



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 31 January 2019



Broadways Private Nursing Home

Type of Service: Nursing Home

Address: Broadway, Main Street, Larne, BT40 1LT

Tel no: 028 2827 3464

Inspectors: James Lavery & Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 registered nursing home which is registered to provide nursing care for up to 33 persons.

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: Mrs Barbara Sloan	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: A maximum of 2 patients in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 31 January 2019 from 10.05 to 16.30 hours.

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 focused on assessing progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 17 July 2018 and 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 in relation to housekeeping services, staff management, collaboration with the multiprofessional team, falls management, communication between staff and adult safeguarding.

One area for improvement under regulation was identified in relation to selection and recruitment records. One further area for improvement under the standards was also highlighted in regards to the management of Healthcare Acquired Infections (HCAI).

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives and take account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*1

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Barbara Sloan, responsible individual, and Staff Nurse Mary Finnegan, nurse in charge, 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 inspection dated 19 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector spoke with seven patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the responsible individual with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- three patients' care records and one patient's supplementary repositioning charts
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the responsible individual and nurse 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 home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that all cleaning chemicals were securely stored in keeping with COSHH legislation to ensure that patients were protected from hazards to their health at all times.	
Area for improvement 2 Ref: Regulation 12 (2) (a) (b) Stated: Second time	The registered persons must ensure that the delivery of care effectively meets the holistic needs of patients as identified within current care plans or following any identified deterioration in patients' well-being. Specifically, those patients requiring the use of pressure relieving equipment.	Met
	Action taken as confirmed during the inspection: Review of the care records for one patient who required the use of pressure relieving equipment confirmed that this area for improvement was met. This is discussed further in section 6.3.4.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was satisfactorily met.	

Area for improvement 4 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that the infection, prevention and control (IPC) issues highlighted during the previous care inspection had been addressed.	
Area for improvement 5 Ref: Regulation 27 (4) (b) (c) (d) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met
	Action taken as confirmed during the inspection: This area for improvement was met and is discussed further in section 6.3.1.	
Area for improvement 6 Ref: Regulation 19 (2) (3)(b) Stated: First time	The registered person shall ensure that all records as outlined in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005 are at all times available for inspection in the home by any person authorised by RQIA to enter and inspect the nursing home.	Met
	Action taken as confirmed during the inspection: Review of available governance records confirmed that this area for improvement was satisfactorily met. Some other shortfalls were noted in regards to selection and recruitment records and this is discussed further in section 6.3.3.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: Second time	The registered person shall ensure that all patients have effective access to the nurse call system as required.	Met
	Action taken as confirmed during the inspection: Observation of patients' bedrooms and communal areas provided assurance that patients had effective access to the nurse call system as required.	

