



The Regulation and  
Quality Improvement  
Authority

Bryansburn  
RQIA ID: 1065  
96-100 Bryansburn Road  
Bangor  
BT20 3RG

Inspector: Linda Thompson  
Inspection ID: IN021769

Tel: 0289127 5182  
Email: [bryansburn@burnviewgroup.com](mailto:bryansburn@burnviewgroup.com)

---

**Unannounced Care Inspection  
of  
Bryansburn**

**27 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 27 April 2015 from 09.30 to 13.30. This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection the care was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of 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 of 12 June 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

There were no urgent actions required as a consequence of this inspection. Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>2</b>

The details of the QIP within this report were discussed with the registered person Ms Briega Kelly as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> James Kelly & Briega Agnes Kelly	<b>Registered Manager:</b> Jaya Kuttippurath
<b>Person in Charge of the Home at the Time of Inspection:</b> Eldho Joy registered nurse	<b>Date Manager Registered:</b> 12 November 2012
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 35
<b>Number of Patients Accommodated on Day of Inspection:</b> 35	<b>Weekly Tariff at Time of Inspection:</b> £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 following standards have been met:

**Standard 19: Communicating Effectively**

**Standard 20: Death and Dying**

**Standard 32: Palliative and End of Life Care**

## 4. Methods/Process

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

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 18 patients, six care staff, two nursing staff, two visiting professionals and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- accident/notifiable events records
- staff training records

- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for Admission to the home, Safeguarding of Vulnerable Adults (SOVA), Complaints, Communication;
- policies for dying and death and palliative and end of life care were unavailable.

## 5.0 The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 09 October 2014. The completed QIP was returned and, following further information from the home, the actions recorded by the registered person were approved by the estates inspector.

Further validation of compliance will be followed up by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 15 (2) (b)</b></p>	<p>Patient's needs should be revised at any time when it is necessary to do so, and in any case not less than annually;</p> <p>The patient's assessment of need in relation daily living activities should be reviewed at least annually or as the patient's needs change.</p> <p>The patient's care plan should be updated to evidence any recommendation made by the Tissue Viability Nurse's is undertaken.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that patient's needs are being revised as required and an annual update is undertaken as required.</p> <p>Patient's care plans are evidenced to be well maintained and reviews are maintained on a monthly basis.</p> <p>Changes made to care by the multiprofessional team are entered into care plans.</p>	

Previous Inspection Recommendations	Validation of Compliance	
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 26.2</b></p>	<p>The admission policy should be updated to include to include the following;</p> <ul style="list-style-type: none"> <li>• The role, function and arrangement of the pre-admission procedure.</li> <li>• The arrangements to ensure referral forms providing all necessary information, including risk assessments relating to the patient, are provided from the referring Health and Social Care (HSC) Trust prior to admission.</li> <li>• The arrangements to provide confirmation to the prospective patient that the home is suitable to meet their needs.</li> <li>• The arrangements to respond to any unplanned admission.</li> <li>• The arrangements to respond to self-referred patients.</li> <li>• Detail of the specific clinical risk assessments to be undertaken on the day of admission.</li> <li>• The policy should be localised as the existing policy refers to 'locating a General Practitioner (GP) in the Carrickfergus area'.</li> <li>• Admission policies and procedures should be reflective of The Nursing Homes Regulations (Northern Ireland) 2005, DHSSPS Nursing Homes Minimum Standards (2008) and NMC professional guidance.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the admission policy is appropriately maintained.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 6.2</b></p>	<p>Records should be signed and dated by the author.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that all records examined have been dated and signed by the author.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p>Ref: Standard 5.1</p>	<p>Specific validated risk assessment tools should be completed on the day of admission in order to establish the patient's current needs and base line observations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that appropriate risk assessments are evidenced to be undertaken on the day of admission.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 3.1</p>	<p>The patient's guide should be further developed to outline the role and function of the named nurse process within the nursing home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the patient's guide has been updated and now reflected the role of the named nurse.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 6.2</p>	<p>The 'Pressure Sore Risk Assessment Policy' should be updated to ensure that a pressure risk assessment is undertaken on the day of admission to the nursing home.</p> <p>The policy should also outline the registered nurses responsibility of the follow on care where a patient is identified to be at risk of developing a pressure sore.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the policy has been updated as required.</p>	<p><b>Met</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref: Standard 6.2</b></p>	<p>The 'Nutritional Assessment Policy' should be updated to reference the Malnutrition Universal Screening Tool (MUST), which was seen to be the nutritional risk assessment tool applied in patients' care records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the policy has been updated as required.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref: Standard 6.2</b></p>	<p>The 'Writing Care Plans Policy' should be further developed to include the role and responsibility of the named nurse in developing care records and ensuring that the outcome of care is monitored, reviewed, evaluated and recorded in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, DHSSPS Nursing Homes Minimum Standards (2008) and NMC professional guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the policy has been updated as required.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref: Standard 12.13</b></p>	<p>It is recommended that the four week menu plan be further developed to include choices for snacks for all patients, including those on therapeutic diets.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the rotational menu has been updated as required.</p>	<p><b>Met</b></p>

