



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Broadways Private Nursing Home
RQIA Number:	1397
Date of Inspection:	7 December 2014
Inspector's Name:	John McAuley
Inspection ID:	20236

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Broadways Private Nursing Home
Address:	Broadway Main Street Larne BT40 1LT
Telephone Number:	028 28273464
Email Address:	barbara@broadwayspnh.com
Registered Organisation/ Registered Provider:	Mrs Barbara Sloan
Registered Manager:	Mrs Jacqueline Davey
Person in Charge of the Home at the Time of Inspection:	Staff Nurse Michelle McIlwaine
Categories of Care:	NH-PH, NH-I
Number of Registered Places:	33
Number of Patients Accommodated on Day of Inspection:	29 plus 2 patients in hospital
Scale of Charges (per week):	£587.00 - £607.00
Date and Type of Previous Inspection:	19 November 2013 – Unannounced primary inspection
Date and Time of Inspection:	7 December 2014 10:30am – 2:15pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with staff nurse(s) in charge and staff on duty
- Discussion with patients
- Consultation with one visiting relative
- Review of a sample of staff training records
- Review of a sample of care plans
- Review of accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	15
Staff	7
Relatives	1
Visiting Professionals	0

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Broadways Nursing home is situated just off Main Street in the centre of the town of Larne. Access to the home is via a lift from the hallway that leads onto Dunnes Stores.

The nursing home is owned and operated by Mrs Barbara Sloan and the registered manager is Mrs Jacqueline Davey.

Accommodation for patients is provided over two floors with access to the first and second floor is via a passenger lift and stairs. A third floor is used for administrative purposes.

Communal lounges and a dining area are provided on the first floor level.

The home provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of thirty three persons under the following categories of care:

Nursing care

- I old age not falling into any other category.....if required... to a maximum of 31 patients
- PH physical disability other than sensory impairment under 65

8.0 Executive Summary

The unannounced inspection of Broadways Private Nursing Home was undertaken by John McAuley on Sunday 7 December 2014 between 10:30am and 2:15pm. The inspection was facilitated by Staff Nurse in charge Michelle McIlwaine, who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and one visiting relative. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 19 November 2104 five requirements and seven recommendations were issued. A review of these, found all but one recommendation were addressed within timescale. The recommendation that was not addressed was in relation to wound care, in that notification had not been made to RQIA in respect on a particular issue of this as requested in the policy and procedure. Details can be viewed in the section immediately following this summary.

The DHSSPS Nursing Homes Minimum Standard 19 on Continence Management was reviewed on this occasion. The review found that there were individualised assessments and care plans pertaining to continence care and staff are in receipt of training in this area. General observations of care practices found that patients' personal care needs were attended to promptly and with privacy and sensitivity. This standard has been overall assessed as compliant.

Discussions with patients in accordance with their capabilities were all positive, in respect of the provision of care and their relationship with staff. Details of this consultation are in 11.0 of this report.

Observations of care practices found that duties and tasks were carried out at an organised, unhurried pace, and patients / residents were treated with dignity and respect.

Discussions with staff on duty, confirmed staff were positive about their roles and duties, the teamwork and managerial support. No concerns were expressed.

Issues of improvement were identified with skill mix of staff from 2pm onwards at weekends and 5pm onwards on weekdays, dementia training, care plans pertaining to spiritual care and an incident notification. Details of these issues are discussed in 11.0 of this report.

The home was clean and tidy. The general décor and furnishings was dated and tired in many areas but fit for purpose. Issues of improvement were identified in relation to a door that was not opening properly, radiators / hot surfaces and a fire safety exit. The details of these issues of improvement are discussed in 11.0 of this report and are highlighted in the quality improvement plan (QIP) to be addressed within timescale.

Conclusion

The inspector can confirm that at the time of this unannounced inspection the delivery of care to patients was evidenced to be of a good standard. Patients were observed to be treated with dignity and respect.

Eight requirements and one recommendation were made as a result of this inspection. These requirements are detailed in 11.0 of this report and in the attached quality improvement plan (QIP).

