



The Regulation and
Quality Improvement
Authority

Bryansburn
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BT20 3RG

Inspector: Lyn Buckley
Inspection ID: IN021770

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**Unannounced Care Inspection
of
Bryansburn Nursing Home**

7 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 7 March 2016 from 09:50 to 13:00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Health Care
Standard 39: Staff Training and Development.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 27 April 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Bryansburn Mr James Kelly and Mrs Briega Agnes Kelly – Registered Persons	Registered Manager: Refer to box below
Person in Charge of the Home at the Time of Inspection: Mrs Luz Agnes Jainar – Manager	Date Manager Registered: Mrs Luz Agnes Jainar. Registration pending
Categories of Care: NH-DE	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: 34	Weekly Tariff at Time of Inspection: £593 - £643

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support - criterion 8**
Standard 6: Privacy, Dignity and Personal Care - criteria 1, 3, 4, 8 and 15
Standard 21: Health Care - criteria 6, 7 and 11
Standard 39: Staff Training and Development - criterion 4

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with Mrs Kelly, registered person
- discussion with the manager
- discussion with patients
- discussion with staff on duty during the inspection
- review of care records
- observation of the environment
- evaluation and feedback.

Prior to inspection the following records were analysed:

- inspection report and quality improvement plan (QIP) from the previous care inspection dated 27 April 2015
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005
- the inspector's pre inspection assessment

During the inspection, the inspectors greeted the majority of patients, two care staff, two support staff and two registered nurses.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection focus
- complaints records
- three patient care records
- staff training records
- nursing and care staff duty rotas from week commencing 29 February 2016
- guidance documents available to staff
- induction templates for registered nurses and care staff

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 27 April 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff receive training in keeping with their roles and responsibilities in the following;</p> <ol style="list-style-type: none"> 1. Palliative care 2. Care of the dying patient 3. Communication skills including breaking bad news <p>This training must reference current regional guidance.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of training records and discussion with staff evidenced that this requirement had been met.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19 Stated: First time	It is recommended that the registered manager review and update the communication policy with regional guidance on breaking bad news.	Met
	Action taken as confirmed during the inspection: Review of the policy on communication confirmed that this recommendation had been met.	
Recommendation 2 Ref: Standard 39 Stated: First time	It is recommended that the registered manager ensures that staff induction records and competency and capability assessments include reference to the following; <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Communicating effectively including breaking bad news 	Met
	Action taken as confirmed during the inspection: Review of induction records confirmed that this recommendation had been met.	

5.3 Contenance management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of incontinence.

A resource file on the management of continence/incontinence had been developed and was available for staff.

Discussion with staff and the manager confirmed that staff had received training in October 2015 relating to the management of the urinary and bowel incontinence.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion confirmed that registered nurses staff were competent in urinary catheterisation for both male and females. The manager confirmed that there was support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to meet the identified needs of patients. The specific type of continence pads the patient required was recorded in care plans.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected.

Staff knowledge, recording and management of bowels was evidenced to be in accordance with best practice guidance.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Urinary catheters were only inserted on the instructions of the patient's GP or consultant. Care plans relating to catheter care contained information regarding the frequency of changing of the catheter in relation to the type and size; the day to day management for the catheter in keeping with best practice.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

Is Care Compassionate? (Quality of Care)

Discussion with the registered manager confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes would be respected. Arrangements were in place for the deployment of staff, if required, to ensure that patients' wishes were adhered to. This was also confirmed from a review of the nursing and care staff duty rotas and a review of patient care records.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Staff were observed to be polite and respectful and calls for assistance were responded to promptly. Good relationships were evident between patients and staff.

Discussion with staff evidenced that they had a detailed knowledge of their patients' needs including specific preferences and wishes. This was commended by the inspector during feedback.

Areas for Improvement

There were no requirements or recommendation made.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1. Environment

The atmosphere was relaxed and calm throughout. There was evidenced of good relationships and interactions between patients and staff.

Patients unable to verbally express their feelings were observed, by their demeanour, to be relaxed and comfortable in their home and with staff.

The nursing home was found to be clean, comfortable and the décor/furnishings maintained to a high standard throughout.

Patients were observed to be either relaxing in their bedroom or in one of the lounges available. A group of patients were also observed to be enjoying themselves and each other's company in the activity room.

Housekeeping staff were commended for their efforts.

Areas for Improvement

There were no requirements or recommendation made.

Number of Requirements:	0	Number of Recommendations:	0
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6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Luz Agner-Jarvis</i>	Date Completed	<i>18.3.16</i>
Registered Person	<i>B Kelly</i>	Date Approved	<i>18/3/16</i>
RQIA Inspector Assessing Response	<i>E. Buckley LYN BUCKLEY</i>	Date Approved	<i>18/3/16</i>

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.