<b>Recommendation 9</b>  <b>Ref: Standard 6.2</b>	The 'Wound Care Policy' should be updated as the policy makes reference to another nursing home.  The policy should also state the notification procedure of pressure ulcers, grade 2 and above to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.  <b>Ref: Section I</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector can confirm that the policy has been updated as required.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on 'communicating'. However this failed to make reference to 'breaking bad news' as recommended in regional guidance.

Discussion with six staff including the registered nurse in charge of the home confirmed that whilst communication skills are developed and referenced throughout the induction process, a formal policy and procedure has yet to be developed. In developing this policy the registered persons must ensure that it references current best practice, including regional guidelines on Breaking Bad News.

No formal training on communication including breaking bad news has been provided for staff.

One patient's care records examined evidenced that the patient's consent had been obtained regarding the sharing of bad news with others.

#### Is Care Effective? (Quality of Management)

Care plan records in general were very person centred. One care plan recorded the following comment...."..... loves the feel of a warm soapy flannel on her face, neck, back, arms and legs." This level of focus on individual needs is excellent.

Two care records examined reflected patient individual needs and wishes regarding end of life care. Whilst this referenced resuscitation issues there was no consideration of fundamental choices such as religious or cultural needs or specific family wishes etc. Staff did appear knowledgeable regarding the patient's wishes however this was not recorded in care plan records.



There was evidence within all three records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Six staff consulted discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised three of the care staff felt that they would benefit from further training in this area.

### **Is Care Compassionate? (Quality of Care)**

Discussion was undertaken with six staff including the registered nurse in charge of the home regarding how staff communicates with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives. We observed a number of communication events throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, speaking to frail, ill patients and delivering care to ill patients. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. This relationship would allow the delivery bad news more sensitively and with greater empathy when required.

We consulted with 12 patients individually during the inspection visit. Due to the patients underlying physical and mental health issues they were unable to fully verbalise their level of satisfaction in the quality of care delivered. The inspector can however confirm that patients were observed throughout the period of inspection to be treated with respect and dignity. They were encouraged to make choices and be as independent as possible.

### **Areas for Improvement**

The registered persons must develop a communication policy and procedure which includes reference to regional guidance on Breaking Bad News. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. Improvements in recording communication outcomes into care records must be made. The induction programme records for all staff should be updated to reflect this essential skill and evidence necessary competencies.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>2</b>
-------------------------------	----------	--------------------------------	----------

## **5.4 Standard 20 - Death and Dying**

### **Is Care Safe? (Quality of Life)**

A policy and procedure on death and dying was not available in the home. This policy should be developed and should include the management of the deceased person's belongings and personal effects.

We were informed that training in bereavement is provided by a local funeral undertaker.

Discussion with two registered nursing staff and a review of one relevant care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered nurse in charge of the home and six additional staff, and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

### **Is Care Effective? (Quality of Management)**

An examination of care records and discussion with two registered nursing staff evidenced that death and dying arrangements were discussed with patients and/or their representatives as appropriate when a decision in regards to resuscitation is considered. There was however no evidence in care records that a holistic discussion in respect of the patient's wishes and their social, cultural and religious preferences had been considered. Further training in this area will greatly enhance the staff knowledge and skills in management of death and dying.

Staff were aware of the environmental factors to be considered when a patient was near death. These included privacy, lighting and a quiet / calm atmosphere.

Review of notifications of death to RQIA during previous inspection year were appropriately maintained.

### **Is Care Compassionate? (Quality of Care)**

Discussion with two registered nursing staff confirmed that the patient and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding death and dying. The discussion outcomes however were not appropriately recorded in care records. Of the other two patient care records examined death and dying (other than for resuscitation reasons) had not been discussed although death was not considered imminent.

From discussion with the registered nurse in charge of the home, one registered nurse and four care staff there was evidence that arrangements in the home were sufficient to accommodate and/or support relatives during this time.

