

Announced Premises Inspection Report 24 May 2016



Broadways Private Nursing Home

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

1.0 Summary

An announced premises inspection of Broadways Private Nursing Home took place on 24 May 2016 from 10:30 to 13:00.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However two issues were identified for attention by the registered person. Refer to section 4.3 for further details on these issues.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered person. Refer to section 4.6 for further details on this issue.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jaqueline Davey, registered manager and Barbara Sloan, registered person for the home, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

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

2.0 Service details

Registered organisation/registered provider: Barbara Sloan	Registered manager: Jaqueline Davey
Person in charge of the home at the time of inspection: Jaqueline Davey	Date manager registered: 7 March 2012
Categories of care: NH-PH, NH-I	Number of registered places: 33

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

Discussions were held with Jaqueline Davey, registered manager and Barbara Sloan, registered person for the home.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/3/2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 17 May 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 30/9/2015

There were no requirements or recommendations made as a result of this inspection.

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises 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.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, 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 premises 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 by an accredited fire risk assessor and supports the delivery of safe care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A risk assessment with regards to the 'control of legionella bacteria in the Home's hot and cold water systems' was undertaken on 12 March 2013. The recommended control measures have been implemented and records relating to these were in place and viewed at the time of the inspection. However, significant new guidance relating specifically to care homes has subsequently been issued by the Health and Safety Executive in the form of, 'HSG274 part 2 the control of legionella bacteria in hot and cold water systems' (<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>). It is therefore important that this risk assessment is reviewed in light of this guidance to ensure that the current control measures remain suitable and sufficient. (Refer to Recommendation 1 in the attached Quality Improvement Plan).
2. The most recent Thorough Examination report for the home's passenger lift was unavailable at the time of the inspection. The registered provider confirmed in subsequent correspondence that this inspection had not been undertaken due to an oversight by the home's insurance provider. An inspection was subsequently undertaken on 7 June 2016. Confirmation should be provided to RQIA that any remedial actions required as a result of this Thorough Examination will be completed within the timescales stipulated within the report. (Refer to Recommendation 2 in the attached Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Ongoing improvements have been made to the quality of the artificial lighting in the home. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. The registered manager confirmed that a number of windows in the home are to be replaced and that there is an ongoing commitment for the replacement of floor finishes and furniture within the home.

This supports the delivery of compassionate care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. It is recommended that a detailed, time bound program is developed, and agreed with RQIA, in relation to the ongoing redecoration and upkeep of the premises. This would help to ensure that the home continues to support the delivery of compassionate care. (Refer to Recommendation 3 in the attached Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

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

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jaqueline Davey, registered manager and Barbara Sloan, registered person for the home, 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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Nursing.Team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 32.8 Stated: First time To be completed by: 19 July 2016	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.
	Response by registered person detailing the actions taken: Legionella Risk Assessment was carried out on 13.06.16. Any Action required will be addressed within the stipulated timescales.
Recommendation 2 Ref: Standard 32.8 Stated: First time To be completed by: 19 July 2016	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.
	Response by registered person detailing the actions taken: The LOLER lift test was carried out on 07.06.16. There was no remedial action necessary as a result of the inspection.
Recommendation 3 Ref: Standard 32.1 Stated: First time To be completed by: 19 July 2016	Develop a detailed, time bound program and submit to RQIA for agreement, in relation to the ongoing redecoration and upkeep of the premises.
	Response by registered person detailing the actions taken: A programme for the ongoing upkeep of the premises has been submitted on 07.07.16.

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



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