

Broadlands Nursing Home Limited

# Broadlands Nursing Home Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Broadlands nursing home is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service is registered to support up to 25 people. However, currently their maximum occupancy is 18 people as they are only offering rooms for single occupancy in response to the COVID-19 pandemic.

### People's experience of using this service and what we found

There were not sufficient staff to meet people's needs. Copies of rotas and feedback from staff confirmed that at times the service was not staffed at the provider's assessed level to support people's needs, particularly at night. People fed back that they felt there were not enough staff to provide them with timely support.

Staff were not up to date with their mandatory training and the staff did not feel adequately supported. The staffing pressures at the service impacted on the ability of staff to undertake their required duties.

Risks to people's safety were not adequately assessed and mitigated. This included environmental risks such as the risk of falling from height from an unrestricted window, the risk of burns from freestanding heaters and the risk of poisoning from access to harmful chemicals. People's care records did not provide clear and accurate information about how to support people to manage individual risks, and we saw that one person was not supported to reposition as frequently as their care plan stipulated to reduce the risk of pressure ulcers developing.

There were systems in place to review the quality of service delivery. These systems had identified some of the concerns we found during inspection. This included some of the environmental risks and lack of compliance with the provider's mandatory training. However, action had not been taken in a timely manner to address these concerns. In addition, the checks had not identified all of the concerns we found during inspection. Therefore, we could not be assured that the systems in place were adequate to review the quality of all areas of the service and ensure people's safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff involved people in their care. They were aware of what decisions people had the capacity to make and supported them in line with their preferences. We observed staff providing support in a caring and compassionate manner. Staff supported people to access healthcare services and to ensure their nutrition and hydration needs were met. Safe medicines management practices were in place and people received their medicines as prescribed.

Staff were knowledgeable of safeguarding adults procedures and reporting processes should any incidents or accidents occur. Staff adhered to government guidance about how to protect people from the risk of

infection in relation to the COVID-19 virus. There was a commitment within the staff team to improve practices and provide high quality care, but some of the systems in place at the time of inspection were creating barriers to this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 November 2017).

#### Why we inspected

We received concerns in relation to staffing levels, staff training and management arrangements. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing levels, staff training and governance at this inspection. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Broadlands Nursing Home Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by two inspectors.

#### Service and service type

Broadlands nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed but they had not yet applied to register with the CQC. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also viewed information we held about the service including statutory notifications received. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people using the service. We spoke with four staff, including the manager, a nurse, a care worker and the maintenance person, who also undertook domestic duties. We reviewed three people's care records and records relating to staffing and the management of the service. We undertook general observations and used the Short Observational Framework for Inspection (SOFI) to observe lunchtime interactions and medicines administration. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not sufficient staff to meet people's needs and ensure they were protected against the risk of receiving unsafe care and treatment. One person told us, "There are certain times when they're very busy. Feels like too long but they come as soon as they can...Think they could do with more staff."
- The rotas we viewed showed that staffing levels were not in line with the provider's assessed level required to meet people's needs. The rotas and conversations with staff confirmed that often the service was short of staff at night or staff were required to work long hours to cover shifts. Staff told us they asked the night staff to help with supporting people's personal care so the morning shift was not so busy. At times the nurse had to help with supporting people's personal care needs, which impacted on the time they had available to undertake their nursing duties.

The provider had not ensured there were sufficient staff to meet people's needs and the provider was in breach of Regulation 18 (Staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider had not recruited any new staff to the service in the last 12 months and therefore we did not look at this area of service delivery. We will reassess this at our next inspection of the service.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not always appropriately assessed and mitigated.
- We observed environmental risks to people using the service, including the risk of falling from height from an unrestricted window, the risk of burns from freestanding heaters and the risk of poisoning from access to harmful chemicals.
- Whilst staff were knowledgeable of the individual risks to people's safety, we found that care records did not consistently reflect this knowledge. We found conflicting information in the records we reviewed about the outcome of risks to people, particularly in relation to moving and handling, and the risk of pressure ulcers. We also saw from records that people were not being supported to reposition as frequently as their care plans stipulated to reduce the risk of pressure ulcers.

The provider had not ensured environmental and individual risks to people's safety were consistently assessed and mitigated. The provider was in breach of regulation 12 (Safe Care and Treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- We observed staff supporting people to move about the service safely. This was done with compassion and in a caring manner. Staff communicated to the person throughout and provided support when the

person was happy to receive it.

#### Preventing and controlling infection

- We could not be assured that the provider was promoting safety through the layout of the premises and hygiene practices. The cleaning schedules were not completed correctly which indicated that some of the domestic duties had not been completed. We were told, and rotas confirmed, that at the time of inspection domestic staff were only working in the mornings and this was impacting on the completion of cleaning duties. The service was in the process of recruiting an additional staff member to join their domestic team.

The evidence above further demonstrates that the provider was in breach of Regulation 18 (Staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- People received their medicines as prescribed. We observed medicines being administered and this was done in a safe way.
- Medicines were stored securely. Medicine administration records were completed accurately and stocks of medicines were correct. There was clear guidance for staff about how and when to administer medicines that were prescribed to be taken 'when required'. There were safe practices in place, with appropriate authorisation, to administer medicines covertly (without a person's knowledge) when this was considered necessary by a medical professional.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe and free from discrimination.
- Staff were aware of safeguarding adults procedures and when concerns arose these were reported appropriately to the local authority safeguarding adults team so any additional action could be taken if required. One staff member told us they acted on behalf of people using the service and said, "I am their voice, ears and eyes."
- Staff supported people in line the Equality Act 2010 to ensure those with protected characteristics were free from discrimination. One staff member said, "Every single person [is] treated equally regardless of background."

#### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff were aware of these systems and reported and recorded any incidents that arose. There had been very few incidents over the last 12 months but those that had occurred had been reviewed and any learning had been incorporated into people's care records.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not supported by staff who had received up to date training to ensure they had the knowledge and skills to undertake their role.
- The provider's training records, management checks and audits showed staff were not up to date with their training. This included training in safeguarding adults; infection prevention and control; fire safety; health and safety; person-centred care; equality and dignity; assisting and moving people; mental capacity and the deprivation of liberty safeguards; nutrition and hydration; basic life support and first aid. One staff member told us they had not been able to complete their training because of staffing shortages at the service.
- Whilst staff had received supervision, they did not feel fully supported in their role by the provider's senior management team and felt this was impacting on their ability to undertake their role.

There was a risk that people would not be supported safely and in line with current best practice because staff were not up to date with their training requirements. The provider was in breach of regulation 18 (staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- Some areas of the service needed redecoration. There was chipped and stained paintwork throughout the building. The bedrooms were similar in décor and had not been tailored to meet people's individual preferences. However, we did see that some people had personalised their rooms with their own belongings. A full redecoration programme was in progress at the time of our inspection. We observed during our inspection that some rooms had been recently painted and the flooring replaced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed in line with best practice guidance. We observed that assessments were undertaken with the person and their family to gather as much information as possible about the person, the level of support they required and their preferences in terms of how support was provided. Staff liaised with health and social care professionals if they assessed that a person's needs had changed. For example, one person had become more settled since being at the service and staff had liaised with the GP to reduce the amount of medicines prescribed to manage behaviour.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed people having access to food and drink throughout the day. People told us they enjoy the

food at the service.

- Staff provided people with any support they required at mealtimes and this was done in a patient and caring manner.
- Staff were aware of people's dietary requirements and provided individual meals and texture modified meals in line with people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access care when they needed it and healthcare professionals visited people at the service, including the GP, dentist and chiropodist.
- Staff also supported people to attend hospital appointments to access specialist healthcare services should they require it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions as much as possible. Staff were aware of who was able to make decisions and what types of decisions they had capacity to make. Staff encouraged and empowered people to be as involved as they could in their care.
- Where staff felt a person was not able to leave the service unaccompanied safely, they applied for DoLS authorisation.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Whilst there were systems in place to review and assess the quality of care, there were not adequate systems in place to ensure improvements in the quality of care and ensure these improvements were made in a timely manner.
- There were a range of audits and checks in place which had identified some of the concerns we found during inspection. This included the use of freestanding heaters, the lack of a restrictor on a window and lack of compliance with the provider's mandatory training. However, action had not been taken in a timely manner to address these concerns.
- In addition, the checks had not identified all of the concerns we found during inspection, and therefore we could not be assured that the systems in place were adequate to review the quality of all areas of the service and ensure people's safety. This included concerns with the accuracy of some care records.

The provider was in breach of Regulation 17 (Good Governance) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider did not have a registered manager in post at this service and there had not been a substantive manager at the service since October 2020. The manager at the service at the time of our inspection had not yet applied to be the registered manager. However, they were aware of the requirements of a registered manager, including the submission of statutory notifications to the CQC about key events that occurred. We saw that these notifications continued to be made during the period the service did not have a registered manager in post. The manager told us they did intend to apply to be the registered manager for the service and had started the application process. We will check that an application is submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst there were regular meetings with people using the service and staff, these were not always effective in ensuring staff felt listened to, involved and supported in their roles. One staff member told us, "[The] group manager doesn't want to talk to staff, only the manager." They also said, "[There's been] a lot of

changes. [We] need more opportunities for staff to voice what we want - our opinions, solve problems. [There's] not much opportunity to do that at present." Another staff member said, "Would feel more able to give 100% with better support."

Staff were not appropriately supported in their roles and the evidence above contributed to the breach of Regulation 18 (Staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- Staff told us they were committed to providing high quality care and continuous improvement. However, the systems in place at the service limited how effectively the required improvements could be implemented and at times created barriers to continuous improvement. Staff told us there had recently been a change in how some items were ordered and this impacted on the stocks of items at the service. For example, the ordering of incontinence pads had changed from weekly to monthly. They said the number of incontinence pads they had available towards the end of the month was limited and this meant at times they did not have the correct size in stock that people required.
- The manager was supported by the registered manager from one of the provider's other services which had enabled them to learn about their role and what was required. The manager had also liaised with the local care home support team for additional support to improve their knowledge and create better outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that people were protected from receiving unsafe care and treatment. They had not ensured that risks to people's safety had been appropriately assessed and mitigated. Regulation 12 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to assess, monitor and improve the quality of care. They did not have systems to assess, monitor and mitigate risks to people's safety, and they had not ensured that accurate, complete and contemporaneous care records were maintained. Regulation 17 (1) (2) (a) (b) (c)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not ensured there were sufficient staff to meet people's needs. They had not ensured that staff had received appropriate training and support to undertake their role. Regulation 18 (1) (2) (a)

### **The enforcement action we took:**

We issued a warning notice