The inspector would like to thank the patients and staff for their assistance and co-operation received throughout this inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	<p>The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003</p> <p>Article 40(1)</p>	<p>40. – (1)The Regulation and Improvement Authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the Regulation and Improvement Authority considers it necessary or expedient to have for the purposes of its functions.</p> <p>The registered provider / manager must ensure that the self-assessment documentation submitted to the Authority prior to inspection, provides comprehensive details of how the home is achieving the required standard,</p>	<p>The self-assessment has been reviewed to include comprehensive details of how the home is achieving the required standard.</p>	<p>Compliant</p>

2.	20 (1)	<p>It is required that staff receive mandatory training, with specific reference to safe moving and handling and fire safety training, and other training to ensure they meet the needs of the patients they care for.</p> <p>Mandatory training guidance is available on the RQIA's website; 'Mandatory training for regulated services' (Sept 2012).</p>	A review of staff training records confirmed staff are in receipt of up to date training in manual handling and fire safety, with both having been completed in November 2014.	Compliant
3.	29(4)(a)	<p>The registered person must ensure that the records of the Regulation 29 visits illustrate the following;</p> <ul style="list-style-type: none"> • The identity of patients interviewed should be recorded using the patient ID number. This will ensure that the opinion of a variety of patients are considered 	A review of the monitoring reports by the registered person confirmed that the identity of patients interviewed were recorded using the patients' ID number.	Compliant
4.	29(5)(c)	The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report.	Two posters were in display advertising the availability of the Regulation 29 reports.	Compliant

5.	17	<p>The registered person/registered manager must ;</p> <ul style="list-style-type: none"> • prepare an annual quality report • submit a copy of the report to RQIA along with the return of the completed QIP • make patients and their representatives aware of the function and availability of the annual quality report. 	<p>The annual quality report has been submitted to RQIA and a summary of the findings is in accessible display in the home.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28.1	Each employee's record of induction should also include a final statement of competency signed off by the registered manager.	A final statement of competence has been included in the programme of induction.	Compliant
2.	25.2	It is recommended that a policy is developed in relation to the arrangements in place regarding the Regulation 29 unannounced visits. The policy and procedure should be reflective of the statutory requirements.	This policy and procedure was not reviewed on this occasion. However the last three monthly monitoring reports were reviewed on this occasion and these were found to be in keeping with legislation.	Compliant

3.	25.12	<p>It is recommended that Regulation 29 reports are further developed to also provide evidence that the registered person had:</p> <ul style="list-style-type: none"> • evidenced that deficits were identified and an action plan developed to address the deficits • evidenced that previous action plans issued had been reviewed to ensure deficits previously identified were addressed or improved • evidenced that where deficits had not been addressed, in a timely manner, appropriate follow up action had been taken. 	<p>A review of these reports confirmed that the action plans from these reports were appropriately attended to.</p>	Compliant
4.	12.1	<p>It is recommended that the registered person ensures that evidence is maintained to validate that the patient's fluid intake is adequate to minimise the risks of dehydration.</p> <p>Where a patient's care plan states a daily fluid intake target amount, then the patients daily (24hour) fluid intake should be recorded in their daily progress record in order to show that this area of care is being properly monitored</p>	<p>A review of a sample of patients' care records confirmed that daily fluid intakes were being appropriately recorded,</p>	Compliant

5.	16.4	It is recommended that the registered person ensures that bowel function, reflective of the Bristol Stool Chart, is appropriately recorded in daily progress records.	Information of the Bristol Stool Chart has been made known for staff recording.	Compliant
6.	11.2	The home's wound management policy should be updated to reference current best practice documents, and also state the notification procedure where a patient has a pressure ulcer of Grade 2 or above.	The wound management policy was not reviewed on this occasion however a review of a sample of patients' care records found that there was one patient who had a Grade 2/3 pressure ulcer and this was not notified to RQIA. In lieu of this this recommendation has been stated for a second time.	Not compliant
7.	12.4	It is recommended that the daily menu is provided in a suitable format and in an appropriate location so that patients and their representatives know what is available at each mealtime.	The daily menu was clearly displayed.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in 19 November 2013, RQIA have not been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

However an incident occurred in the home on the 1 December 2014 which had a potential to put patients at risk and was not notified to RQIA. A requirement was made at the time of this inspection, for this incident to be duly notified.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p>	
Inspection Findings:	
<p>A review of patients’ care records found that there were individualised assessments in place of continence care needs and management of same. The outcome of these assessments, including the type of continence products to be used, was incorporated into patients’ care plans. The care plans had supporting evidence of patient and / or their representative consultation.</p> <p>Added to this, general observations of care practices found that patients’ personal care needs were attended to promptly and with privacy and sensitivity.</p> <p>There was also found to be adequate provision of aids and equipment in place to management this area of care.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

All staff have received training in continence management and there are guidance, with policies and procedures on continence management, including catheter care and stoma care.

