

Inspection Report

24 June 2024



Broadways Private Nursing Home

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Broadways Private Nursing Home Ltd	Registered Manager: Mrs Jacqueline Davey
Responsible Individual: Mrs Barbara Sloan	Date registered: 07 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: 29 A maximum of 2 patients in category NH-PH.
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 33 patients. The home is situated over three floors with the dining and communal areas on the first floor of the home. Patients have access to outside space on the roof top garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2024, from 9.00 to 6.15 pm by a care inspector.

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.

Enforcement action resulted from the findings of this inspection. RQIA were concerned about the lack of robust governance and managerial oversight relating to the selection and recruitment of staff. Given the concerns raised, a meeting was held with RQIA on 9 July 2024 with the intention to issue a Failure to Comply (FTC) notice under the Nursing Home Regulations (Northern Ireland) 2005, in relation to:

- Regulation 21 (1) (a) (b) (c)

The meeting was attended by Mrs Barbara Sloan, Responsible Individual and Mrs Jacqueline Davey, Registered Manager. At this meeting the management team presented an action plan detailing actions that had been taken since the inspection, and how they planned to achieve and maintain the improvements necessary to achieve compliance with regulation.

As a result of the action plan presented and discussions held, RQIA were sufficiently assured that the management team were actively addressing the identified concerns and therefore the FTC notice was not issued. Areas for improvement are to be managed through the Quality Improvement Plan (QIP).

RQIA will continue to monitor and review the quality of services provided in Broadways Private Nursing 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Jacqueline Davey, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff and relatives were consulted during the inspection. Staff spoken with said that Broadways Private Nursing Home was a good place to work. Staff were satisfied with the staffing levels, the training provided and support from the Manager.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us "the staff are kind" and confirmed that they were well looked after.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Relatives spoke positively regarding the care provided to their loved one and that they had no concerns at all.

There were no questionnaires or responses to the staff on line survey returned within the allocated timeframe.

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 25 January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15(2) (b) Stated: First time	The registered person shall ensure that patients' risk assessments and care plans are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans.	Not met
	Action taken as confirmed during the inspection: Review of care records for patients who had been admitted to hospital did not provide evidence that their care records were all reviewed upon readmission back to the nursing home. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure post falls clinical and neurological observations are consistently recorded in keeping with best practice guidance.	Partially met
	Action taken as confirmed during the inspection: A review of records confirmed staff took appropriate action and commenced neurological observations however, inconsistency was observed in the quality of the records reviewed. This area for improvement has been partially met and is stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care records are patient centred. Care plans should be sufficiently detailed and updated to reflect the patients' needs. This is stated in reference but not limited to mobility, pain and diabetes care plans.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records did not provide evidence that the care records were formulated with sufficient detail to reflect the patients assessed care needs.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall review the current system in place for the auditing of the care records to ensure they are robust in regards to identifying deficits such as those identified on inspection and ensure action plans are developed and reviewed to address the deficits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of audit records confirmed that a system was in place to audit care records. Action plans were in place and signed off. However, the care record audits were not consistently done by the management team. A new area for improvement was identified.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that training on infection prevention and control is embedded into practice and all staff remain bare below the elbow to ensure effective hand hygiene.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location so patients know what is scheduled.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Significant concerns were noted with regard to the lack of robust governance and managerial oversight relating to the selection and recruitment of staff. For instance, review of one recently recruited staff member's recruitment file evidenced that an enhanced Access NI check and references had not been sought and/or obtained prior to the staff member commencing employment, the staff member had already commenced employment in Broadways with no evidence of these checks in place. This was immediately discussed with the Manager who did take immediate action to ensure the identified staff member did not work in the home until Access NI clearance and satisfactory references were received. Further review of a second staff member's recruitment file also highlighted that an enhanced Access NI check had not been obtained prior to this staff member commencing employment within the home, the check was received six days after they had commenced employment.

These deficits were discussed with the management team during a meeting on 9 July 2024; the management team acknowledged the identified shortfalls and recognised the need for improved managerial oversight and governance in regard to the selection and recruitment of staff. The management team discussed their updated selection and recruitment procedures which are to be implemented with immediate effect. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements.

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.

There was no evidence that the Manager had a plan in place for staff supervision or appraisals for 2024, an area for improvement was identified.

