

Hollyman Care Homes Limited

Broadland House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 11 November 2014 and was unannounced. This meant that the provider did not know that we were coming.

Broadland House Residential Care Home is a residential care home that provides accommodation, care and

support for up to 20 older people, some of who are living with dementia. At the time of the inspection, there were 18 people living at Broadland House Residential Care Home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they liked living at the home and felt safe. They said that their care and support needs were met by staff who were friendly, caring and polite. They also told us they found the staff and manager approachable and could speak to them if they were concerned about anything. We saw that staff treated people with respect and used a kind and thoughtful approach when talking with and assisting them.

People had their independence encouraged and they had access to healthcare professionals and specialists when they became unwell or needed more help. Medicines were stored correctly and people received them as prescribed. People living at the home said that they and their relatives were consulted and involved in reviewing their plans of care to ensure their needs were met.

A survey questionnaire had been sent to people to gain their view of the care and support provided. Regular

checks were made on the way staff worked, the records held and the premises to make sure the home was well run and people received the care and support they needed. People told us their concerns and complaints were quickly dealt with and resolved to their satisfaction.

Staff had completed training and had the skills and knowledge they needed to provide care and support to people. They knew how to make sure that people were safe and protected from abuse and had completed training in the Mental Capacity Act (2005). They understood when best interest decisions were needed and an application was required to be sent to a local authority Supervisory Body.

Staff told us that they felt listened to by the management team and that changes in care practice were implemented when concerns had been raised. They also said that they were happy working at the home and that the manager was approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us that there were enough staff to help them. The risks to their safety had been assessed.

Staff knew how to reduce the risk of people experiencing abuse.

Medicines were provided for people when they needed them. Checks were carried out to make sure people were given the correct medication.

Good



Is the service effective?

The service was effective.

Staff knew how to meet the care and support needs of the people living at the service.

People were cared for by trained staff who had the knowledge and skills they needed to carry out their role.

Staff understood how to support people who lacked capacity to make decisions for themselves about their care.

Good



Is the service caring?

The service was caring.

Staff were kind and attentive and responded when people asked for help.

People's privacy and dignity were respected and the staff put their well-being first.

People told us that the staff listened to them and respected their choices.

Good



Is the service responsive?

The service was responsive.

People told us that the staff knew how to look after them because they had asked them how they liked to be cared for.

Activities were provided and people told us they had access to activities within the community.

Concerns and complaints were recorded and dealt with quickly. People said that the staff and manager listened to them and sorted out any problems.

Good



Is the service well-led?

The service was well-led.

People living at the service and staff said that members of the management team were known to them and took action to ensure the home ran smoothly.

All systems and equipment used were serviced to check that they were maintained in a good condition and suitable for people to use.

Good



Summary of findings

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

Broadland House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 November 2014 and was unannounced. It was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us some information prior to the inspection and this was received. The provider completed a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

On the day we visited the service, we spoke with four people living at Broadland House Residential Care Home, three relatives and seven staff. We also spoke with the cook, a visiting health professional, the provider and the registered manager who oversaw the overall management of the service. We also observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans, three recruitment files, two supervision files, three staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned a social care professional for their feedback on the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "This is a lovely home and the staff always being around makes me feel really safe." Another person told us, "I love it here, you do not have to worry about anything. If you do, the staff soon sort it out and put your mind at rest." They also told us that if they were worried about their safety they would feel comfortable talking to members of staff or the manager about this. One relative said, "It has been a good move my relative coming here. They did not feel safe living at home alone. Now we do not have to worry. Excellent staff."

Staff knew the care and support needs of each person living at the home and how to minimise the risk to a person's safety, when it had increased. Risk assessments had been completed and reviewed by staff in relation to people's risk of moving, falls, malnutrition, pressure sores and use of bed rails.

People were supported when they became upset or anxious. Staff said that they had completed training in how to support people whose conduct might put themselves or others at risk of harm. Information and guidance about how to prevent this behaviour and assist a person to become calm following an incident was available for staff. We noted that when the staff had been unable to prevent incidents from re-occurring, they had sought advice from a community specialist team and had worked closely with them to support the person. These actions were confirmed by the staff and relatives we spoke with.

People told us they received their medication when they needed it and that the staff had never forgotten to give it to them. One person told us, "I used to get into a muddle with my medication but the staff sort it out now and make sure I take it correctly and when I should." Staff had received training in the administration of medication and had their ability to assist people with their medication regularly assessed, to check that it was carried out safely and correctly.

Medicine administration records were accurate and had been fully completed showing that people had been given their medicines as prescribed. Checks of these records were made at the start of each shift to help identify and promptly resolve any discrepancies. Medicines were stored

securely in a locked room with access restricted to senior staff only. Temperature checks of the room and fridge where medicines were stored were conducted daily to ensure they were within safe limits.

Staff understood how to keep people safe, in an emergency situation and told us they had received training in fire safety. Contingency plans were in place if everyone living at the home needed to be evacuated in the event of an emergency. They detailed the action staff should take so that people would continue to receive support with their care. The testing of the fire alarm had occurred regularly, each week and fire exits were well sign posted. Access to fire exits were clear so that people could quickly leave the building, if needed.

