The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Broadways Private Nursing Home

Provider: Broadways Private Nursing Home Ltd

Date of Inspection: 4 December 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Broadways Private Nursing Home Ltd
Responsible Individual:	Mrs Barbara Sloan
Registered Manager:	Mrs Jacqueline Davey
Service Profile – 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 4 December 2024, from 9.00 am to 2.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the oversight of certain aspects of the record keeping. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been restated, two under the regulations for a third time and one standard for a second time. One further area for improvement was carried forward for review at the next inspection in regard to the selection and recruitment of staff. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I can't complain", "The care staff are very good" and "The staff treat me with compassion".

Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff were also observed to be working well as team. The staff were observed to have positive interactions with patients and one another.

Following the inspection, no patient, patient representative, staff questionnaires or surveys were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There has been no recruitment of new staff since the last care inspection therefore;

the area for improvement in relation to selection and recruitment of staff has been carried forward for review at the next care inspection.

Staff said there was good team work and that they enjoyed coming to work.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. A number of post fall patient observation records were requested for review, only one record could be located for inspector review and this was incomplete. An area for improvement was stated for a third time.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. Patients commented positively regarding the food provided in Broadways.

The importance of engaging with patients was well understood by the manager and staff.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included a party, games, reminiscence and a church service.

3.3.3 Management of Care Records

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 new patients who had been admitted to the home evidenced that a full and complete set of care plans and risk assessments had not been developed in a timely manner. An area for improvement was stated for a second time.

Patients care records were held confidentially.

Review of care records for two patients who had recently spent some time in hospital did not evidence that their complete set of care records were reviewed upon readmission to the nursing home. An area for improvement was stated for a third time.

Review of the care records for other patients identified deficits in regard to the patients' preferred night time routines and for those patients who required assistance with their mobility. The mobility care plans did not always evidence the specific equipment required to assist the patient with their mobility needs. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

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

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The manager provided an update with a date of the planned repair and decoration of the lounge.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jacqueline Davey has been the manager in this home since 7 March 2012.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, the most recent suite of audits was not available for review on the day of inspection. An area for improvement was identified.

Review of the audit in regard to the oversight of patients weights did not evidence review of all the patients who had been identified to have had a change in their weight, the audit also lacked a detailed action plan to address any weight change. An area for improvement was identified.

There was evidence that the Manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

*the total number of areas for improvement includes two regulations that have been stated for a third time and one standard that has been stated for a second time. A further regulation has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Finnigan, Registered Nurse, 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:** Third time **To be completed by:** 5 December 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: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Nursing staff have been reminded again of the need to update risk assessments/care plans on a Resident's re-admission from hospital. This is being monitored by Manager/Deputy Manager.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** Third time **To be completed by:** 5 December 2024	The Registered Person shall ensure post falls clinical and neurological observations are consistently recorded in keeping with best practice guidance. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Nursing staff have been reminded that the falls pathway must be followed as per protocol and appropriate part of pathway used at all times.

Area for improvement 3 **Ref:** Regulation 21 (1) (a) (b) (c) **Stated:** First time **To be completed by:** 25 June 2024	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. Ref: 2.0
	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.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.1 **Stated:** Second time **To be completed by:** 5 December 2024	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. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Timescales for completion of care plans have been reinforced to Nursing staff. This is being monitored by Manager/Deputy Manager.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 11 December 2024	The Registered Person shall ensure care records detail: • all the assessed equipment required if a patient requires assistance with their mobility • and a rise and retire time in regard to the patients preferred night time routine. Ref: 3.3.3
	Response by registered person detailing the actions taken: A nursing memo has been issued with regard to these further requirements. This is being monitored as part of the care plan audit system.

Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 5 December 2024	The Registered Person shall ensure that the manager's quality governance audits are completed regularly and are available for review at inspection. Ref: 3.3.4
	Response by registered person detailing the actions taken: Facilities have been put in place to allow nursing staff acess to all required records in the absence of the Manager or Responsible Person.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 December 2021	The Registered Person shall ensure that the quality governance audits are robust at identifying deficits with a clear action plan, the person responsible for completing the action and follow up. This is stated with specific reference to patient weight audits. Ref: 3.3.4
	Response by registered person detailing the actions taken: The pre-existing weights audit follow up has been amended to address this matter.

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