

Unannounced Estates Inspection Report 31 January 2019



Broadways

Type of Service: Nursing Home
Address: Broadway, Main Street, Larne, BT40 1LT
Tel No: 028 2827 3464
Inspector: Gavin Doherty

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care and accommodation for 33 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Broadways Private Nursing Home Responsible Individual: Mrs Barbara Sloan	Registered Manager: Mrs. Jacqueline Davey
Person in charge at the time of inspection: Michelle McIlwaine, deputy manager	Date manager registered: 7 March 2012
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 33 comprising: NH-PH, NH-I A maximum of 2 patients in category NH-PH.

4.0 Inspection summary

An un-announced inspection took place on 31 January 2018 from 10.00 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Barbara Sloan, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 26 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- Establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 September 2018

The most recent inspection of the service was an announced medicines management inspection. This QIP will be validated by the pharmacy inspector aligned to the home at the next medicines management inspection.

6.2 Review of areas for improvement from the last premises inspection dated 24 May 2016

Areas for improvement from the last premises inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 32.8 Stated: First time	Review the current risk assessment for the 'control of legionella bacteria in the Home's hot and cold water systems' in conjunction with the latest available best practice guidance, 'HSG274 part 2 the control of legionella bacteria in hot and cold water systems' (http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf). Ensure that the current control measures remain suitable and sufficient, and that any required actions are completed within the stipulated timescales.	Met
Action taken as confirmed during the inspection: Inspector confirmed that a current legionella risk assessment was available and up to date at the time of inspection.		
Area for improvement 2 Ref: Standard 32.8 Stated: First time	Confirmation should be provided to RQIA that any remedial actions required as a result of the most recent 'Thorough Examination' of the home's passenger lift will be completed within the timescales stipulated within the thorough examination report.	Met
Action taken as confirmed during the inspection: Inspector confirmed that a current thorough examination report for the passenger lift was in place and contained no requirements or observations.		
Area for improvement 3 Ref: Standard 32.1 Stated: First time	Develop a detailed, time bound program and submit to RQIA for agreement, in relation to the ongoing redecoration and upkeep of the premises.	Partially Met
Action taken as confirmed during the inspection: Inspector confirmed that improvements had been made to the premises upkeep and decoration. However, further work is still required and this is detailed in the report and attached Quality Improvement Plan.		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was undertaken on 20 March 2018. The fire risk assessor holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.

Service contracts are in place for the testing and maintenance of the fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment. There are also current certificates in place for the premises fixed electrical installation and all portable electrical appliances.

A new hot and cold water storage and distribution system had been installed throughout the premises within the last 12 months. This includes new cold water storage tanks, hot water boilers, calorifiers and pipework & sanitary ware. The system has been designed and installed in accordance with latest best practice guidance, ensuring that safe hot and cold water will be available throughout the premises at all times.

The bedrooms en-suite accommodation has also been upgraded with new toilets and wash hand basins. Hot water was plentiful and was controlled to a safe working temperature by means of new type 3 thermostatic mixing valves.

Two new shower rooms have also been provided, one on the first floor and the other on the second floor. These additional shower facilities will provide a clear quality improvement in the service provided to residents.

These measures support the delivery of safe care.

Areas for improvement

Fire safety appears to be effectively managed throughout the premises. However, the following issues were identified at the time of the inspection:

- The locking mechanism on two service duct doors (3 and 6) failed to effectively secure the duct. This should be addressed without further delay.

- A Fire Blanket should be provided in the premises designated smoking room.
- A number of bedroom doors did not effectively self-close at the time of the inspection. These doors should be addressed without further delay.

Following the inspection, the home confirmed in a subsequent email dated 4 February 2019, that the above issues had been addressed.

It was good to note that the windows throughout the premises had been replaced with double glazed units since the last premises inspection. This is to be commended. However, it was noted that the fitted window restrictors could be easily disengaged and therefore do not meet the current care standards. It is important that suitable window restrictors, which limit the maximum opening to 100mm and cannot be overridden, are fitted to all windows.

Following the inspection, the home confirmed in a subsequent email dated 11 February 2019, that suitable window restrictors were being ordered and would be fitted by the window fitters as soon as possible thereafter.

It was also good to note the completion of the significant works recently undertaken to replace the hot and cold water systems within the premises. Well maintained control measures were in place with records available for inspection. However, it was noted that temperature checks in relation to the hot water flow and return at the premises calorifiers were not in place. These important checks should be implemented without further delay.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

It was good to note that improvements had been made in the decoration and upkeep of the home. New flooring had been laid in the corridors and several bedrooms, and some new furniture had been provided. However, the general level of decoration in many bedrooms is poor and the bedroom furniture especially, is tired in many areas. The artificial lighting should also be improved where necessary, to ensure that it is sufficiently bright and positioned to facilitate the needs of individual residents. It is therefore essential that a detailed time bound program is developed for each bedroom. This should highlight the proposed works to be undertaken including: flooring, redecoration, furniture and upgraded lighting. The program should also include Communal areas of the home.

The home’s roof garden should also be included in the above program of works. Special attention should be given to the provision of suitable and sufficient guarding of the perimeter and the provision of a level floor surface to reduce the likelihood of slips and falls.

This program should be submitted to RQIA in the first instance for comment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person. There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Barbara Sloan, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2019</p>	<p>The registered person shall ensure that the following issues are addressed without further delay:</p> <ul style="list-style-type: none"> • The locking mechanism on service duct doors 3 and 6 failed to effectively secure the duct. • A Fire Blanket should be provided in the premises designated smoking room • A number of bedroom doors did not effectively self-close at the time of the inspection. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: These issues were addressed on the day following inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that suitable temperature checks in relation to the hot water flow and return at the premises calorifiers are implemented without further delay.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Checks and records are being maintained as part of the Home's monthly monitoring regime.</p>
<h3>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</h3>	
<p>Area for improvement 3</p> <p>Ref: Standard N12</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2019</p>	<p>The registered person shall ensure that suitable window restrictors, which limit the maximum window opening to 100mm and cannot be overridden, are fitted to all windows</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Additional window restrictors have been fitted to every window.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p> <p>To be completed by: 28 March 2019</p>	<p>The registered person shall ensure that a detailed time bound program is developed for each bedroom. This should highlight the proposed works to be undertaken including: flooring, redecoration, furniture and upgraded lighting. The program should also include Communal areas of the home and the premises roof garden. This should be submitted to RQIA in the first instance for comment.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: A detailed programme has been forwarded to Inspector for approval. Prior to inspection, the need for the upgrading of the Home's bedrooms had been identified and work has already commenced.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care