Maintenance checks for fire-fighting equipment, the gas boiler and water systems had been carried out within the last 12 months. Equipment such as hoists and stand aids, that were used to assist people with moving, had been regularly serviced. This demonstrated that the provider made sure that the premises and equipment were safe.

People told us that there were enough staff working at the home and that they responded quickly to their requests for assistance. One person said, "There are always staff around to help us. You only have to ask for help or ring the call-bell." Relatives told us that staffing levels were good.

Staffing levels were calculated based on each person's individual needs. People's requests for help were quickly met by staff and there were enough staff available to help people who required assistance. The manager explained that staffing levels were provided to meet the total number of hours needed for everyone living at the home. This was confirmed by staff and in the staff roster viewed.

Checks had been made by the provider to make sure that the staff they employed were of good character and suitable to work with older people. Staff told us that they had completed an application form and attended an interview. They said that before they had begun to work in the home their references and a criminal records check had been received by the manager. They told us about the induction training they had completed and how, after shadowing a senior staff member, their competence had been assessed.

Staff told us they had received training in how to recognise, prevent and report abuse. They understood what abuse was and knew how to reduce people's risk of abuse and

Is the service safe?

report any concerns they had. Written instructions were displayed in the home that detailed how people could report abuse. A local safeguarding lead told us that the manager made appropriate safeguarding referrals and that they had no current concerns about how people were

protected at the home. People living at the service and visitors said that they would speak with the manager if they had any concerns or wished to report suspected abuse. They confirmed that they had not had to do this.

Is the service effective?

Our findings

People living at the home told us that staff understood their needs well and were quick to act if they were unwell or needed more assistance than usual. One person said, "The staff are kind and will do all they can for you." Another person told us, "If you need anything, such as, to see the doctor the staff arrange it for you straight away." They confirmed that staff asked them for their consent before they assisted them and that they respected the decisions they made. This was observed on the day of inspection. Relatives told us that the staff and manager kept them informed when there were changes in the care and support needs of their relative.

Staff said they had completed training that equipped them to meet people's needs such as, safely moving people, diet and nutrition, health and safety, medication and first aid. Some staff told us that they had also completed training in dementia care and infection control. Other staff said that there was a plan in place for them to complete this training. They told us that the dementia training had provided them with a range of different ways to work with people living with dementia and had improved the care and support they gave to people. They said that they had support from the management team when they needed it, and confirmed that when a training need was identified that the manager took action to arrange for the training to take place.

The manager confirmed that all staff had completed the training they needed to enable them to do their job effectively. They said that all care staff had completed the Skills for Care Common Induction Standards training and that they also had the opportunity to complete further training to ensure they had the knowledge and skills for their role. This was confirmed by staff and in the training plan we viewed.

A visiting health professional told us that people received the care and support they needed, that appropriate referrals for their service had been made and that the staff followed all instructions they gave them. They said that staff were knowledgeable about the needs of each person and could find the records they asked for when needed.

Staff reported that they had received supervision that was planned to take place each month and also received a

yearly appraisal. They confirmed that they had attended regular staff meetings and said that a copy of the minutes of the last staff meeting was displayed on the staff room notice board. They told us that the manager was good at dealing with problems and issues of concerns, as they occurred. This was confirmed in the minutes of meetings and handover records we saw.

People living at the service said that they enjoyed the meals provided. One person told us, "I think the meals here are as good as any restaurant." Another person said, "We get loads to eat and can have something different if we do not like what has been cooked." Relatives told us that their family member was provided with a constant supply of drinks and the food they liked to eat.

We observed the lunch meal being served to people in the dining room. Staff members explained and showed people the meals on the menu and gave them time to make a choice. People were provided with their meal in the way they required it, such as a soft diet and an alternative meal was offered if they did not like the menu choices. The food and drink needs, preferences and likes and dislikes of each person were recorded in the kitchen. The cook told us that this information was used to decide the meals that would be put onto the menu. We saw that enough staff were provided to ensure that people were served their meal quickly and received assistance to eat, if they needed it.

People were provided with drinks and the staff encouraged and assisted those people who needed help to have a drink. The fluid and nutritional in-take of people at risk of receiving poor hydration and nutrition had been monitored throughout the day and night. When people were not eating or drinking adequate amounts action had been taken by staff to involve a health professional, such as, a dietician or speech and language specialist to assist them in reducing the risk to people.

People had their capacity to make decisions about their own care and support assessed. The manager and staff told us that they had completed training and showed us that they had an understanding and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that appropriate applications had been submitted to a local authority Supervisory Body, when people were assessed as not being able to access the community alone when they wished to, and when needed.

Is the service caring?

Our findings

People told us that when they were provided with assistance, the staff did not rush or hurry them. One person said, “The staff here really make me feel as if I matter to them and they care about me.” Another person told us, “The staff are friendly and kind to all of us. They are caring and patient and do all they can to make us comfortable.”

