



The Regulation and  
Quality Improvement  
Authority

**Broadways Private Nursing Home**

**RQIA ID: 1397**

**Broadway**

**Main Street**

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**Inspector: Lyn Buckley**

**Inspection ID: IN025274**

**Unannounced Care Inspection  
of  
Broadways Private Nursing Home**

**21 March 2016**

**The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 21 March 2016 from 07:10 to 10:55 hours.

The focus of this inspection sought to assess progress with the issues raised during and since the previous inspection and to determine the early morning routine of the home.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 11 September 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	*4

\*The total number of requirements and/or recommendations includes three recommendations stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager, Jacqueline Davey, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Barbara Sloan – Responsible Individual	<b>Registered Manager:</b> Mrs Jacqueline Davey.
<b>Person in Charge of the Home at the Time of Inspection:</b> J Ormisby - Registered Nurse -	<b>Date Manager Registered:</b> 7 March 2012
<b>Categories of Care:</b> NH – I and PH A maximum of 2 patients within category NH-PH.	<b>Number of Registered Places:</b> 33
<b>Number of Patients Accommodated on Day of Inspection:</b> 33	<b>Weekly Tariff at Time of Inspection:</b> £593 - £633

### **3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine the early morning routine of the home.

### **4. Methods/Process**

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

- discussion with the registered manager
- discussion with registered nurses
- discussion with care staff and support staff
- discussion with patients
- review of the environment
- examination of two patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with patients individually and with others in smaller groups; nursing and care staff on duty and a member of the catering team.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report
- the previous estates inspection report 30 September 2015
- the inspector's pre inspection assessment

The following records were examined during the inspection:

- nursing and care duty rotas from 14 March to 27 March 2016
- records of audit relating to falls management and care planning/record keeping
- a sample of two patient care records
- policies and procedures relating to palliative/end of life care and breaking bad news

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced estates inspection dated 30 September 2015. The completed QIP was returned and approved by the estates inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the items stored on the landing areas of the fire escape stairs are removed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the rear staircase evidenced that all landings were clear.</p> <p>Discussion with the registered manager and with staff confirmed that following the last care inspection all items stored on the landings had been removed and staff were informed of the risks.</p> <p>The nurse in charge also confirmed that staff had recently received training in relation to fire safety.</p> <p>However, the inspector observed that the reception landing of the main staircase was blocked by an inflated therapy mattress, a commode, a stand aid and a rollator walking aid. This was brought to the attention of the nurse in charge who immediately removed the items and ensured that all the landings on the main staircase were free from obstruction to the staircase.</p> <p>The registered manager, during feedback, provided assurances that a process of monitoring compliance with fire safety policies would now be implemented, on a shift by shift basis. This was also confirmed in an email to RQIA from the registered persons.</p> <p>Following discussion with senior management within RQIA it was decided that while RQIA was satisfied that the registered persons had taken action to address the fire safety risks, as stated in this requirement, staff adherence to fire safety policies and procedures must be assured; therefore a requirement was made.</p>	<p><b>Met</b></p>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39.8 <b>Stated:</b> First time	<p>The registered person should ensure that staff are aware of regional guidance and best practice evidence, in relation to the inspection focus and themes, which underpins their practice and is commensurate with their role and function in the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with staff and review of a resource file confirmed that this recommendation had been met.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time	<p>The registered person should ensure that the home's policies and procedures are subject to a systematic three yearly review or more frequently, if relevant, to ensure they reflect national and regional guidance.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of the policies and procedure folder confirmed that while some work had been completed, the majority of policies and procedures still needed to be reviewed in accordance with DHSSPS care standards for nursing homes. For example, the policy on management of a syringe driver was out of date and referred to the old version of syringe driver no longer recommended for use under GAIN guidelines for palliative and end of life care in nursing and residential care homes (2013).</p> <p>Details of the findings regarding policies was discussed with the registered manager. Advice was given in relation to the development of a planner to aid in the systematic review of policies and procedures. Records of the progress of the review should be made available for inspection. The review should be achieved by 1 September 2016.</p> <p>This recommendation is now stated for a second time.</p> <p>Advice was provided in relation to the content of DNACPR records to ensure the record reflected the guidelines from the UK Resuscitation Council.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that that the registered manager's hours recorded on the duty rota clearly indicate the capacity in which she is working and that the hours worked by the registered manager enable her to fulfil her duties in relation to the governance and management of systems to ensure the safe delivery of care.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the staff duty rotas from 14 March to 27 March 2016 and discussion with the registered manager evidenced that this recommendation had been met.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that core care plans are reviewed in conjunction with the DHSSPS care standards for nursing homes, relevant evidenced based guidance for specific care needs and professional guidance for registered nurses.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of two patient care records and discussion with the registered manager and registered nurses confirmed that while some improvements had been made; the care planning process did not clearly evidenced the care delivered. Details were discussed with the registered manager during feedback.</p>		
<p>This recommendation was evidenced to be partially met and is now stated for a second time.</p> <p>In addition, the content of the care records reviewed was concerning because the record did not clearly indicate all of the necessary detail to enable other healthcare professionals, reading the record, to make an accurate judgement. This was discussed with the registered nurse and the details discussed with registered manager during feedback. A recommendation was made.</p>		

