

# Inspection Report

20 May 2021



## Bryansburn

Type of Service: Nursing Home  
Address: 96-100 Bryansburn Road,  
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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Bryansburn  <b>Responsible Individuals:</b> Mr James Kelly Mrs Briege Agnes kelly	<b>Registered Manager:</b> Mrs Monika Wojciechowska  <b>Date registered:</b> 18 December 2018
<b>Person in charge at the time of inspection:</b> Mrs Monika Wojciechowska	<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. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 33
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Nursing Home which provides nursing care for up to 35 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2021 from 9.15 a.m. to 5.30 p.m. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to establish if the care provided was safe, effective, compassionate and if the home was well led. RQIA had been informed by the South Eastern Trust (SEHSCT) that they had made a recent recommendation to the home's management team to ensure that staff were provided with an opportunity to develop their knowledge of adult protection reporting procedures where necessary; staffs' knowledge in this area was a focus of the inspection.

It was positive to note that areas for improvement identified at the last inspection had been met and that that staff consulted with during the inspection demonstrated their knowledge of identifying and reporting adult safeguarding concerns.

RQIA were assured that the delivery of care in Bryansburn was safe, effective, compassionate and well led. Four new areas for improvement were identified regarding completion of neurological observations, storage of substances which are hazardous to health, completion of repositioning records and the serving of meals. Compliance with the areas for improvement identified will further enhance the quality of care and service provided.

Comments received from patients, relatives and staff, are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 inspection report and areas for improvement identified, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager was provided with details of the findings.

### **4.0 What people told us about the service**

During the inspection we spoke with 12 patients, both individually and in small groups, three patients' relatives and eight staff. Patients said that they felt well looked after by the staff who were helpful and friendly. Relatives said that the home was clean and tidy and their loved one looked well cared for. Staff said that they enjoyed working in the home.

Following the inspection we received one response to the staff survey. The staff member indicated that they were satisfied/very satisfied that the home provided safe, effective and compassionate care and was well led.

Comments made by patients, staff and relatives both during and following the inspection were brought to the attention of the manager for information.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 October 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care record audits reviewed contained a clear action plan which was updated once required actions were completed.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12 Criteria (4)  <b>Stated:</b> First time	The registered person shall ensure that all MUST assessments completed in the home are scored correctly to ensure appropriate actions are taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that clinical supervision had been completed with all nurses regarding completion of MUST assessments. MUST assessments reviewed were correctly scored.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a system in place to ensure staff were recruited correctly to protect patients as far as possible. However, review of two staff recruitment files identified that the references included were not from the most recent employer. This was brought to the attention of the manager for information and action.

All staff were provided with an induction programme on commencement of their employment. There were systems in place to ensure that staff were trained and supported to carry out their roles and responsibilities. Staff received mandatory training in a range of topics, for example, moving and handling and infection prevention and control (IPC).

Staff said teamwork was good, the manager was approachable and that they felt well supported in their role. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Staff said that staffing levels were affected by short notice sick leave on occasions but were generally good. The manager said that efforts were made to cover vacant shifts. During the inspection it was observed that there were enough staff in the home to respond to the needs of the patients in a timely way.

Patients said that they felt there were enough staff on duty. One relative said they rarely saw staff when they were in visiting but had not needed to call on them for anything. The manager explained that staff were encouraged to maintain a discreet presence during planned visiting times but they would be available if required.

There were suitable systems in place to ensure that staffing was safe. Following the inspection the manager confirmed that the recruitment files had been updated with the required information. Management of recruitment will be reviewed again at the next inspection.

### 5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Deputy Manager was identified as the appointed safeguarding champion for the home. The annual adult safeguarding position report was available in the home and provided relevant information on management and reporting of safeguarding in the home.

Review of staff training records confirmed that all staff had completed mandatory adult safeguarding training. Staff demonstrated their knowledge regarding recognising and reporting concerns about patients' safety and/or poor practice. Staff said they were confident that any concerns reported would be taken seriously and dealt with appropriately.

Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, alarm mats or bed rails, was

required. Staff confirmed they had attended training regarding management of restrictive practices and how to ensure, if they could not be avoided, that best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff demonstrated their knowledge around management of restrictive practices and equipment.

Staff were seen to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff reacted to both verbal and non-verbal cues from patients and were observed to communicate effectively with all patients in a kind and caring manner.

There were suitable systems in place to ensure that patients were safely looked after in the home and that staff were adequately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a selection of bedrooms, storage rooms, treatment rooms, the kitchen, the laundry and communal areas such as lounges, dining rooms and bathrooms. There was evidence that the environment was well maintained and the manager confirmed that all the required safety checks and measures were in place and regularly monitored.

Patients' bedrooms were personalised with items important to them such as family photographs and ornaments. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. The lounges were attractively decorated and well equipped with comfortable seating and large TV's. Photographs of local landmarks and beauty spots were on display.

Corridors and fire exits were seen to be clear of clutter and obstruction. Equipment in use was clean and well maintained.

It was observed that patients could potentially access substances which are hazardous to health as keys to identified storage areas were accessible. Staff should ensure that patients do not have access to substances which are hazardous to health. This was identified as an area for improvement.

Patients said the home was kept clean and tidy. Relatives also commented positively about the cleanliness of the home and said rooms were always "spic and span".

There were systems in place to ensure that the home was kept clean, tidy and well maintained in order that patients were comfortable in their environment. An area for improvement, which would further enhance the safety of the environment, was identified in relation to ensuring that patients could not access substances which are hazardous to health

#### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and completed a health declaration when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practices and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

There were suitable systems were in place to manage the risk of infection in the home.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the patients. Care records were maintained which accurately reflected the needs of the patients. Staff demonstrated their knowledge of patients' needs, wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients who required assistance to change their position had this clearly recorded in their care records, however, review of repositioning/skin check charts identified that these were not consistently and contemporaneously completed. This was identified as an area for improvement.