Added to this there was a wide range of guidance and information in place to direct and support staff on continence management.

Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Information is available on the promotion of continence and on request can be made available on accessible format for patients and their representatives.	Compliant
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussions with one of the two nurses on duty confirmed that they are in receipt of up to date training in urinary catheterisation and stoma care management.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Compliant
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11.0 Additional Areas Examined

11.1 Patients' views

The inspector met with a large number of patients throughout this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home, the provision of care, their relationship with staff and the provision of meals.

Some of the comments made included statements such as;

"It's a great place to live"

"I am very happy here"

"The food is lovely"

"I am very happy here"

"I like everyone here"

No concerns were expressed or indicated.

11.2 Staff views

The inspector met with seven members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for.

The only concerns expressed were in relation to the security access to the home which is under investigation at present.

11.3 Relatives' views

The inspector met with one visiting relative at the time of this inspection. This relative spoke in complimentary terms about the provision of care and the kindness and support received from staff.

No concerns were expressed.

11.4 General environment

The home was found to be clean and tidy. The general standard of décor and furnishings in many areas was dated and tired but fit for purpose.

A door handle on the designated smoking lounge was not opening properly and a requirement was made to have this repaired urgently.

Throughout the home there were radiators that were excessively hot to touch, particularly in the lounges and dining room and posed as a risk if a patient / resident were to fall and lie against the surface. A requirement has been made for all radiators / hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidelines.

11.5 Care practises

Discreet observations of care practices throughout this inspection, evidenced patients being treated with dignity and respect. Staff interactions with patients / residents were observed to be polite, friendly, warm and supportive.

Care duties and tasks were organised and carried out in an unhurried pace.

The supervision and assistance with the Sunday dinner time meal found this to be carried out in an appropriate manner with an appetising meal provided for in conducive surroundings.

11.6 Fire Safety

The home's most recent fire safety risk assessment was not available for review. A requirement was made that an action plan with timescales must be submitted to the home's aligned estates inspector detailing how any recommendations from the assessment will be dealt with, from this assessment.

Fire safety training, including fire safety drills was found to be maintained on an up to date basis with staff. There were a programme of fire safety checks maintained in the home, and these were recorded on an up to date basis.

At the time of this inspection, a fire safety exit on the first floor was obstructed by a Christmas tree for which a requirement was made urgently to make good.

11.7 Staffing

Staffing levels at the time of this inspection appeared appropriate to meet the needs of patients taking account the layout of the home.

However from 2pm on weekends and 5pm on weekdays there is only one nurse on duty. A requirement has been made for this skill mix to be reviewed. This review needs to take account of the size and layout of the home, fire safety requirements and the numbers and assessed needs of patients.

General observations also found that there were approximately three patients accommodated whose primary need was moving towards dementia. The nurse in charge was able to evidence that these needs were being dealt with, in consultation with the patient's care manager and family. However training for staff in dementia was not in place and as respect a requirement has been made for this training to be provided for.

11.8 Spiritual Care

A review of a sample of five patients' care records found that none of these contained comprehensive assessment details and subsequent care plan pertaining to the patient's spiritual care and well-being. A requirement has been made for this area of need to be put in place for any patients and in doing so, include the contact details of the patient's aligned clergy person, if applicable.

11.9 Accident Reports

A review of these reports was undertaken from May 2014 to date of inspection. This review found that these accidents were all minor type and appropriately managed.