Review of governance records and discussion with the Manager provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC); however, the review of records identified that these checks were not consistently completed. An area for improvement was identified.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments. A number of these assessments were noted not to have been reviewed recently; the Manager provided written confirmation that these were updated after the inspection.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do. It was also observed that staff discussed patients' care in a confidential manner.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of care records for two patients who had been admitted to the home for a period of respite / short break evidenced that they did not have a full and complete set of care plans and risk assessments. An area for improvement was identified.

Review of care records for other patients evidenced that they did not fully reflect the assessed needs of the patient and review of care records for two patients who had recently spent some time in hospital did not evidence that their care records were reviewed upon readmission to the nursing home. Two areas for improvement in this regard were identified as a result of the previous inspection and are now stated for a second time.

In addition, it was identified that the home did not routinely complete nutritional screening, for example MUST (malnutrition universal screening tool) on all patients, this was discussed with the Manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records identified that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations but these were not always recorded in line with best practice guidance. An area for improvement was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items. A number of areas throughout the home were noted in need of refurbishment or redecoration; RQIA were advised of an ongoing refurbishment plan and the Manager shared this plan with the inspector. Progress with this will be followed up on the next care inspection.

A review of patient bedrooms identified a number of wardrobes which had not been secured to the wall. This was discussed with the Manager who agreed to liaise with the maintenance personnel to review all the wardrobes and make them secure where appropriate. Written confirmation was received after the inspection confirming all the wardrobes now were safely secured to the wall.

A number of shower chairs were observed not to have been effectively cleaned. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

5.2.4 Quality of Life for Patients

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. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in the home advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jacqueline Davey is the Registered Manager of the home.

Discussion with the Manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls, accidents/incidents, complaints, the environment and IPC practices including hand hygiene. However, audits were not always effective in identifying where improvement was required.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care however, the Manager did not audit the use of restrictive measures in the home. This was discussed at a previous care inspection but was still not implemented. An area for improvement was identified in regards to governance audits.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	5*	6

*the total number of areas for improvement includes three regulations that have been stated for a second time.

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 15 (2) (b) Stated: Second time To be completed by: 25 June 2024	The registered person shall ensure that patients' risk assessments and care plans are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: A nursing memo has been issued to remind nursing staff that Risk Assessments and Care Plans must be reviewed/updated by the Nurse in Charge at the time of re-admission to the Home. This will be monitored by management.
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: Second time To be completed by: 25 June 2024	The registered person shall ensure post falls clinical and neurological observations are consistently recorded in keeping with best practice guidance. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: A nursing memo has been issued to all nursing staff together with a copy of the best practice guidance. All nursing staff have had a supervision session regarding this. These records will continue to be monitored by management.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure care records are patient centred. Care plans should be sufficiently detailed and updated to reflect the patients' needs. This is stated in reference but not limited to mobility, pain and diabetes care plans.</p> <p>Ref: 5.1 & 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>Response by registered person detailing the actions taken: A complete review of care plans has commenced. Monitoring of these records by management will be via a revised audit process.</p> <p>The registered person shall ensure that all pre-employment checks and documentation as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 are received and satisfactory before a staff member commences employment in the home.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>Response by registered person detailing the actions taken: An action plan has been agreed with RQIA to address this matter.</p> <p>The registered person shall ensure that the monitoring of staff registration with their appropriate regulatory body is consistently completed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The consistency of monthly staff registration checks will be kept under review to ensure compliance.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that a schedule is in place to plan and record staff supervision and appraisals.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A matrix is in place to record staff appraisal and supervision. This has been altered to reflect the Inspectors requirements.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>Response by registered person detailing the actions taken: All nursing staff have been reminded of the time scale for completion of initial care plans. This will be under ongoing monitoring by management.</p> <p>The registered person shall ensure that all patients have nutritional screening, for example MUST (malnutrition universal screening tool) completed and kept under regular review.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All resident files have been audited and a MUST assessment is in place for all residents and are being reviewed as required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care staff have been reminded of the importance of completing repositioning charts contemporaneously. These charts are being checked by nursing staff at the end of each shift.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure that shower seats are effectively cleaned.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An IPC audit has taken place. Care staff have been reminded that diligence is required in this area. This will be monitored on an ongoing basis.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure that a robust system of audits is maintained to assure the quality of care and other services provided within the home.</p> <p>Audits should be conducted on a regular basis and reflect the current status of the home and evidence completion of associated action plans.</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> • Care records • Restrictive practices. <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A review of the Homes current audit system has been undertaken in order to address any deficiencies. A revised, more robust care plan audit will be put in place.</p>

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