The relatives spoken with praised the staff and told us that their relative was happy living there because the staff were polite and respectful. One relative said, “The staff know my relative well and how to help them.”

People were encouraged to be independent and were offered the care, support and attention they needed. The staff knew the care and support needs of each person living at the home and encouraged and supported them to make a choice. The dignity of people was protected by the staff discreetly asking them if they would like to be assisted with their personal care.

People living at the home told us that the staff explained to them the action they were going to take, prior to assisting them, and respected their decision if they declined their help. The staff told us that they liked to laugh and joke with people so that a relaxed atmosphere was created. They said that if a person became anxious they used distraction and encouragement to assist them to be calm.

Relatives said that the staff used a kind and friendly approach and responded quickly when a person asked for help or rang the call-bell. These actions were confirmed during our observations.

People living at the home told us that they and their relative had been involved in reviewing their care plan information. They said that the staff had asked them how they liked to be cared for and had listened to them when they had made a change to the daily routine they had chosen.

One person told us, “They asked me if I was happy with everything and I asked if I could have a bath before I went to bed because I felt tired afterwards. They changed the time of my bath straight away.” Relatives spoken with told us that the manager or staff had recently asked them if they were happy with the care their relative received.

The manager explained that if a person was unable to make their own decisions about their care that their family member was involved in making any decisions about the changes that were needed in the care and support provided. This was confirmed in the care plans we looked at.

Is the service responsive?

Our findings

People who lived at the home and their relatives told us that the care and support provided to people was planned and that activities were provided on some days. One person said, “The staff try to arrange something for us to do, such as a quiz and you only have to ask if you wish to do an activity, such as watch a film.”

Relatives told us that they and their relative enjoyed the weekly cheese and wine party held in the home and that their relative often had the opportunity to be taken out by staff, for a meal in the community.

We saw that people had the opportunity to take part in a discussion group and quiz in the afternoon. Staff led the sessions and people living at the home and their visitors took part. One person told us, “I love this [activity], the staff help me to get my memory working again.” Staff members told us that some people just liked to watch television and declined to take part in activities.

Individual, personalised plans of care were available for each person. Their likes, dislikes, preferences and interests had been recorded and their needs had been assessed to ensure that their care and support was planned and delivered by staff in the way they needed. Care, support and risk assessments were held and assessments made by

health professionals and speech and language specialists had been carried out. Plans of care had been regularly reviewed and were being reviewed again. The manager told us that this was to ensure that people received the care and support they needed, in the way they wished.

Staff told us they had access to information in the plans of care that told them of the personal and social needs and choices of the person. They knew how people liked to be cared for and their likes, dislikes, preferences and interests. They said that the plans of care and the information they were given at each daily shift handover provided them with the information they needed about each person. This was confirmed in the records we saw.

A complaints policy and procedure were in place that outlined a clear procedure for people to follow should they wish to complain. People told us that they had felt listened to when they had raised their concerns. One person living at the home said, “I often have a little grumble and if I tell the staff that I am unhappy about something they immediately do their best to sort it out for me.” Relatives told us that the manager and staff took them seriously if they raised a concern and resolved the problem as quickly as they could and to their satisfaction. Everyone spoken with confirmed that they did not currently have any concerns.

Is the service well-led?

Our findings

People living at the home, their relatives and staff told us that the manager was approachable and dealt with problems when they occurred. One person living at the home said, “We see the manager most days and they do something if the staff are not doing their job properly.” Relatives told us that the home was well organised and that the manager checked with them that everything was okay.

Health and social care professionals who visited the home regularly also made complementary comments about the management team and the way they ran the home. One person said, “The management staff make sure that the staff give people the care and attention they need.”

Staff members had an opportunity to express their views at staff meetings, through regular supervision and as part of their yearly appraisal and completion of a staff questionnaire. They told us that the manager was approachable and that the management team were supportive and made sure that they put the needs of the people living at the service first. Our observations confirmed this.

People living at the home told us that the staff regularly asked them to give their opinion of the service they received. Relatives confirmed that they had previously filled in a survey questionnaire and would be doing so again. They told us that their suggestions for improvements were listened to and put in place, if possible.

The manager explained that a quality assurance questionnaire survey had just been sent out to people as part of the quality monitoring process used by the provider. They said that from the returned questionnaires people’s feedback and views on the service provided would be gathered and analysed. They told us that to ensure they provided continuous good standards of care and environment an action plan of the improvements needed to be made would be created and carried out. This action was confirmed by relatives and the provider.

The manager told us that to ensure that the staff were trained to a good standard they maintained information that detailed the training that staff had completed and planned to undertake. They explained that this enabled them to monitor training and to make arrangements to provide refresher training for staff, as necessary.

Systems were in place to monitor the quality of service provided to people living at the home. Weekly and monthly audits had been carried out by designated staff, the manager and provider to ensure the company policies and procedures had been followed by staff. Medication management audits had been completed on a daily basis and action had been taken promptly when any shortfalls in the handling of medicines had been identified.

Maintenance records were complete and the testing and servicing of equipment and systems within the home, such as fire safety and hoists had been carried out in a timely manner. This made sure that they were safe for people use.