However an incident occurred in the home on the 1 December 2014 which had a potential to put patients at risk and was not notified to RQIA. A requirement was made at the time of this inspection, for this incident to be duly notified.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Staff Nurse Michelle McIlwaine, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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Belfast
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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> • At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> • A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> • Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> • A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>BROADWAYS OPERATES A NAMED NURSE SYSTEM. A NEW RESIDENT IS ASSESSED USING A RECOGNISED MODEL OF NURSING I.E. ROPER LOGAN & TIERNEY TO ASSESS THE ACTIVITIES OF DAILY LIVING. PRIOR TO ADMISSION A DETAILED PRE-ADMISSION ASSESSMENT IS CARRIED OUT AND ON ADMISSION NUMEROUS RECOGNISED ASSESSMENT TOOLS E.G. BRADEN TOOL, COMMUNITY NUTRITIONAL ASSESSMENT ARE USED TO ALLOW US TO PROVIDE SAFE, EFFECTIVE CARE. THE RESIDENT AND/OR THEIR REPRESENTATIVE ARE CONSULTED THROUGHOUT THE ADMISSION AND ON AN ONGOING BASIS. CARE PLANS ARE REVIEWED AT LEAST ONCE MONTHLY OR SOONER IF REQUIRED. ALL CARE PLANS ARE DATED AND SIGNED BY THE DESIGNATED NURSE. ALL RESIDENTS HAVE A PRIMARY AND ASSOCIATE NAMED NURSE FROM ADMISSION.</p>	<p>COMPLIANT</p>

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>THE NAMED NURSE AGREES A PLAN OF CARE WITH THE RESIDENT AND/OR THEIR REPRESENTATIVE TAKING INTO ACCOUNT ANY ADVICE FROM THE MULTIDISCIPLINARY TEAM E.G. DOCTOR, DIETITIAN ETC. PHYSIO ASSESSMENTS ARE CARRIED OUT BY BROADWAYS OWN PHYSIOTHERAPIST WHO VISITS THE HOME WEEKLY. RISK ASSESSMENTS ARE CARRIED OUT USING BRADEN SCORE, COMMUNITY NUTRITIONAL RISK ASSESSMENTS AND OTHER RECOGNISED TOOLS FOR RISK ASSESSMENT. THESE TOOLS ARE USED TO FORM THE DECISIONS ALL CARE DELIVERED IN BROADWAYS IS BASED ON. THESE DECISIONS ARE SUPPORTED BY EVIDENCE BASED RESEARCH AND UP TO DATE GUIDELINES E.G. N.I.C.E., PREVENTION OF PRESSURE ULCERS AND N.P.U.A.P./E.P.U.A.P. CLINICAL BASED EVIDENCE QUICK REFERENCE GUIDE. ALL NURSES ARE PROVIDED WITH WOUND CARE TRAINING AND A WOUND CARE LINK NURSE HAS BEEN APPOINTED. THE MANAGER AUDITS THESE CARE PLANS AT LEAST MONTHLY.</p>	<p>COMPLIANT</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
CARE PLANS ARE ASSESSED DAILY AND AT LEAST TWO WRITTEN ENTRIES SIGNED AND DATED DAILY. MONTHLY ASSESSMENT OF CARE PLANS ARE DOCUMENTED AND SIGNED AND UPDATED AS NECESSARY. THE RESIDENT AND THEIR REPRESENTATIVE ARE KEPT INFORMED OF ANY CARE PLAN REVIEWS AND THEIR INPUT INTO CARE ENCOURAGED.	COMPLIANT

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>ALL CARE PLANS IN BROADWAYS HAVE BEEN COMPLETED USING ASSESSMENTS TAKEN PRIOR TO ADMISSION AND INCORPORATING THE OUTCOMES OF RECOGNISED RISK ASSESSMENT TOOLS USED FOR ASSESSMENT ON THE DAY OF ADMISSION I.E. BRADEN SCORE, COMMUNITY NUTRITIONAL RISK ASSESSMENT, RISK OF FALLS ETC. RESIDENTS WHO ARE AT RISK FOLLOWING BRADEN SCORE ASSESSMENT HAVE A DOCUMENTED PRESSURE ULCER PREVENTION CARE PLAN IN PLACE. APPROPRIATE BED AND MATTRESS IS PROVIDED. STAFF ENSURE THIS IS FUNCTIONING AT THE REQUIRED SETTING TO PROVIDE OPTIMUM PREVENTION OF RISKS. REPOSITIONING CHARTS ARE USED FOR RESIDENTS WHILST IN BED AND ANY EQUIPMENT RECOMMENDED BY OUR IN-HOUSE PHYSIOTHERAPIST IS PROVIDED. NUTRITIONAL STATUS IS KEPT UNDER REVIEW AND DIETITIAN ADVICE SOUGHT PROMPTLY WHEN REQUIRED.</p>	COMPLIANT