Area for improvement 2 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that all bedrooms within the home are safe, well maintained and remain suitable for their stated purpose. This also includes patient bedrooms not being used inappropriately as storage areas.</p> <p>Action taken as confirmed during the inspection: Review of the environment and feedback from the responsible individual provided assurance that no bedrooms were being used inappropriately as storage areas.</p>	Met
Area for improvement 3 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Action taken as confirmed during the inspection: Feedback received from the registered manager following the inspection confirmed that this area for improvement was met. This is referenced further in section 6.3.3.</p>	
Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that all nursing entries are completed contemporaneously and in keeping with best practice standards.</p> <p>Action taken as confirmed during the inspection: Review of three patients' care records and discussion with nursing staff on duty confirmed that nursing entries are completed contemporaneously and in keeping with best practice standards.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the management of patients who are assessed as being at a risk of falling:</p> <ul style="list-style-type: none"> • all relevant risk assessments shall be up to date and reviewed on a regular basis • a comprehensive and person centred care plan shall be in place which is reflective of relevant risk assessment(s) and clearly outlines the nursing care required to prevent and manage falls <p>Action taken as confirmed during the inspection: The care records for one patient who was assessed as being at a risk of falling were reviewed. These evidenced that this area for improvement was satisfactorily met and this is discussed further in section 6.3.4.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the management of patients who are being treated for any Healthcare Acquired Infection:</p> <ul style="list-style-type: none"> • A comprehensive and person centred care plan shall be in place which clearly outlines the necessary nursing care required based upon the patient's assessed needs. The care plan shall also be kept under regular review in order to accurately reflect any changes to the patient's assessed care needs/condition. <p>Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed further in section 6.3.4.</p>	<p>Partially met</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following with regards to the management and quality assurance of all housekeeping services within the home:</p> <ul style="list-style-type: none"> • the current cleaning schedule used by domestic staff should include the cleaning of wall mounted sanitisers within corridors • there should be a system in place to ensure that all patients' bedrooms receive a deep clean, as necessary • there should be an audit process in place to regularly quality assess the delivery of housekeeping services within the home • there should be a system in place which ensures that the laundry area is regularly cleaned, including periodic deep cleaning, as necessary • the current housekeeping staff rota should be maintained in an accurate manner at all times <p>Action taken as confirmed during the inspection: Observation of the environment, review of housekeeping records and feedback from staff provided assurance that this area for improvement was effectively met. This is discussed further in section 6.3.2.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically:</p> <ul style="list-style-type: none"> • all audits should clearly reference the full date of the audit and the name of the auditor • all action plans should accurately reflect any identified deficits and include time bound actions <p>Action taken as confirmed during the inspection: A number of governance audits were reviewed, such as those focusing on monitoring patients' weight, the use of pressure relieving mattresses and care records. These audits evidenced that they had been completed in accordance with legislative requirements, minimum standards and current best practice.</p>	<p>Met</p>

Area for improvement 9 Ref: Standard 16 Stated: First time	The registered person shall ensure that the monthly complaints analysis is maintained in an accurate manner at all times in order to assist in the effective dissemination of any learning derived from such analysis.	Met
	Action taken as confirmed during the inspection: Discussion with the responsible individual and review of records during and following the inspection confirmed that this area for improvement was met. This is referenced further in section 6.3.5.	
Area for improvement 10 Ref: Standard 35 Stated: First time	The registered person shall ensure that the monthly monitoring report is completed in a thorough, robust and accurate manner at all times. Such reports should be completed in a timely manner and available for inspection, as necessary.	Met
	Action taken as confirmed during the inspection: A review of the two most recent monthly monitoring reports confirmed that they had been completed in a thorough, robust and accurate manner.	

6.3 Inspection findings

6.3.1 Fire safety practices

It was noted throughout the home that all fire exits and corridors were clear of clutter and obstruction while staff appeared to adhere to fire safety practices. Review of staff training records for 2018 also evidenced that staff were provided with mandatory fire training. It was confirmed by the registered manager following the inspection that all staff who were yet to complete internally provided fire training, would achieve this within February 2019. It was stressed that all staff must undergo fire training within expected timescales at all times. In addition, fire training which is also provided by an external trainer was scheduled for staff during April 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff adherence to fire safety training such as keeping fire doors appropriately closed and ensuring that fire exits were kept clear at all times.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Housekeeping management / internal environment

A walk throughout the home indicated that the internal environment was clean and well maintained. Housekeeping staff now maintain a schedule for ensuring that all patients' bedrooms undergo a deep clean as required. The housekeeping audits are also reviewed as part of monthly monitoring visits by the responsible individual and it was stated that this helps to ensure that a good standard of cleanliness is maintained. One returned patient/relative questionnaire which was received indicated that the respondent was very satisfied that the environment was safe and clean.

The laundry area was also well maintained, especially in hard to reach areas behind laundry equipment. The laundry staff rota was accurate and reflected the housekeeping team that was on duty on the day of inspection.

Flooring in one corridor had been replaced in addition to other corridor areas being repainted. Staff and patients spoke positively about these improvements. One patient stated "It looks much better."

The inspectors looked at a selection of patients' bedrooms and concluded that they were tired in appearance and required refurbishment. This was discussed with the responsible individual who agreed that refurbishment across all patient bedrooms was necessary. It was agreed that a timeframe for this work to be undertaken would be agreed with the RQIA estates inspector. This will be referenced further within a separate premises inspection report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance audits relating to housekeeping services.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Staff management

The inspector spoke at length with five staff. All five confirmed that they regularly received formal supervision. However, this could not be confirmed on the day of the inspection as these records were not available. The responsible individual was advised that governance records relating to staff supervision should be available for inspection at all times. Feedback received from the registered manager following the inspection provided assurance that all staff had received formal supervision on at least a six monthly basis throughout 2018.

