the event of a power cut or a flood or if they needed to contact the out of hours general practitioner or social work services.

## **Governance systems**

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of falls in the home. Any falls in the home were monitored monthly for any patterns and/or trends as a means to identify if any further potential falls could be prevented.

Restrictive practices in the home were reviewed on a monthly basis. The audit checked to ensure that the appropriate safety checks and assessments had been completed prior to the implementation of the practice. This would include any records of patient consent or details of any best interest discussions. Audits also reviewed if a care plan was in place and remained relevant for the patient.

A record of any patients' pressure damage was also reviewed monthly. The manager confirmed that there was only one wound in the home which required active treatment.

Complaints in the home were monitored monthly. The manager confirmed that there were no recent complaints made. The manager also confirmed that any learning from complaints would be discussed at staff meetings.

Patients' care records had been audited monthly. Auditing records reviewed did not specifically identify any deficits within the care records where these were evidenced to have existed and the subsequent action plans from some of the audits were generalised in nature and would be hard to measure to ensure completion. This was discussed with the manager and identified as an area for improvement.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

The manager confirmed that they kept up to date with Covid – 19 guidance through a review of guidance documentation sent from authorities such as the DOH, Public Health Agency (PHA) and RQIA. Any change of guidance would be discussed with staff on duty and communicated to staff during the next shift handovers. All updates were discussed at staff meetings and all staff communicated regularly through a group teleconference App.

Staff confirmed that there were regular staff meetings and that the communication in the home was good. We reviewed the minutes of the last staff nurse meeting on 1 September 2020. Topics on the agenda included visiting, care reviews, clinical supervisions, monthly evaluations and night duty. The manager confirmed that a meeting for all staff had been conducted on 5 October 2020 and minutes of this meeting was available.

Relatives' meetings had been postponed as a safety measure due to the Covid – 19 pandemic. The manager confirmed regular contact with patients' relatives via telephone calls. Relatives were facilitated with weekly visits to the home by appointment. A dedicated telephone number where relatives could speak directly to their loved ones had been emailed to all next of kin. Virtual visits using technology were also encouraged. Photographs, with permission, had also been shared with relatives using technology.

### **Infection prevention and control**

The manager confirmed that throughout the pandemic the home had remained free from Covid – 19. Environmental infection control audits were completed regularly. Auditing records identified the actions taken in response to any deficits identified. Hand hygiene audits had been conducted regularly. The seven step hand washing process and the five moments for hand hygiene were reviewed as part of this audit. The manager confirmed that compliance with staffs' use of personal protective equipment (PPE) was reviewed daily. Staff were observed, during a virtual walkaround the home, wearing PPE appropriately.

Additional domestic cleaning hours had been allocated to ensure that enhanced cleaning was conducted. The manager confirmed that training on effective cleaning had been provided and a new effective cleaning product had been sourced to assist with this. The frequency in the cleaning of regular touchpoints such as door handles, light switches and pull cords had increased.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were encouraged not to attend the home if they were experiencing any Covid – 19 symptoms. As part of the regional testing programme, all staff were tested for Covid – 19 on a two weekly basis and all patients on a four weekly basis. The manager confirmed that patients' and staffs' temperatures were checked twice daily to see if any were developing symptoms.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and screening questions were asked to ensure that they were asymptomatic. These details, along with the visitors' contact details, were maintained in a file for track and trace purposes.

Patients' visitors were facilitated with socially distanced indoor visits following the completion of a risk assessment. The visitors' temperatures would be checked on arrival and screening questions would be asked to ascertain if any known risk presented. The visitor would be required to sign and date a visitors' book and apply PPE prior to the visit. A clear screen would be between the visitor and the patient as an added protective measure. The visiting area was decontaminated between each visit.

## **Quality of life for patients**

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. Bedrooms were personalised with patients' own belongings. Corridors were clear of any clutter or obstruction. Staff were observed to be wearing PPE appropriately. Patients seated in the dining area were appropriately socially distanced. The Wi-Fi signal throughout the home was very strong which promoted the use of technology for virtual visits.

We reviewed the provision of activities. A monthly activities planner was utilised. Activities included hand massage, painting, bowling, jigsaws, darts, colouring and games. A sensory board was used for one to one activities. A large wide screen television had been purchased to enhance patients' enjoyment watching films. Staff were allocated on the duty rota to conduct activities during the planned absence of the activity therapist employed in the home. We observed 10 patients enjoying taking part in an activity during the virtual walkaround the home.