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
NURSING CARE PLANS ARE INDIVIDUALLY KEPT IN ACCORDANCE WITH N.M.C. GUIDELINES. ALL NURSING STAFF HAVE A COPY OF UP TO DATE N.M.C. GUIDELINES ON RECORD KEEPING. A RESIDENT ASSESSED AS AT RISK WILL HAVE A DAILY FOOD/FLUID CHART RECORDED. THE KITCHEN STAFF KEEP DETAILED RECORDS OF ALL MEALS PROVIDED TO RESIDENTS AND AMOUNT EATEN AND WILL REPORT TO NURSING STAFF OF ANY CHANGE IN A RESIDENT’S APPETITE. A LIST OF ALL RESIDENTS LIKES AND DISLIKES ARE RECORDED AND KEPT IN THE KITCHEN. THE NURSE ASSESSES EACH RESIDENT DAILY AND PROMPT REFERRALS MADE TO DIETITIAN AND/OR SPEECH & LANGUAGE THERAPIST IF REQUIRED. RESIDENTS ARE WEIGHED AT LEAST ONCE A MONTH OR MORE FREQUENTLY IF ASSESSED AT RISK.	COMPLIANT

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
ALL CARE IN BROADWAYS IS ASSESSED USING THE NURSING MODEL OF ROPER, LOGAN AND TEIRNEY. ALL CARE PLANS AND RISK ASSESSMENTS ARE MONITORED DAILY AND UPDATED AS REQUIRED. CARE PLANS AND RISK ASSESSMENTS ARE REVIEWED ON A MONTHLY BASIS. ALL CARE PLANS ARE DISCUSSED WITH THE RESIDENT AND/OR THEIR REPRESENTATIVE AND ARE AVAILABLE FOR INFORMATION AT ALL TIMES. CARE PLANS ARE MONITORED BY THE MANAGER AND THE REGISTERED PERSON ON AT LEAST A MONTHLY BASIS.	COMPLIANT

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
PATIENTS AND THEIR REPRESENTATIVES ARE ENCOURAGED TO ATTEND ALL REVIEWS OF THEIR CARE. WE VALUE THEIR INPUT AS IT HELPS US TO PLAN SAFE, EFFECTIVE NURSING CARE. THE RESULTS OF ALL REVIEWS AND MEETINGS ARE DOCUMENTED AND CHANGES TO CARE PLANS MADE AS REQUIRED. FEEDBACK IS PROVIDED TO RESIDENTS AND THEIR REPRESENTATIVES DETAILING PROGRESS.	COMPLIANT

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
ALL PATIENTS NUTRITIONAL NEEDS ARE ASSESSED USING COMMUNITY RISK ASSESSMENT TOOL. A VARIED MENU IS PROVIDED IN BROADWAYS OFFERING TWO CHOICES AT LUNCH AND DINNER. INDIVIDUAL PREFERENCES AND NEEDS ARE MET. GUIDELINES FROM DIETITIAN AND SPEECH & LANGUAGE THERAPISTS ARE ADHERED TO. COPIES OF THEIR RECOMMENDATIONS ARE ALSO KEPT IN THE KITCHEN.	COMPLIANT

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**

Criterion 12.5

- **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**

Criterion 12.10

- **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**
 - **risks when patients are eating and drinking are managed**
 - **required assistance is provided**
 - **necessary aids and equipment are available for use.**

