The Regulation and Quality Improvement Authority

Inspection Report

3 September 2024

Bryansburn

Type of service: Nursing Home
Address: 96-100 Bryansburn Road, Bangor, BT20 3RG
Telephone number: 028 9127 5182

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 **Date registered:** 18 December 2018
Person in charge at the time of inspection: Mrs Monika Wojciechowska, Manager	**Number of registered places:** 35 The home is also approved to provide care on a day basis to two persons.
Categories of care: Nursing (NH): DE – dementia	**Number of patients accommodated in the nursing home on the day of this inspection:** 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 35 patients. Patients' bedrooms, communal lounges and dining rooms are located over both floors of the home.	

2.0 Inspection summary

An unannounced inspection took place on 3 September 2024 from 9.40 am to 5.40 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing and care records. 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.

Three new areas requiring improvement were identified during the inspection; an area for improvement in relation to medicines management has been carried forward for review at the next inspection. These are discussed in the main body of the report.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, a patients' relative 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. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

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.

The findings of the inspection were discussed with Mrs Monika Wojciechowska, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients, a patients' relative 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. Staff said that the manager was approachable and that they felt well supported in their role.

Two patients spoken with commented: "Staff are nice and they're looking after me the very best" and "I like living here as I'm well cared for and staff are nice to me".

A patients' relative told us they were very happy with the care provided by staff and the manager. They confirmed there is enough staff on duty to meet patients' needs and that staff were kind to their loved one. They confirmed that they had no issues or concerns with the staff or the manager and were confident any issues raised would be addressed.

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you for all the care and respect you gave Mum.''

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 3 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	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.	**Carried forward to the next inspection**
	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.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time	The registered person shall ensure that staff meetings take place on a regular basis and at least at a minimum quarterly. Records are kept which include: • The date of all meetings; • The names of those attending; • Minutes of discussions; and • Any actions agreed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was noted that gaps in employment records had been explored with explanations recorded and pre-employment health assessments were in place. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good teamwork and that they felt 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. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, dementia awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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 manager, Mrs Monika Wojciechowska was identified as the appointed safeguarding champion for the home.

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.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed 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' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

On inspection of one unit it was observed that a cupboard containing patient records and information was unlocked and easily accessed. The management of records in accordance with legislative requirements and best practice guidance was discussed with the manager who ensured the cupboard was locked immediately. An area for improvement was identified.

Care records regarding nutrition and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Supplementary records regarding food and fluid intake were noted to be well documented.

There was evidence that patients' care was reviewed by their key worker from the local Health and Social Care Trust.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Patients were observed to be offered a selection of drinks, yogurt, buns and biscuits from the mid-morning tea trolley by staff.

We observed the serving of the lunchtime meal in the first floor dining room. A safety pause to allow for consideration of the drinking and swallowing needs of individual patients was coordinated by the nurse in charge of the unit and attended by staff prior to the serving of the meal. Staff had written information on each patients' dietary requirements and they confirmed they had access to The International Dysphagia Diet Standardisation Initiative (IDDSI) information. A written menu along with a pictorial menu was displayed outlining what was available at each meal time for patients. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered whilst being taken to patients' rooms. There was a variety of drinks available. It was observed that staff served both lunch and dessert to patients at the same time without a break between courses and some patients either left or did not eat much lunch choosing to have dessert instead. This was discussed with the manager who advised she would review the serving of meals and would address the matter with staff.

Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. It was noted that white aprons used for care delivery were also used for the delivery of the lunchtime meal. Staff spoken with confirmed that aprons had been changed prior to the meal service. This was discussed with the manager for review as a different colour of apron for staff to wear for the meal service helps to differentiate the care and mealtime services in accordance with good practice.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various IDDSI levels of modified foods and demonstrated how to modify the consistency of drinks. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Linen stores were noted to be tidy and treatment rooms and sluice rooms were observed to be appropriately locked. However, the cleaner's store on the ground floor was observed to be unlocked, as the key pad lock was not working and cleaning products and air fresheners could be easily accessed. The safe storage of chemicals was discussed with the manager who arranged for the door to be locked immediately. An area of improvement was identified.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished 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.

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

On review of the home's environment, inappropriate storage of items and equipment such as waste disposal bags, laundry bags, hoist slings and continence products was observed in identified bathrooms. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

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.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as musical bingo, jigsaws, crosswords, number games, arts and crafts.

Review of activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Patients spoken with said they enjoyed attending the activities provided.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The manager confirmed that day care is provided at present.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

A system was in place to ensure effective managerial oversight of nurse competency and capability assessments. Review of a selection of competency and capability assessments evidenced they were completed for trained staff left in charge of the home, when the manager was not on duty and for medicines management.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding complaints, accidents/incidents, care plans, wounds, weight, restrictive practice including the use of bed rails and alarm mats, the environment and IPC practices. The manager confirmed, post inspection, that hand hygiene audits had been completed on 3, 4 and 5 September 2024.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of the complaints book evidenced that systems were in place to ensure that complaints were managed appropriately. Patients' relatives said that they knew who to approach if they had a complaint.

Records evidenced that patients' representative and staff meetings were held on a regular basis. Minutes of meetings were available. The manager advised that a staff meeting has been arranged for the near future.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* 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, 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: 5.1
	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) (a) (c) **Stated:** First time **To be completed by:** From the date of inspection 3 September 2024	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 5.2.3 **Response by registered person detailing the actions taken**: All chemicals are stored in a locked cleaner store room, however on the day of the inspection, the key pad lock was damaged. It was immediately locked with the key and the key pad lock was fixed next morning by the maintanence man.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 37 **Stated:** First time **To be completed:** From the date of inspection 3 September 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. Ref: 5.2.2 **Response by registered person detailing the actions taken:** The care records for the residents are safely secured in the locked cupboard/back office.Staff nurses reminded that the door and cupboard needs to be kept locked if nurse is not present in the office/nurses station.The home manager included this in the daily walk around checks .
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** From the date of inspection 3 September 2024	The registered person shall ensure that bathrooms are monitored to ensure that they remain free from inappropriate storage of items and equipment. Ref: 5.2.3 **Response by registered person detailing the actions taken:** The home manager addressed this issue immediately on 3rd September and all bathrooms were checked and any extra equipment has been removed and stored in the storage spaces/cupboards . The home manager included this in the daily walk around checks.

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