Staff were observed to interact with patients in a caring and compassionate manner. Patients we observed were relaxed and appeared comfortable in their environment. Patients which we consulted with during the inspection were well presented and appeared happy in the home. The manager confirmed that all patients received presents for events such as fathers' day, mothers' day and Easter for example.

## **Quality improvement**

The manager discussed recent environmental improvements conducted in the home. The outside of the home had been repainted. Flooring on communal corridors had been replaced and the walls and ceilings had been repainted on these corridors. Skirting and architraves had also been replaced and lighting in the home had been updated.

## **Nutrition**

We reviewed three patients' nutritional care records. Each patient had a nutritional assessment completed monthly or more often as required. However, a review of the completed assessments evidenced that two patients' MUST weight loss scores had been incorrectly calculated. This was discussed with the manager and while this did not have a negative impact on either patient, we identified miscalculation as an area for improvement.

Patients' risk of choking assessments had been completed and care plans on how to manage this risk were in place, where appropriate, and reviewed monthly. Nutritional care plans were in place and indicated safe consistencies of food and fluids which the patient could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians.

Food and fluid intake records were completed and monitored daily. Daily fluid charts identified the volume of fluids consumed within the previous 24 hours. Patients who required daily fluid monitoring had a fluid target identified. Likewise, any food consumed by the patient was recorded on a food intake record. Food supplements prescribed for patients were also included within the intake records.

## Safeguarding

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. An adult safeguarding champion had been identified and was aware of their responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. All staff had completed safeguarding training dependent on their role in the home which included reference to the Mental Capacity Act (NI) 2016. New staff employed in the home would be required to complete adult safeguarding training as part of their induction.

## Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We received no feedback via telephone or email. We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

During the virtual walkaround the home, consultation with three patients individually confirmed that living in Bryansburn was a positive experience. All patients observed during the walkaround were relaxed and appeared comfortable in their environment. No patients' questionnaires were returned.

No patient representatives were available for consultation during the inspection. One patient's representative questionnaire was returned. The respondent indicated that they were very satisfied that the care in the home provided safe, effective and compassionate care and that the home was well led. They commented, "This is a very good care home; I would promote to any family. They phone me with any information, change in treatment etc. Monika is a lovely person, always has time for me and appears to be a very good manager."

Staff had the option of completing an online survey or completing a questionnaire; we received no responses. Comments from six staff consulted during the inspection included:

- "Very good role clarification here. Everybody knows what they have to do."
- "This is one of the better homes."
- "I enjoy working in Bryansburn."
- "Everyone gets on well here."
- "It's good here. Just very different with the Covid pandemic at the minute."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will also be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- "Many thanks to everyone for the care and attention ... receives from you all. Video calls mean so much at this time. We really appreciate everything you do ... ."

- “Words couldn’t express how much I appreciate your kindness and friendship at this very difficult time. Please all take care and most importantly stay safe.”
- “Thank you for taking great care of ... . I appreciate that you are working in difficult circumstances and I am very grateful for the care and attentiveness you provide to ... and all the residents.”
- “All the staff in this care home are an absolute credit to their employer. The management/nursing team are professional and the staff are kind, compassionate and very much resident focused.”

### Areas for improvement

Areas for improvement were identified in relation to the calculation of MUST scores and with the robustness of the patients’ care records auditing system.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Overall the feedback from the inspection was positive. There were stable management arrangements in the home and patients appeared to be happy and well cared for. There were no concerns raised regarding the staffing arrangements and staff had embraced infection prevention and control measures to keep everyone in the home safe. Cards and letters of compliment evidenced positive feedback from patients’ relatives/representatives. Two new areas for improvement were identified in the quality improvement plan below.

### 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 and Briege Kelly, responsible individual, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 16 November 2020	<p>The registered person shall ensure that the auditing of patients' care records is more robust in that they clearly identify any deficits found, where necessary, and includes a clear action plan.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  A more robust method of auditing care plans has been implemented with clear action plan in place.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12 Criteria (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 November 2020	<p>The registered person shall ensure that all MUST assessments completed in the home are scored correctly to ensure appropriate actions are taken.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Clinical supervision has been completed with all nurses including step by step of the most recent MUST guidelines.</p>

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



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