Staff comments included the following remarks:

- “I love working here ... I definitely feel supported.”
- “It’s a nice friendly wee home.”

The recruitment file for one member of staff was examined and it was discovered that the date the home received an AccessNI check was not recorded. This file did not contain an application form but curriculum vitae was accepted instead. The Responsible Individual confirmed that any missing information would be added to the file. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management.

Areas for improvement

One area for improvement under regulation was made in regard to selection and recruitment records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Care delivery

The home operates a G.P. led initiative which allows for a fortnightly “Doctors round.” Nursing staff stated that this helps to ensure that the clinical and nursing needs of patients are regularly and effectively reviewed. Staff stated that this has also helped to reduce unnecessary transfer of patients to the local emergency department and ensures that the changing needs of patients are responded to more promptly and appropriately. Nursing staff felt that this new approach had been a positive development in patient care.

A comprehensive assessment was in place for a patient who required assistance with repositioning. A relevant care plan was noted but it lacked detail regarding the frequency of repositioning and it was recommended that this should be added to the records. Review of the care record did provide assurance that staff had repositioned the patient as required and that pressure relieving equipment was appropriately referenced. Staff were also reminded that records should be legible especially when using photocopied templates.

The care record for one patient who was assessed as being at risk of falling was reviewed and evidenced that an appropriate risk assessment and care plan for the management of falls were in place and had been regularly reviewed.

The care record for one patient who required antibiotic treatment for a Healthcare Acquired Infection was examined. This care plan was not found to be sufficiently patient centred and had not been maintained in accordance with best practice standards. Staff were reminded that all care plans must be accurate; reflecting the care and treatment required by the patient. An area for improvement under the standards was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team and falls management.

Areas for improvement

One area for improvement under the standards was stated for a second time in regard to HCAI management.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Governance arrangements

Feedback from staff throughout the inspection indicated that they had a good understanding of their role and recognised the value of effective teamwork when delivering care to patients. All staff who were spoken with stated that they felt confident about raising concerns with senior staff if necessary, and that such concerns would be responded to appropriately.

It was noted that staff possessed a good awareness of the home's adult safeguarding policy and had an effective awareness of how to recognise and report any potential or actual safeguarding incidents.

Discussion with the nurse in charge confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Feedback from the nurse in charge provided assurance that the home was operating within its registered categories of care. Observation of the environment confirmed that the registration certificate was up to date and displayed appropriately.

Patients were asked if they knew how they could make a complaint. All patients who were spoken with stated that they felt able to make a complaint if needed and knew who they could speak to when doing so. It was noted that the home's current complaints record did not contain sufficient detail in order to clearly record all actions taken in response to any complaints. An amended complaints template was submitted to RQIA following the inspection and found to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff and adult safeguarding.

Areas for improvement

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 QIP. Details of the QIP were discussed with Barbara Sloan, responsible individual, and Staff Nurse Mary Finnegan, nurse in charge, 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 Home Regulations (Northern Ireland) 2005 and The 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	
Area for improvement 1 Ref: Regulation 21 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that no individuals are employed within the home until all the information and documents as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 have been obtained. Ref: 6.3.3.
	Response by registered person detailing the actions taken: All job applicants will be required to complete an application form - C.V.s will no longer be accepted.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure the following in regards to the management of patients who are being treated for any Healthcare Acquired Infection: <ul style="list-style-type: none"> • A comprehensive and person centred care plan shall be in place which clearly outlines the necessary nursing care required based upon the patient's assessed needs. The care plan shall also be kept under regular review in order to accurately reflect any changes to the patient's assessed care needs/condition. Ref: 6.3.4.
	Response by registered person detailing the actions taken: Individual care plans have be reassessed to suit specific needs. Manager and nursing staff will continue to devise care plans for each individual.

Please ensure this document is completed in full and returned via Web Portal



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