

Inspection Report

23 September 2021



Broadways Private Nursing Home

Type of service: Nursing Home
Address: Broadways, Main Street, Larne, BT40 1LT
Telephone number: 028 2827 3464

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Broadways Private Nursing Home Ltd Responsible Individual: Mrs Barbara Sloan	Registered Manager: Mrs Jacqueline Davey Date registered: 7 March 2012
Person in charge at the time of inspection: Mrs Jacqueline Davey	Number of registered places: 33
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 33 persons. The home is situated over three floors with the dining and communal areas on the first floor of the home. There is also a roof top garden area.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2021 from 10.00am to 6.30pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and welcoming on the day of inspection. The patients were observed in their own bedrooms or within communal lounges if they preferred.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Areas requiring improvement were identified including the care record audits, patient centred evaluations of care, use of lap belts, activity records and with infection prevention and control.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, their relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Six patients were consulted during the inspection. They told us they were happy with the service provided. Comments included; "I am happy, everyone is friendly, I get on well" and "staff are attentive". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "great".

Three staff members were spoken with during the inspection they said they were happy working in the home.

All comments from patients and staff were passed to the manager for consideration and action as necessary.

Five completed questionnaires from patients and or their relatives were received following the inspection indicating they were very satisfied with the services provided in Broadways Private Nursing Home. There was no response from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	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.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	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.	Carried forward to the next inspection
	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	
Area for Improvement 2 Ref: Standard 35 Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 3 Ref: Standard 11 Stated: Second time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 4 Ref: Standard 35 Stated: Third and final time	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.	Partially met

	<p>Action taken as confirmed during the inspection: A system of audits is in place and being developed however deficits found in the care records had not been identified in the care records audit. This will be discussed further in section 5.2.5.</p>	
<p>Area for Improvement 5 Ref: Standard 4 Stated: Second 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"> • all supplementary repositioning records shall be completed in an accurate, legible comprehensive and contemporaneous manner at all times • skin assessment checks are recorded. <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>	Partially met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that the setting of the pressure relieving device was not accurately recorded on the care plan or reviewed in the monthly evaluation of care.</p> <p>This area for improvement has not been fully met and has been stated for the third and final time.</p>	
<p>Area for Improvement 6 Ref: Standard 44 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met as stated.</p>	

Area for Improvement 7 Ref: Standard 4 Stated: First time	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	Partially met
	Action taken as confirmed during the inspection: A sample of records reviewed evidenced that some care plans had been updated to reflect the patients' mobility needs, however, other care plans did not require sufficient detail to direct the care required. This area for improvement has not been met and has been stated for the second time.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records evidenced that all relevant pre-employment checks were completed and the induction for the new staff member into their role was underway.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that team work was good and everyone worked well together. Staff told us they were happy with the staffing levels. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored.

Staff responded to the needs of the patients in a timely way and provided patients with a choice on how they wished to spend their day. For example, staff supported patients who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were friendly and staff were observed responding to patients' requests promptly and it was evident that they knew the patients well.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising those patients who had difficulty in making their wishes or feelings known. Staff responded to patients' requests for assistance in a timely manner and were knowledgeable about their daily routines.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patient's needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

A sample of care records were reviewed. 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 equipment required. This was discussed with the manager and an area for improvement was stated for a second time.

Care records were regularly reviewed and a daily record was maintained to evidence the delivery of care. The need to include meaningful statements of the effectiveness of the care provided was discussed with the manager in relation to the evaluation of the care provided and with the evaluation of care plans. An area for improvement was identified.

Care records for one patient, which indicated the use of a pressure relieving mattress and assistance with repositioning was reviewed. The pressure relieving mattress setting and type of mattress were not accurately recorded in the care plan and no evidence that this setting had been reviewed was available. It was positive to note that a new repositioning supplementary care chart had been developed. This was discussed with the manager and an area for improvement was partially met and therefore will be stated for a third and final time.

Care records for a patient who required the use of a lap belt was reviewed. A care plan was in place directing the use of the lap belt, however, there was no evidence within records reviewed of persons consulted regarding the implementation of the restrictive practice. In addition, there was no evidence of the relevant lap belt checks in place. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed and found to be pleasant, social and unhurried experience for patients. The food looked and smelled appetising and portion sizes were generous. Patients told us they enjoyed their meal.