Patients who had wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made. Contemporaneous records of wound care were maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, call bells were accessible and/or floor alarm mats were in use if recommended. There was evidence that staff sought medical attention for patients if required. Review of care records and discussion with staff evidenced that there were inconsistencies regarding the duration of the completion of neurological observations in the event of a confirmed or suspected head injury. This was identified as an area for improvement.

Recommendations from the dietician and/or speech and language therapist (SALT) were included in the care records. Staff told us how they were made aware of patients' nutritional needs and confirmed that care records were kept up to date to ensure that patients received the correct consistency of foods and fluids if a modified diet was recommended. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Patients told us that they enjoyed the food; they said it was "terrific" and "beautiful". Some patients chose to eat in the dining room where the atmosphere was calm, relaxed and unhurried. There was a selection of drinks available. Staff provided patients with appropriate levels of encouragement and/or assistance during the meal. However, we observed that once meals left the heated trolley to be taken to patients in their rooms, they were not covered in order to ensure the food remained hot. This was identified as an area for improvement.

There were systems in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patients' privacy and dignity was maintained. Three areas for improvement were identified in relation to contemporaneous completion of repositioning records, completion of neurological observations and the serving of meals. Following the inspection the manager informed us that the neurological observation chart had been reviewed and updated to ensure that nursing staff were fully aware of the recommended duration, in line with best practice guidance, of completion of neurological observations.

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, or their relatives, were involved in planning the care required. Individual wishes and preferences were reflected throughout the records, for example, preferred time to go to bed and food likes and dislikes. Care plans were detailed and contained specific information on each patients' care needs.

Staff spoke of the importance of good communication within the team to ensure everyone was aware of any changes. Patients' relatives said that staff maintained good communication links and let them know if there were any changes in the care required.

There were suitable systems were in place to ensure that care records were regularly evaluated, updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.



### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choices to patients throughout the day which included, for example, when they wanted to get up and have their breakfast, what clothes they wanted to wear and whereabouts in the home they wished to spend their time. Staff were seen to treat patients with kindness and respect and to be attentive to their needs. There was a calm and welcoming atmosphere in the home.

A range of activities was provided for patients by the activity person and staff. The activity person said that patients were consulted about their interests and hobbies in order that the activities on offer were meaningful and inclusive. Patients were offered the opportunity to take part in a painting activity in the afternoon. This was followed by an informal reminiscence session which patients were seen to really enjoy, there was lots of lively and animated chat about days gone by. Patients said there was enough to do in the home; one said "I love the art class".

Staff said that they assisted patients to make phone or video calls to their relatives as required. Visiting and Care Partner arrangements were in place in the home and staff reported that these were working well.

Patients said that they enjoyed the company in the home and felt listened to by the staff who "chatted away" and were friendly.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the management team were very approachable.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Audits reviewed clearly identified any deficits found and included a clear action plan where necessary.

Review of the home's record of complaints confirmed that these were well managed and the outcome was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

A record of compliments received about the home was kept and shared with the staff team. The cards, emails and letters received expressed thanks and appreciation for the care provided by the staff.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Confirmation of regular visits by the responsible individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. It was positive to note that an annual quality report had also been compiled. However, the views of patients' relatives had not been sought for inclusion in the monthly reports reviewed, with the exception of the report completed in February 2021, or the annual report. It was acknowledged that as visiting has been restricted due to COVID-19 relatives have not been in the home as normal, but their views could have been sought via other means such as telephone calls or surveys. The manager agreed to discuss this with the Responsible Individual in order that consultation with relatives would be regularly sought going forward.

There were systems were in place to monitor the quality of care and services provided and to drive improvement in the home. The systems in place to seek the views of patients' relatives will be reviewed at the next inspection.

## 6.0 Conclusion

Patients in the home looked well cared for and were seen to be comfortable and content in their surroundings. Staff were helpful and friendly; they treated the patients with kindness and respect. The home was clean, tidy, attractively decorated and well maintained.

It was positive to note that the recommendation made by the SEHSCT had been actioned; staff consulted with during the inspection demonstrated their knowledge of identifying and reporting adult safeguarding concerns.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective and compassionate care and that the service is well led by the management team. Compliance with the areas for improvement identified will further enhance the quality of care and service provided.

Thank you to the patients, relatives and staff for their assistance and input during the inspection and also to those who returned a completed questionnaire following the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

Four areas for improvement were identified; one under the regulations in relation to completion of neurological observations and three under the standards in relation to safe and secure storage of substances which are hazardous to health, contemporaneous completion of repositioning records and the serving of meals.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Monika Wojciechowska, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The responsible person shall ensure that all confirmed or suspected head injuries are managed in line with best practice guidance and that neurological observations are consistently and contemporaneously recorded.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The neurological observation chart had been reviewed and updated to ensure that nursing staff are fully aware of the recommended duration, in line with best practice guidance, of completion of neurological observations.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 47.3 <b>Stated:</b> First time <b>To be completed by:</b> 27 May 2021	<p>The responsible person shall ensure that substances which are hazardous to health are safely and securely stored at all times and are not accessible to patients</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            New key pad locks are ordered and will be installed when the supplier arranges a date.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The responsible person shall ensure that contemporaneous records of repositioning and skin checks are maintained.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The repositioning/skin and turning chart has been amended and also an additional daily skin checks record chart including body map implemented. All care and nursing staff spoken to and made aware of changes and also reminded of importance of clear and in timely manner records.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b>	The responsible person shall ensure that there is a system in place to ensure that meals are served at a suitable temperature.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> An appropriate plate covers are in place to ensure the served food is kept hot.

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