There was evidence from records of compliments received that relatives had commended the management and staff for their efforts towards the family and patients.

Discussion with the registered nurse in charge of the home and a review of complaints records evidenced that no concerns were raised in relation to the arrangements regarding the death and dying of patients in the home.

Six staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and were provided with bereavement support, if required. The registered nurse in charge advised that staff are supported to attend the funeral of patients if requested.

From discussion with the registered nurse in charge and staff, it was evident that arrangements were in place to support staff following the death of a patient.

## Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of death and the dying patient will strengthen care provision. Care records as discussed previously need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	included above	Number Recommendations:	Included above
------------------------	----------------	-------------------------	----------------

### 5.5 Standard 32 - Palliative and End of Life Care

#### Is Care Safe? (Quality of Life)

As discussed previously, there is currently no policy or procedures developed to guide and inform staff on the management of palliative and end of life care. The GAIN Palliative Care Guidelines November 2013 were not available in the home although the registered nurse in charge of the home was aware of the document. The further development of an appropriate policy incorporating the guidelines will enhance the staff knowledge.

The registered nurse in charge accepted that training should be sourced and provided to staff in line with their roles and responsibilities.

#### Is Care Effective? (Quality of Management)

A review of one relevant care record evidenced that the patient's needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient's care plans. This included the management of hydration and nutrition, pain management and symptom management.

The review of the patient's care records evidenced consultation with the patient and/or their representative in respect of the decision making processes, care planning and delivery of end of life care. The care records reviewed were current and up to date in accordance with patient's needs.

A key worker/named nurse is identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

#### Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. It was confirmed that the home offer open visiting when patients are ill or at the end of life.

All staff who met with the inspector demonstrated the importance of ensuring the cultural, spiritual and religious needs of the patient and their family are identified and met in a sensitive manner.

## Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of palliative care will strengthen care provision. As previously discussed care records need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	Included above	Number Recommendations:	Included above
------------------------	----------------	-------------------------	----------------

### 5.6 Additional Areas Examined

#### Questionnaires

As part of the inspection process we issued questionnaires to staff.

Questionnaire's issued to	Number issued	Number returned
Staff	6	5
Patients	0	0
Patients representatives	0	0

All comments on the returned questionnaires were positive. Some comments received are detailed below;

#### Staff

'I have been working in the home for 15 years. I have been to other homes but I find if my mother was ill I would have my mother come here. This home is just like her own home, very well kept and all the staff are lovely to work with.'

'I would recommend this home to anyone. The team are passionate about care'

'I am very happy working here. There is a strong team and the quality of care is very good'

#### Patients

The patients due to their underlying physical and mental well-being were unable to complete questionnaires. The inspector however was able to meet with 15 patients individually and to the remainder as part of larger groups. All patients appeared well cared for, they were well groomed and appeared content in their surroundings.

#### Patients' representatives

There were no patient's representatives available at the time of the inspection.

## 6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Briega Kelly registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes April 2015 They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

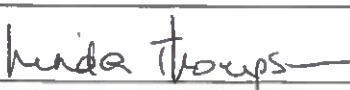
The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

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.

26 MAY 2015

## Quality Improvement Plan

Quality Improvement Plan			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20(1)(c)(i)  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 July 2015	<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"> <li>1. Palliative care</li> <li>2. Care of the dying patient</li> <li>3. Communication skills including breaking bad news</li> </ol> <p>This training must reference current regional guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Three Nurse have attended Palliative care link nurse training. Training for Care of the Dying and Communication skills (including breaking bad news) is in the process of being finalised and will be completed by 27<sup>th</sup> July at the very latest.</p>		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19 <b>Stated:</b> First time  <b>To be Completed by:</b> 27 June 2015	<p>It is recommended that the registered manager review and update the communication policy with regional guidance on breaking bad news.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            This was completed on 28/04/2015.</p>		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 39 <b>Stated:</b> First time  <b>To be Completed by:</b> 27 June 2015	<p>It is recommended that the registered manager ensures that staff induction records and competency and capability assessments include reference to the following;</p> <ol style="list-style-type: none"> <li>1. Palliative and end of life care</li> <li>2. Communicating effectively including breaking bad news</li> </ol> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            This was completed on 28/04/2015.</p>		
<b>Registered Manager Completing QIP</b>	Briege Kelly	<b>Date Completed</b>	22/05/15
<b>Registered Person Approving QIP</b>	Briege Kelly	<b>Date Approved</b>	22/05/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	1/6/15.

\*Please complete in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\*