Criterion 11.7

- **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>UP TO DATE TRAINING IS PROVIDED TO STAFF ON MANAGING FEEDING TECHNIQUES FOR PATIENTS WITH SWALLOWING DIFFICULTIES. ALL STAFF ARE MADE AWARE OF INSTRUCTIONS DRAWN UP BY SPEECH & LANGUAGE THERAPIST AND DIETITIAN. MEALS ARE PROVIDED AT CONVENTIONAL TIMES WITH INDIVIDUAL PREFERENCES TAKEN INTO ACCOUNT. THE KITCHEN IS FULLY ACCESSIBLE 24 HOURS A DAY AND A VARIETY OF SNACKS, HOT AND COLD DRINKS ARE PROVIDED AND AVAILABLE. DUE TO OUR UNIQUE LOCATION OF BEING IN THE TOWN CENTRE, A RESIDENTS REQUEST FOR A PARTICULAR FOOD/DRINK CAN BE MET PROMPTLY. ANY RESIDENTS ASSESSED AS AT RISK OF CHOKING OR NEEDING ASSISTANCE WITH FEEDING HAVE THEIR NEEDS MET BY STAFF DISCRETELY AND USING NECESSARY AIDS AND EQUIPMENT. STAFF USE DEHYDRATION CHARTS WHICH ARE KEPT IN THE BATHROOM TO MONITOR RESIDENTS. NURSES ASSESS ANY RESIDENT NEEDING WOUND CARE USING RECOGNISED TOOLS AND GUIDELINES AND UP TO DATE TRAINING IS PROVIDED. THE WOUND CARE LINK NURSE IS AVAILABLE TO ANY MEMBER OF STAFF FOR WOUND CARE ADVICE. A TALK ON WOUND CARE TO CARE STAFF HAS BEEN ARRANGED WITH THE LINK NURSE FOR JUNE 2014. ALL PROFESSIONALS ARE LIAISED WITH FOR THE MANAGEMENT OF WOUNDS E.G. DOCTORS, DIETITIANS, T.V.N. AND O.T. BROADWAYS IN-HOUSE PHYSIO PROVIDES A WEEKLY ASSESSMENT OF MOVING AND HANDLING AND RECOMMENDS APPROPRIATE EQUIPMENTS SUCH AS BEDS, MATTRESSES, CUSHIONS AND AIDS FOR TRANSFER. TISSUE VIABILITY ARE LIAISED WITH WHEN AN ASSESSMENT IS CARRIED OUT FOR PARTICULAR WOUND CARE PRODUCTS AND DRESSINGS.</p>	<p>COMPLIANT</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</p>	<p>COMPLIANCE LEVEL</p>
	<p>COMPLIANT</p>



Quality Improvement Plan
Unannounced Care Inspection
Broadways Private Nursing Home

7 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Staff Nurse in Charge Michelle McIlwaine either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27(2)(b)	<p>The registered person shall, having regard to the number and needs of the patients, ensure that –</p> <p>(b) The premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p> <p>Reference to this is made in that the door handle to the designated smoking lounge must be made good.</p>	One	DOOR HANDLE TO DESIGNATED SMOKING ROOM WAS REPAIRED ON 08.12.14. AN ONGOING MAINTENANCE PROGRAMME IS IN PLACE.	14 December 2014
2.	27(2)(t)	<p>The registered person shall, having regard to the number and needs of patients, ensure that –</p> <p>(t) A risk assessment to manage health and safety is carried out and up dated when necessary.</p> <p>Reference to this is made in that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p>	One	A RISK ASSESSMENT OF ALL RADIATORS/HOT SURFACES HAS BEEN INITIATED TAKING INTO ACCOUNT CURRENT SAFETY GUIDELINES. ANY ACTION DEEMED NECESSARY WILL BE COMPLETED WITHIN THE TIMESCALE.	7 February 2015

3.	27(4)(a)	<p>The registered person shall –</p> <p>(a) Have in place a current risk written assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that an action plan with timescales must be submitted in writing to the home's aligned estates inspector, detailing how the recommendations from the most recent fire safety risk assessment on date unknown, will be dealt with.</p>	One	<p>FIRE RISK ASSESSMENT CARRIED OU ON 16.12.13 IS CONTAINED WITHIN THE FIRE LOG FILE AND IS AVAILABLE FOR INSPECTION AT ALL TIMES.THERE WERE NO RECOMMENDATIONS AS A RESULT OF THIS FIRE RISK ASSESSMENT. A DATE HAS BEEN REQUESTED FOR THE ANNUAL RISK ASSESSMENT.</p>	21 December 2014
4.	20(1)(c) (i)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(c) ensure that persons employed by the registered person receive –</p> <p>(i) Appraisal, mandatory training and other training appropriate to the work they are to perform ;</p> <p>Reference to this is made in that all care staff must be in receipt on training in care of dementia.</p>	One	<p>A MANDATORY TRAINING TIMETABLE IS IN PLACE AND IMPLEMENTED. ADDITIONAL TRAINING IS PROVIDED AS REQUIRED. APPRAISALS ARE CARRIED OUT AT LEAST YEARLY AND REVIEWED AS REQUIRED. ADDITIONAL DEMENTIA TRAINING HAS BEEN BOOKED FOR 18.02.15 AND 12.03.15.</p>	7 March 2015