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

A sample of care plans for patients who required a modified diet was reviewed. The records had been updated to reflect the current SLT recommendations and were written reflecting the international dysphagia diet standardisation initiative (IDDSI) guidance. An incident where a patient was offered a meal outside of their nutritional requirement was observed and the meal was replaced with an alternative so the patient did not eat the meal. This was reported to the Northern Health and Social Care Trust (NHSCT). The manager undertook a full review of the meal provision for patients under the care of the SLT and provided a written report to RQIA on the outcomes of the review.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that in general the home was clean, tidy and well maintained. New furniture was observed in some of the bedrooms and areas of the home such as corridors and some of the bedrooms had been painted since the last inspection.

Patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them. Patients said "they keep my room clean".

Some of the equipment reviewed was not effectively cleaned such as bedside tables, shower chairs and commodes. Malodour was also evident in two identified bedrooms. This was discussed with the manager and an area for improvement was identified.

Hand hygiene facilities were available and personal protective equipment (PPE) was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current Department of Health (DoH) guidance. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. This was discussed with the manager who agreed to address this.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on IPC measures had been provided.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. One patient told us they were going out to a local restaurant for lunch with a relative.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

A programme for activities was in place and displayed in the main corridor of the home. Patients told us they could take part in the activities if they wished to do so. A range of individual and group activities, such as art, music activities, movies and beauty therapies were planned. However, due to recent unplanned changes to staffing arrangements; an area for improvement made in this regard will be carried forward and reviewed at the next inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection.

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement and we observed that where areas for improvement were identified; action plans were developed and timeframes for completion of the actions were visible. The system to audit care records required further development and an area for improvement previously identified in this regard has now been subsumed into an area for improvement under regulation.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where appropriate, action plans for improvement were put in place.

6.0 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.

The home was clean, bright and welcoming. Staff engaged positively with patients and chatted in a friendly manner about daily life in the home.

The staff were seen to be responsive to patients' requests and had a good knowledge of their individual needs.

The staff worked well as a team and were aware of their roles and responsibilities in regard to the care of patients.

RQIA was assured that the patients were being administered their medicines as prescribed by their GP.

Based on the inspection findings areas for improvement were identified. Compliance with these areas for improvement will further enhance the service provided in Broadways Private Nursing Home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* The total number of areas for improvement includes one that has been stated for a third time and one that has been stated for second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Davey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With Immediate effect	<p>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.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 10 (1) Stated: First time To be completed by: 1 December 2021	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. This is stated in regard but not limited to the care records audits.</p> <p>Ref:5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Following inspection a full review of care records was undertaken and an action plan drawn up to address any defecits. All nursing staff made aware of any corrective action required.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 7 November 2020	<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> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 7 November 2020	<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> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Standard 4 Stated: Third time To be completed by: 1 December 2021	<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"> • all supplementary repositioning records shall be completed in an accurate, legible comprehensive and contemporaneous manner at all times • skin assessment checks are recorded. <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: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All nursing staff have been reminded of the necessity to document and record all details regarding repositioning and pressure area care. Monthly audits continue to be carried out and updated to include audit of monthly evaluation of care record. Care staff are receiving supervision on completion of records.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 December 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:5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have been individually involved in the auditing of care plans and the need for sufficient detail.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2021</p>	<p>The registered person shall ensure that monthly care plans reviews and daily evaluations of care are meaningful, patient centred and includes the oversight of the supplementary care records.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person has reiterated that more detail is required in all care plans and daily evaluations. A new system has been put in place to ensure that an immediate overview of individual needs is in an appropriately prominent position.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patient and/or their representatives and members of the multi- disciplinary team are involved in the decision making for the use of lap belts. Care plans should be in place that reflects the management of the lap belt including the application and release as necessary.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: The Resident has been reassessed by the multi-disciplinary team and a new chair provided by occupational therapy. All advice and instructions are documented in the care plan and are followed. The Resident's family are fully aware of the action taken and will be kept closely informed of all outcomes. This will be carried forward as the basis for all identified Residents requiring the same care.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified are addressed. This is stated in relation to the effective cleaning of equipment and the malodours in the identified bedrooms.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Cleaning and care staff have been reminded that bed tables should be cleaned after each use, ensuring the underneath is also attended to. The two identified bedrooms with malodours -</p>

	<p>rooms are cleaned daily and bedding changed at least daily. The soft furnishings and the flooring has been replaced in the last 6 months to no effect. Since inspection, the airflow mattresses have been replaced despite no obvious odour on same. We continue to address this problem on a daily basis.</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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