

# Unannounced Care Inspection Report 16 March 2021



## Broadways Private Nursing Home

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

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Broadways Private Nursing Home Ltd  <b>Responsible Individual:</b> Barbara Sloan	<b>Registered Manager and date registered:</b> Jacqueline Davey – 7 March 2012
<b>Person in charge at the time of inspection:</b> Jacqueline Davey	<b>Number of registered places:</b> 33
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  27

### 4.0 Inspection summary

An unannounced inspection took place on 16 March 2021 from 09.40 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- the internal environment and infection prevention and control (IPC) practices
- care delivery
- care records
- governance and management.

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
<b>Total number of areas for improvement</b>	*2	*7

\*The total areas for improvement include two under regulations and two under standards carried forward to the next inspection; one under standards stated for a third and final time and two under standards stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Davey, Manager, 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.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with five patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Four questionnaires were returned all indicated they were satisfied with the service provided in Broadways Private Nursing Home and all comments were passed to the manager for consideration.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- staff duty rota from 15 to 28 March 2021
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accident and incident reports
- record of complaints and compliments
- records of audit
- one recruitment file
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- competency assessments
- supervision and appraisal schedule
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last medicines management inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 23 November 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions; any discontinuations must be promptly recorded.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that the medicine refrigerator is managed appropriately so that maximum and minimum temperatures remain within the required range of 2-8°C. An accurate record must be maintained and immediate action taken when deviations are identified.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> Third and final time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one recruitment file and employment check list evidenced that area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that chemicals are stored in keeping with COSHH regulations</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure in relation to infection prevention and control:</p> <ul style="list-style-type: none"> <li>• robust system in place to ensure IPC training is embedded into practice</li> <li>• guidance for usage of PPE is adhered to</li> <li>• clean laundry is stored appropriately.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection</b></p> <p>A review of staff practice, environment and audits evidenced that this area for improvement was met as stated.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written confirmation of patients' medicines and any new medicines or changes is in place in order to confirm the accuracy of the personal medication record.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the audit process for the management of medicines is robust and include all aspects of the management of medicines; staff must be aware of what is expected.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the activity programme and records evidenced that a written schedule was available, however, the activity records had not consistently maintained.</p> <p>This area for improvement has been partially met and will be stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second 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, care record audits and patients' weights audits.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> We reviewed the audits in place in home and whilst some improvement had been identified in the auditing systems deficits in the care records had not been identified through the auditing processes.</p> <p>This area for improvement has been partially met and will be stated for a third time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall when a urinary catheter is in use an accurate fluid balance is recorded, evaluated and reviewed by the registered nurses.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were no patients with a urinary catheter in place however following discussions with the manager we were advised that a fluid balance would be maintained and reviewed by the nurses for the patients and staff were aware of this.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> <li>• all supplementary repositioning records shall be completed in an accurate, legible comprehensive and contemporaneous manner at all times</li> <li>• skin assessment checks are recorded.</li> </ul> <p>The care plan includes the setting of the pressure relieving device and a review of this setting is included in the monthly evaluation of care.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records reviewed evidenced that skin assessment checks were not recorded. Review of one patient's care records evidenced that there was no care plan in place to direct the frequency of the repositioning required. A further care plan was not reflective of the patient's current needs; this will be discussed further in section 6.2.4.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		

<b>Area for improvement 7</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure a robust system is in place to ensure patients' weights are recorded monthly or more frequently as needed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed identified patients weights were recorded monthly and relevant referrals to the multi-disciplinary team were made.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure nutritional care plans are reflective of the current guidance from the SLT.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed indicated this area for improvement was met as stated.	

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with five members of staff who had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was good support for the staff from management.

Arrangements were in place to ensure staff received mandatory training and compliance with this was monitored. Staff told us that they were reminded when training was due.

There was a system in place to monitor staff were registered with the NMC or NISCC as required.

### 6.2.2 The internal environment and infection prevention and control (IPC) practices

A selection of bedrooms, bathrooms, lounges, sluice rooms, store rooms, dining rooms and treatment rooms in the home. We observed that the home was clean, tidy and fresh smelling throughout. Corridors and fire exits were clear of clutter and obstruction.

We observed that some areas of the home had been freshly painted. We discussed with the manager that the maintenance programme was ongoing in the home.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period in addition to the regular cleaning schedule.

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing information on PPE was placed in appropriate areas throughout the home.

Staff were observed to attend to hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance. The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

We were informed that staff and patients were having their temperature checked in accordance with the regional guidance for Covid -19. Visiting was currently taking place in the designated visiting area and any visitors to the home also had a temperature check recorded.

### **6.2.3 Care delivery**

Patients were observed to be well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms. However, we did observe that some of the patients in their bedrooms did not have their call bells within reach and one was not plugged in. This was discussed with the manager and identified as an area for improvement.

During the inspection we observed that one patient had a lap belt in position when seated in their specialised chair. This was queried with the manager who advised that these belts were usually only to be used when transporting patients to another area and not for continuous use. The manager confirmed the use following the inspection and the patient's care plan had been updated to reflect this.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance in a timely manner and staff demonstrated knowledge of their likes and dislikes. The dining experience was calm and unhurried.