5.	27(4)(c)	<p>The registered person shall – (c) provide adequate means of escape;</p> <p>Reference to this is made in that the Christmas tree obstructing the fire safety exit must be removed and fire safety exit must never be left obstructed.</p>	One	<p>THE CHRISTMAS TREE WAS IMMEDIATELY REMOVED. STAFF HAVE BEEN ADVISED THAT IT SHOULD NOT HAVE BEEN PLACED AT A FIRE EXIT. STAFF HAVE BEEN GIVEN A REMINDER ON FIRE SAFETY ISSUES.</p>	8 December 2014
6.	16(1)	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient’s representative as to how the patient’s needs in respect of his health and welfare are to be met;</p> <p>Reference to this is made in that all patients must have a comprehensive, detailed assessment and subsequent care plan put in place pertaining to their spiritual care needs, as appropriate.</p>	One	<p>ALL RESIDENTS HAVE A DETAILED CARE PLAN PERTAINING TO THEIR SPIRITUAL NEEDS AND WISHES. THIS IS REVIEWED ON A MONTHLY BASIS OR WHEN CIRCUMSTANCES CHANGE.</p>	7 March 2015

7.	20(1)(a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;</p> <p>Reference to this is made in that a review of the skill mix of trained staff needs to be undertaken to cover the periods from 2pm at weekends and 5pm at weekdays. This review need to take account of the size and layout of the home, fire safety requirements and the numbers and assessed needs of patients.</p>	One	STAFF SKILL MIX IS UNDER ONGOING REVIEW. THIS TAKES INTO ACCOUNT RESIDENT NUMBERS, ASSESSED NEEDS OF RESIDENTS AND THE LOCATION OF THE RESIDENTS IN THE HOME.	7 February 2015
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8.	30(1)(d)	<p>The registered person shall give notice to RQIA without delay of the occurrence of – (d) any event in the nursing home which adversely affects the wellbeing or safety of any patient;</p> <p>Reference to this is made in that notification must be issued to the RQIA with regard to the incident relating to an intruder and in detailing this give account of what action has been taken to prevent reoccurrence.</p>	One	<p>NOTIFICATION WAS SENT ON 09.12.14 AS PLANNED. FEEDBACK HAD BEEN RECEIVED ON 06.12.14 FROM THE P.S.N.I. AND SO ENABLING A FULL REPORT TO BE SUBMITTED. SUBSEQUENTLY AND ALARM HAS BEEN FITTED TO THE FIRE ESCAPE ON THE THIRD FLOOR; STAFF HAVE BEEN REMINDED TO ENSURE THEY IDENTIFY ALL VISITORS, CONTRACTORS ETC. BEFORE ALLOWING ENTRY TO THE HOME; LETTERS HAVE BEEN SENT TO ALL RESIDENT'S NEXT OF KIN STRESSING THE IMPORTANCE OF SIGNING THE VISITORS BOOK AND CLOSING THE DOORS PROPERLY BEHIND THEM WHEN ENTERING/EXITING THE BUILDING; A LETTER HAS BEEN SENT TO ALL NAMED WORKERS;</p>	14 December 2014
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.2	<p>The home's wound management policy should be updated to reference current best practice documents, and also state the notification procedure where a patient has a pressure ulcer of Grade 2 or above.</p> <p>Reference to this is made in that notification was not made in respect of a patient with a pressure ulcer of Grade 2/3.</p>	Two	<p>CURRENT BEST PRACTICE DOCUMENTS ARE AVAILABLE TO STAFF IN THE WOUND CARE FILE. THE WOUND CARE POLICY CLEARLY STATES WHERE A PATIENT HAS A PRESSURE ULCER OF GRADE 2 OR ABOVE IT MUST BE REPORTED TO THE R.Q.I.A. A NOTICE IN REGARD TO THE RESIDENT WAS SENT ON 09.12.14. ALL NURSING STAFF HAVE AGAIN BEEN INFORMED IT IS THEIR RESPONSIBILITY IN THE ABSENCE OF THE MANAGER TO SEND NOTIFICATIONS OF ALL UNTOWARD EVENTS.</p>	14 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	JACQUELINE DAVEY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	BARBARA SLOAN

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	19 January 2015
Further information requested from provider			