<b>Recommendation 5</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> Second time	The registered person shall ensure that an audit or review of the standard of record keeping is undertaken; that it is robust, traceable and takes account of legislative requirements; DHSSPS care standards for nursing homes and other related standards or guidance.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of a template document confirmed that a process for the audit of care records had been developed.  However, records of the audits undertaken since the last inspection, including outcomes were not available.  Given the inspection findings detailed in recommendation 4 (above) and that audit records were not available, this recommendation was evidenced to be partially met and is now stated for a second time.	

### 5.3 Additional Areas Examined

#### Early morning routine

Observations at 07:10 hours confirmed that patients were not 'got up early' to assist the routine of the home. Discussion with staff confirmed that patients were only assisted to 'get up' if this was their wish. Staff also confirmed that patients rising early were offered a cup of tea and a snack.

Catering staff were on duty from 07:00 hours to facilitate the serving of breakfast.

Patients were assisted to the dining room for their breakfast by day staff. Discussion with five patients, over the morning, confirmed that they only 'got up' when they wished and that they usually got up before 08:30 hours.

Other patients were observed coming to the dining room for breakfast after 09:30 and some patient received a breakfast tray to their bedroom.

#### Areas for Improvement

There were no improvements identified in relation to the early morning routine.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Registered Manager, Jacqueline Davey, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

### 6.1 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 (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 24 April 2016</p>	<p>The registered persons must ensure through a robust monitoring process that the home's fire safety precautions and procedures are adhered to in relation to the storage of equipment or other items on stair case landings. Evidence of the process must be available for inspection.</p> <p>Ref: Section 5.2 (requirement 1)</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new system has been implemented where the Nurse in Charge checks all fire exits at every shift handover. This is then checked weekly by the Manager or Responsible Person. Documentation is available at all times</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 September 2016</p>	<p>The registered person should ensure that the home's policies and procedures are subject to a systematic three yearly review or more frequently, if relevant, to ensure they reflect national and regional guidance.</p> <p>Ref: Section 5.2 (recommendation 2)</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All policies have been reviewed and relevant up to date guidelines incorporated. Where guidelines change, relevant policies will be reviewed before the three year review.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 June 2016</p>	<p>The registered person shall ensure that core care plans are reviewed in conjunction with the DHSSPS care standards for nursing homes, relevant evidenced based guidance for specific care needs and professional guidance for registered nurses.</p> <p>Ref: Section 5.2 (recommendation 4)</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Core care plans will be reviewed in conjunction with the DHSSPS Care Standards for Nursing Homes. Registered Nurses have been reminded that they must keep up to date with relevant evidence based guidelines.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b></p>	<p>The registered person shall ensure that a contemporaneous record of all nursing interventions, activities and procedures carried out is recorded for each patient. The outcomes of such actions should also be recorded, and any variance from the care plan explained and documented in accordance with NMC guidelines for registered nurses.</p> <p>Ref: Section 5.2 (recommendation 4)</p>

1 June 2016	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager carries out audits at least monthly. The outcomes are recorded and any variance from the care plan implemented with full explanation recorded.
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<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person shall ensure that an audit or review of the standard of record keeping is undertaken; that it is robust, traceable and takes account of legislative requirements; DHSSPS care standards for nursing homes and other related standards or guidance.</p> <p>Ref: Section 5.2 (recommendation 5)</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An updated audit/review of standard of record keeping has been undertaken and follows legislative requirements and other related guidance. Training has been booked to further update both the Manager and Registered Nurses on audit/review of record keeping.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Jacqueline Davey</p>	<p><b>Date Completed</b></p>	<p>12.05.16</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Barbara Sloan</p>	<p><b>Date Approved</b></p>	<p>12.05.16</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Lyn Buckley</p>	<p><b>Date Approved</b></p>	<p>15.05.2016</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**