Patients spoken with commented positively about their experience of living in Broadways Private Nursing Home, they told us:

- "I like all of it here."
- "The food is good and the company is good."
- "Very comfortable I couldn't be in a better place."
- "I can't complain we are well looked after."
- "It doesn't matter what you ask for, you get it."

We provided questionnaires in an attempt to gain the views of relatives, patients and a poster was provided for staff that were not available during the inspection; four were returned indicating a positive response to the service provided in Broadways Private Nursing Home.

#### **6.2.4 Care records**

We reviewed the care records for three patients. The records evidenced risk assessments were completed on admission and reviewed thereafter. However we observed in some of the records that when a risk was identified through the risk assessment process; some of the care plans had not been updated with sufficient detail to direct the required care. This was observed in the records relating to mobility and manual handling. This was discussed with the manager and an area for improvement was identified.

Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Discussion was had with the manager on the evaluation of the care plans and the need to include meaningful statements of the effectiveness of the care provided. The progress of this will be reviewed at the next inspection.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SLT) and podiatry services where necessary.

Care records for one patient, which indicated the use of a pressure relieving mattress and assistance with repositioning was reviewed. We observed that the pressure relieving mattress setting and type of mattress were not accurately recorded in the care plan and the patient did not have a repositioning chart recorded to evidence care delivered. We discussed this with the manager who told us that the care records were not updated to reflect the patient's current needs. An area for improvement identified from the previous inspection will therefore be stated for a second time.

We reviewed the care plans for two patients who required a modified diet. The records viewed had been updated to reflect the current SLT guidelines and were written reflecting the international dysphagia diet standardisation initiative (IDDSI) guidance.

We reviewed the records for the provision of activities in the home. We observed that a written activity schedule was available to review, however, the activity records were not consistently maintained to evidence activities which had been conducted. This was discussed with the manager and an area for improvement previously identified in this regard will be stated for a second time.

#### **6.2.5 Governance and management arrangements**

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement; we observed that action plans were developed and timeframes for completion were visible. However, due to the deficits found within the care records an area for improvement identified at the previous inspection for the second time will now be stated for a third time.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of one recruitment record identified that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

### Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients and the staff awareness of their patients' needs. Areas of good practice were also identified in relation to the teamwork within the home.

### Areas for improvement

Areas for improvement were identified in relation to ensuring patients have call bells within reach and care plans relating to mobility/ manual handling updated when a risk is identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.3 Conclusion

During the inspection we observed positive interactions between patients and staff. Patients were observed to be well cared for, content and settled. Staffing levels were satisfactory and staff advised they were supported in their role.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Davey, Manager, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions; any discontinuations must be promptly recorded.  Ref: 6.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the medicine refrigerator is managed appropriately so that maximum and minimum temperatures remain within the required range of 2-8°C. An accurate record must be maintained and immediate action taken when deviations are identified.  Ref: 6.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2020	The registered person shall ensure that written confirmation of patients' medicines and any new medicines or changes is in place in order to confirm the accuracy of the personal medication record.  Ref: 6.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2020	The registered person shall ensure that the audit process for the management of medicines is robust and include all aspects of the management of medicines; staff must be aware of what is expected.  Ref: 6.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> second time</p> <p><b>To be completed by:</b> 1 June 2021</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.1 and 6.2.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 1 June 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> We are currently recruiting a permanent Activity Organiser. Activity records have been being completed by various staff members carrying out activities. These records will be more consistently maintained on commencement of the new Activity Organiser. All staff have been instructed that, although activity programme is well met, it must be accurately recorded using Residents unique identifier number in place of initials. A weekly programme of events was available to view this reflected the impact of Covid-19 restrictions.</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, care record audits and patients' weights audits.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A complete audit of all care plans has taken place. Training for all nursing staff has been arranged in regard to care planning and record keeping. Supervision sessions have also been undertaken. Care staff have been informed that mattress settings are the sole responsibility of the Nurse in Charge and must not be altered without consultation and are only adjusted in accordance with documented personal data.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 May 2021</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> <li>• all supplementary repositioning records shall be completed in an accurate, legible comprehensive and contemporaneous manner at all times</li> <li>• skin assessment checks are recorded.</li> </ul> <p>The care plan includes the setting of the pressure relieving device and a review of this setting is included in the monthly evaluation of care.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been updated to include the assessed setting for each individual Resident requiring a pressure relieving mattress in accordance with the existing records. A new repositioning and skin care chart has been implemented. All staff have received a supervision session on correct use of same.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall undertake a review to ensure call bells are in good working order and accessible to patients who wish to remain in their bedroom so that they may summon help or assistance when required.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Call bell audits have been increased to weekly. Staff have been reminded of the importance of reporting faults immediately when found. This applies to all call bells including those Residents who have been assessed as unable to use. Staff must ensure the nurse call bell is always within easy access.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2021</p>	<p>The registered person shall ensure that patient care plans are sufficiently detailed to direct the care required. This is made with regards to the mobility and manual handling care plans</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans have been updated in this regard and staff reminded that care plans must provide enough detailed information to ensure safe and effective care.</p>

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



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