The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bryansburn**

Provider: **Bryansburn**

Date of Inspection: **20 June 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Bryansburn
Responsible Individuals:	Mr James Kelly and Mrs Briege Agnes Kelly
Registered Manager:	Mrs Monika Wojciechowska
This home is a registered nursing home which provides nursing care for up to 35 patients living with dementia. Patients' bedrooms, communal lounges and dining rooms are located over both floors of the home. The home is also approved to provide care on a day basis to two persons.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2025 from 09.45 am to 5.25 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 3 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider; an area for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement were identified. Details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients, patients' relatives and staff provided positive feedback about Bryansburn. Patients told us that they felt well cared for, enjoyed the food and that staff were caring and kind.

Patients' relatives spoken with said, "Dad's very happy here. The manager and staff go beyond their duty to help patients," and, "I'm delighted with my husband's care. He's always clean shaven and well presented. The home is always clean and staff are attentive, welcoming and always smiling. I could discuss anything at all with the manager and staff and would be confident that it would be sorted out promptly".

Staff confirmed that there were good working relationships; that they enjoyed working in the home; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

Following the inspection, we received four completed patients' representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Patients told us that they felt well cared for; that there was always staff about if they needed them; they enjoyed the food and that staff were nice. Interactions between staff and patients was observed to be relaxed, warm and friendly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room on the first floor. The menu was displayed on the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as games, puzzles, arts and crafts. Patients enjoyed attending a movie morning on the day of inspection.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment 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.

Review of a sample of patients' care plans evidenced that they were not always reflective of patients' current assessed care needs. Records checked contained conflicting information and it was noted that a care plan was not in place for the use of a pressure relieving mattress and the use of an alarm mat. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked. However, a cupboard containing prescribed supplements for patients, was observed to be unlocked and unattended. This was discussed with the registered nurse on duty who locked the door immediately. An area for improvement was identified.

Equipment used by patients such as hoists, shower chairs and toilet frames were noted to be effectively cleaned.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there had been no change in the management arrangements. Mrs Monika Wojciechowska has managed the home since 18 December 2018. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Monika Wojciechowska, Registered Manager and Mr Eldho Joy, Regional Support 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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the management of thickening agents to ensure that records of prescribing and administration are accurately maintained. The recommended consistency level should be recorded on all records. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** From the date of inspection (20 June 2025)	The registered person shall ensure that dietary supplements are stored safety, in order to minimise unnecessary risks to the health and safety of patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: All dietary supplements are stored in a locked store room. At the time of inspection, staff were actively serving breakfast and the supplement store was not locked as it was being accessed, however, it was immediately locked by the staff nurse on duty. Home manager has put a sign to remind all staff to lock this room all the time and has included this on the daily spot check.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time **To be completed:** From the date of inspection (20 June 2025)	The registered person shall ensure that care plans are reviewed and updated to ensure that they are reflective of the individual needs of the patient and that sufficient detail is recorded to direct the required care. Ref 3.3.3
	Response by registered person detailing the actions taken: Care plans are now reviewed and updated in detail to reflect the needs of the patients. The interventions and equipment needed to maintain the safety of the patients are updated in their care plans and audited regularly.

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

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

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews