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

Summary of findings

Overall summary

The inspection took place on 12 and 17 January 2017 and was unannounced.

Broadland House Residential Care Home provides residential care for up to 20 people, some of whom may be living with dementia. At the time of this inspection there were 18 people living in the home. Most of these people were living with dementia.

Accommodation is over two floors and is serviced with a lift. The home has 16 single rooms and 2 double rooms. Six rooms have en suite facilities with others housing a sink. A number of communal areas are available to those living there as well as an enclosed and accessible garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had procedures in place that minimised the risk of employing people not suitable to work at Broadland House Residential Care Home. New staff received an induction and support. All staff received on going and regular training that assisted them to provide appropriate, safe and effective care and support to those living at the home.

Staff morale was good amongst the staff and people benefited from receiving support from staff who were happy in their roles. Staff felt valued, supported and listened to. They received regular supervisions and support. Good team work was evident and this contributed to a service that was organised and efficient.

There were enough staff to meet people's individual needs. Staffing levels were consistent and the provider employed additional staff not included in the care staff numbers to ensure needs were met. This meant that, if the service experienced any last minute staff shortages, additional staff were available to help meet people's practical care and support needs.

Care and support was delivered in a kind hearted, courteous, patient and respectful manner. People's dignity, privacy and confidentiality were maintained and choice was encouraged and supported. Staff understood the importance of gaining people's permission before assisting them.

Procedures were in place to help protect people from the risk of abuse. Staff had knowledge of how to prevent, protect and identify potential abuse although not all staff had knowledge in how to report concerns outside of their organisation. The management team liaised with the local safeguarding team as required, although not all concerns had been reported to CQC as expected.

The risks to individuals had been identified and staff had knowledge of these and how to minimise them.

However, the risks had not always been recorded. Risks relating to the building, working practices and potential adverse events had been identified and appropriately managed. Accidents and incidents were recorded and used to minimise future risk.

People received their medicines as the prescriber intended and the service followed good practice guidelines. Medicines records were accurate and complete although it was not always easy to quickly locate relevant information. The service ensured actions were taken to rectify this following our inspection.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service adhered to the principles of the MCA but staff knowledge on the legislation was variable. However, this did not negatively impact on the service people received but the risk of this in the future was present.

People had individual care plans in place that they, or their family members if appropriate, had been involved in. People's needs had been regularly reviewed and the care and support changed as appropriate to meet those needs. People had given their consent for care, support and treatment although these were sometimes signed by relatives who did not have the legal authority to make such decisions.

People enjoyed the activities the service provided although some people felt there weren't enough of these. Staff were limited in when they could assist people with their leisure needs which tended to be in the afternoons. The service had gathered information on people's life histories, family circumstances, likes and dislikes and used this to develop meaningful relationships with them. Staff knew the people they supported well and this aided their relationships with people.

The healthcare professionals we spoke with talked positively about the way the service met people's health and welfare needs. The people who used the service, and their relatives, agreed. People had prompt and appropriate access to health care and the service was proactive and preventative in their approach to this.

People's nutritional needs were met and they had enough to eat and drink. They told us that they enjoyed the food the service provided and that they had a choice.

The service had a positive ethos that welcomed suggestions and feedback in order to develop and improve the service. Systems were in place to monitor the quality of the service and actions taken when issues were identified. The management team demonstrated an open and progressive attitude towards service development.

People spoke of a management team that were visible, approachable, supportive and helpful. An open, transparent and positive culture was encouraged and this aided the support people who used the service received. The home was organised, efficient and had a welcoming atmosphere. The registered manager and provider had a robust overview of the service and were fully involved in its delivery. People told us that they would recommend the service to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Procedures were in place to help protect people from the risk of abuse.

The risks to people who used the service, staff and visitors had been identified and assessed to help protect people from the risk of harm. People received their medicines as the prescriber intended.

There were enough staff to meet people's needs in a person centred and timely manner.

Is the service effective?

Good

The service was effective.

People benefited from receiving care and support from staff that had received appropriate training and felt supported in their roles.

The service worked within the principles of the Mental Capacity Act 2005 (MCA).

People received enough to eat and drink and their nutritional needs were met. The service had a preventative and proactive approach to meeting people's healthcare needs.

Is the service caring?

Good

The service was caring.

The people who used the service, and their families, were supported by staff that demonstrated respect, patience, compassion and warmth.

People's dignity, privacy and confidentiality were maintained and staff encouraged choice.

People, and where appropriate their relatives, had been involved in the planning of the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual needs.

The service provided activities. However, people had mixed feelings on whether these were person centred or whether there was enough of them.

Concerns and complaints were listened to by the service and managed appropriately. People told us that they felt comfortable in raising any issues they may have.

Is the service well-led?

Good

The service was well-led.

The atmosphere of the home was friendly, welcoming and accommodating with a positive culture that aided the delivery of an effective service.

The management team were described as visible, approachable, involved and supportive.

A number of effective systems were in place that encouraged service development and improvement.

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 was 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 12 and 17 January 2017 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, 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 improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with three people who used the service, two relatives and one healthcare professional. We also spoke with the provider's representative, registered manager, the management support, one business administrator, one cook, one head of shift, one senior care assistant and one care assistant. We observed care and support being provided to the people who used the service on both days.

Shortly after our inspection, two people contacted us to give us feedback on the service their relatives received at the home. The training coordinator also provided us with written feedback and additional information in regards to the training staff received.

We viewed the care records for three people who used the service. We also case tracked the care and support two people received and viewed the medicine administration records and associated documents for four people. We also looked at records in relation to the management of the home. These included the recruitment files for two staff members, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Good

Is the service safe?

Our findings

The people we spoke with who used the service told us that they felt safe living at Broadland House Residential Care Home.

One person who had lived at the home for some time told us, "Yes, I have always felt safe." The other two people we spoke with put their feelings of security and safety down to the staff that supported them. The relative's we spoke with also had no concerns over people's safety. One told us, "Yes of course [name of person who used the service] is well treated. I have no concerns about safety, none at all." Another relative said, "Oh yes, we're very happy. We have no concerns."

The staff we spoke with had knowledge of how to prevent and identify potential abuse in those they supported. Staff gave us examples of symptoms that may indicate a person was experiencing potential abuse and what actions they would take. They told us they would report any concerns they may have to the registered manager or provider. Staff told us that they were confident the service would take prompt and appropriate action in response. However, not all staff had knowledge of how to report any safeguarding concerns outside of the service.

The registered manager had good knowledge of local safeguarding procedures and demonstrated they adhered to these. They told us that they used the local safeguarding team for advice and discussed any concerns they had with them. Although not all safeguarding concerns had been reported to CQC as required, the registered manager had taken prompt and appropriate action in response to any concerns. This included referrals to the local authority safeguarding team and robust record keeping. A representative from the local authority safeguarding team told us, "From a safeguarding perspective, as an organisation, they [Hollyman Care Homes Limited] appear transparent, engaged and have clear processes."

The service had identified, mitigated and managed the individual risks to people who used the service. These included where people were at risk of falls, pressure areas, specific medical conditions and harm associated with swallowing difficulties. Although appropriate measures were in place to manage these risks, and staff had good knowledge in relation to these, not all risks were clearly or individually recorded. For example, although staff had knowledge in regards to how to manage one person's seizures, written guidance was not clearly recorded in their care plan. When we brought this to the attention of the registered manager, they agreed information should be available for staff. They told us they would rectify this immediately and information for staff was in place before the end of our first visit.

The risks associated with the premises and working practices had been identified, recorded, assessed and managed. These included risks associated with, for example, the working environment and kitchen equipment. Regular maintenance checks, servicing and equipment inspections were also in place to mitigate risk. In addition, the service had emergency procedures in place to manage the risks associated with adverse events. These included events such as fire, a heatwave, flood or utilities failure. These actions not only helped to reduce the risk of harm to those who used the service, visitors and staff but also to safeguard service continuity.

Accidents and incidents were fully recorded and used to mitigate future risk. Details of the incident, immediate action taken and any subsequent actions required were all robustly recorded. Healthcare intervention was sought as required and included referrals to the local falls team and GP. Each person also had a falls diary in place to aid the identification of any contributing factors. The procedures the service had in place helped to protect people against the risk of avoidable and future harm.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing a police check on potential employees and gaining two references. The service also sought a ten year employment history. The registered manager stated, and the staff we spoke with confirmed, that employees did not start unsupervised in post, until these checks were completed. One staff member we spoke with told us that, until these checks were through, they remained at all times with a senior staff member.

All the people we spoke with who used the service told us that there were enough staff to meet their needs in a timely manner. One person said, "Yes, I'm completely fine. The staff are always there and I get on with them all." Another person told us, "If I press my bell they [staff] come quite quick." Whilst the third person said, "Staff are normally around." All except one relative we spoke with told us that there were enough staff to meet their family member's needs. One told us, "It's easy to find a member of staff whenever I visit." Our observations throughout our visits showed that people received care and support promptly. Staff agreed that there were enough of them to safely meet people's needs in a person centred manner. All the health professionals we spoke with told us that staff were visible and available whenever they visited the service.

The relatives we spoke with told us that they had no concerns in relation to how medicines were administered and managed by the service.

We looked at the medicine administration record (MAR) charts and associated documentation for four people who used the service. This was to see whether they supported the safe administration and management of medicines.

People received their medicines as the prescriber had intended and the service followed good practice guidelines. However, some MAR charts and associated records were disorganised and did not help staff to quickly locate the information they required. The service used a number of forms to aid medicines administration and management and these did not always make locating information easy for staff.

The MAR charts we viewed were legible, accurate and complete. Identification sheets were in place for each person to reduce the risk of medicine administration errors occurring. These were person centred, included a photograph of the person and contained relevant and specific information to aid administration that met people's personal preferences. For most medicines that had been prescribed on an 'as required' basis, detailed information was available to staff that helped ensure people received these medicines safely and appropriately. We found that not all 'as required' pain relief medicines had these guidelines in place. However, we saw that people had received these as the prescriber had intended.

Some people who used the service could not consent to having their medicines administered and required them to be hidden in food [covertly]. Where this method was considered, records clearly showed that appropriate people, including healthcare professionals, had been consulted and that the decisions made had been in the person's best interests. The need for medicines to be administered covertly had been regularly reviewed.

Medicines were securely stored and we saw that, on each shift, only one member of staff had access to

these. The temperature of the room where medicines were stored was recorded twice daily. We saw that the temperature sometimes reached the upper limit for safe storage. This could undermine the effectiveness of some medicines. When we made the provider and registered manager aware of this, they told us they would monitor the temperatures and take appropriate action as required.

Staff had received training in the administration and management of medicines and their competency regarding this had been regularly assessed. The service had robust procedures in place in the event of a medicines administration error. These demonstrated that errors were investigated thoroughly and actions taken to mitigate future risk.

The service had already identified that some improvements were required in the management and administration of medicines. They had recently met with the pharmacy that dispensed people's medicines in order to identify and resolve issues and agree actions. In addition, shortly after our inspection, the service submitted a further action plan to address the issues observed during this inspection. This showed that the service was taking robust and appropriate action to address the issues, some of which had already been completed. Actions included the purchasing of an air conditioning unit for the medicines storage room, booking a pharmacist audit and streamlining the medicines administration documentation.

Good

Is the service effective?

Our findings

All the people who used the service, relatives and healthcare professionals we spoke with told us that staff had the necessary skills and knowledge to provide care and support.

When we asked one person who used the service whether they had confidence in the staff that supported them, they said, "Most definitely. Staff are trained." One relative replied, "Oh absolutely." In relation to meeting healthcare needs, one professional told us, "Staff know people so well that they know when somethings not right."

New staff, when starting in post, received shifts under the guidance of a more senior and experienced staff member. One staff member we spoke with told us that they did not perform any tasks during these shifts and that the time was used to make observations in order to learn and prepare them for their role. New staff also received training on the provider's policies and procedures at this time before embarking on additional training.

The provider had their own staff trainer and staff received training in a variety of formats. This was appropriate to their role and the people they provided care and support for. This included a number of different training sessions on supporting people living with dementia. One staff member told us about training they had received that simulated what it felt like to live with dementia. They said, "It gave me a sense of what people felt; it helped me to understand their frustration." The provider had a rolling programme of training sessions in place that occurred on a weekly basis. This included training sessions on topics such as communication, equality and diversity and staff development. This gave staff regular opportunities to participate in training and develop their skills and knowledge.

The service had a Dementia Care Coach in post and a number of the staff had become Dementia Friends. Dementia Friends is an initiative by the Alzheimer's Society to change people's perception of dementia and aims to transform the way people think, act and talk about the condition. The service had also offered dementia training sessions to relatives and visitors in order to help them better understand what it's like for a person living with dementia. The Dementia Care Coach told us that the aim of this role was to build staff confidence and competency in supporting those living with dementia. The staff we spoke with were complimentary about the training they received and how this helped them to perform their role.

During our inspection visits we saw that staff put the training they had received into practice in order to effectively meet the needs of those they supported. We saw a number of examples where staff competently assisted people to transfer and mobilise. This showed that good practice was embedded amongst the staff team. We also saw examples of staff effectively managing the potential escalation of people's distress or frustration. Staff offered reassurance, time and a commitment to not only understand what was causing the person's distress but to resolve it. For example, when one person became distressed, and without yet knowing the cause, we heard a staff member simply and warmly say, "I'm going to help you." This immediately calmed and reassured the person who kindly said, "Thank you."

Staff told us they received regular supervisions and support. They told us they felt listened to by the management team and that they were available whenever they required assistance, guidance or support. Staff received feedback following observational competency checks and the opportunity to discuss their practice. One staff member said, "We have all the support we need." Whilst another told us, "There's a lot of support around everyone here."

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. The application procedures for this in care homes and hospitals are called 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 were being met.

Staff knowledge on MCA and DoLS was variable. Whilst all staff we spoke with understood it related to whether people had the capacity to make decisions, some weren't sure how this related to DoLS. However, all staff understood the importance of consent and the need to assist people as much as possible to make their own decisions. Staff gave us examples of how they supported people to make decisions and how they gave them choices. They told us that if they had any concerns about a person's ability to make a decision they would inform the registered manager.

The service demonstrated that they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. The registered manager told us that capacity assessments had been completed for a number of people and applications for DoLS had been submitted for some people. These were mostly because people were unable to leave the home without staff support when they wanted to, or because people required their medicines to be administered covertly. We saw that where best interests decisions had been made on behalf of people, the appropriate people had been involved and the decision recorded.

The service had gained, and recorded, people's consent in relation to the care, treatment and support they chose to receive. However, for one person's care plan we viewed, who was recorded as having capacity, we noted that their relative had signed consent forms without the legal authority to make such decisions in place. When we discussed this with the person who used the service, they told us they had given their relative permission to agree to the care and support they received. However, this was not clear from the records we viewed. Where relatives had the legal authority to make decisions on behalf of their family members, the registered manager ensured they saw a copy of the appropriate documentation. However, copies where not always held on file which increased the risk of the service not working within the principles of the MCA.

People told us that staff always asked their permission before assisting them. One person told us, "Staff check with me." Whilst when we asked another person if staff gained their consent before helping them, they said, "No problems with that at all." During our inspection visits, we saw that staff consistently and respectfully asked permission before assisting people. We saw that consent was sought for each step of a task and that people's wishes were adhered to. For example, for one person who refused a clothes protector during lunch, the staff member accepted this without question or persuasion. When a senior staff member

was administering medicines, we saw that they explained clearly what they were doing, what the medicines were for and gained a person's consent before administering.

People's nutritional needs were met. They told us they liked the food and drink the service provided. People told us they had enough to eat and drink and that they could request food and drink whenever they wanted it. One person said, "The food's good." Another told us, "The food's very nice and we get drinks and snacks in between." This person went on to tell us that they had a choice of where they took their meals, either in their room or the dining room. A third person who used the service said, "The food's very good. We had cottage pie today which was very nice. There's enough to eat and drink. Oh yes, staff would fetch you something if you asked."

We observed lunch being served on one day of our visit. We saw that the atmosphere within the dining room was sociable and calm. Staff assisted people efficiently and regularly checked on people's wellbeing and comfort. Where people required assistance this was dedicated, patient and at the person's preferred pace. We saw that staff assisted people in a kindly and gentle manner. People had access to drink both throughout lunch and the day. We saw that where people had drinks, these were in reach and that people received assistance as required.

Staff were aware of people's dietary requirements and we saw that these were delivered by the service. Full and accurate details of people's nutritional needs were available to all staff. There were also copies of appropriate recommendations available in the kitchen. Where people required support or advice from other healthcare professionals regarding their nutrition, referrals were made and any recommendations followed.

All the people we spoke with talked positively about how the service met people's health and wellbeing needs. The people who used the service told us they saw healthcare professionals when they needed to and that staff discussed this aspect of their care with them. The relatives we spoke with told us they were kept informed of their family member's healthcare appointments and outcomes as required.

The two healthcare professionals we spoke with were complimentary about how the service recognised potential healthcare deteriorations and their proactive approach to this. One told us, "Staff know people well. They call us straight away if they have concerns and they make very timely referrals." The other described how well the service managed people's pressure areas. They also told us how good the service was at delivering end of life care for people. They said, "They do this very well." Both healthcare professionals said staff communicated well with them and had developed good working relationships.

Good

Is the service caring?

Our findings

Without exception, all the people we spoke with were complimentary about the approach of all the staff who worked at Broadland House Residential Care Home. They spoke of staff that had time for people, were willing and had a kind and warm disposition.

One person who used the service said, "The staff are very nice to me." Whilst another told us, "The staff are very good. They listen to us." One relative said, "You're always made to feel welcome and offered a drink. The staff are consistently pleasant." Another relative we spoke with told us, "The staff are so kind and caring." This relative went on to tell us how the staff went out of their way to make them feel special too. They said, "I leave there [the home] feeling like a film star." Whilst a third described staff as, "Warm and friendly."

Relatives spoke about the accommodating nature of the staff and service. One relative told us, "It doesn't matter who you speak to, they bend over backwards to help." Another relative told us staff and management had been, "Extremely helpful in answering questions." They went on to describe how the service had, "Gone the extra mile" to give advice and accommodate their family member. A third relative said, "Nothing is too much trouble." A healthcare professional told us the service went, "Above and beyond" in supporting the people who used the service.

During our inspection visits we consistently saw examples of staff's kind, caring and respectful approach to people who used the service and others. We saw that staff were friendly, positive and courteous in their work. For example, we saw one staff member gently and respectfully explain the support they were providing to a person, in order to ensure they were fully informed and understood what was happening. We saw that staff easily chatted with the people they were assisting and appropriate affection was used to comfort people, that demonstrated kindness.

We saw that staff quickly intervened where people showed signs of distress or dissatisfaction. They demonstrated patience in finding out what was upsetting a person and offered reassurance and actions to relieve their distress. Staff demonstrated that they knew people well and what was required to comfort people. For example, for one person who was becoming distressed, staff knew they needed to guide them to a personal possession that would ease their upset. This was achieved and we saw the person smile.

When we spoke with staff they were able to tell us about the people they supported. They told us about their personalities, likes, dislikes, family circumstances and needs. Staff could tell us what assistance people required and how they delivered this. One relative we spoke with told us, "Staff are aware of individual personalities and how to support them." They went on to tell us that they felt the staff knew their family member well.

The people who used the service told us that staff were respectful towards them and that their dignity was maintained. When we asked people if they felt staff treated them with respect, dignity and consideration at all times, people replied with comments such as, "Of course. Staff are very good" and "Absolutely." Their

relatives agreed. One told us, "The staff do what they can to encourage [family member]. The staff are great and look after [family member] well with no issues surrounding privacy and dignity." One healthcare professional told us, "Everybody gets treated with dignity and respect."

When we asked staff how they maintained people's dignity, the examples they gave demonstrated that they had an understanding of the importance of this. Throughout our inspection we saw that people's dignity was maintained and that staff were respectful in their approach.

We saw that care and support was delivered discreetly and that people's privacy was maintained. For example, we were close by when we saw one staff member ask a person if they needed to use the bathroom. This was done as discreetly as possible by speaking quietly into their ear. Personal care was delivered behind closed doors and there were areas for people to go if they required some privacy. We saw that consultations with a healthcare professional were undertaken in private. People's care records were generally kept behind closed doors, although on our first inspection visit we observed that this room wasn't always secured. We noted that the room was secured at all times on our second visit. No personal or confidential information was seen unattended in communal areas of the home. We saw that staff discussions relating to the people who used the service and their care and support needs were completed in private.

As much as possible, staff encouraged people to make choices in how they spent their day and the decisions they made. One person who used the service told us, "I please myself." Another told us, "I can do what I want. I'm used to being on my own and so I'm quite happy here in my room. The staff allow me to please myself." We saw that staff assisted people to do what they wanted at a time they chose.

People and, where appropriate, their relatives, had been involved in the planning of the care and support they required and wished for. One relative told us they were consulted appropriately whilst another said, "We knew how good the care would be as we have had previous experience of the home. That's why we chose for [family member] to come here. The family is completely involved in [family member's] care."

There were no restrictions on visiting times and people's friends and family could visit anytime. They told us they were always made to feel welcome and offered refreshments. They also told us they were invited to events within the home. One person's relative said, "Staff are very accommodating – absolutely superb." They went on to say that the home always had, "A wonderful atmosphere." This person went on to describe a personal adverse incident that occurred one day when they were visiting their family member. They told us that the staff went out of their way to resolve the issue for them. They said staff were, "Completely nice to someone they didn't really know that well."

Good

Is the service responsive?

Our findings

The people who used the service told us that their needs were met by the service they received. They told us they had choice in how they spent their day and that their preferences were met.

One person said, "I go to bed when I like." Another told us, "I'm quite content. I feel at home." One relative who contacted us after our inspection visits told us they wanted us to know, "How marvellous the staff have been." They went on to describe how well the service met their family member's needs, particularly when their needs were complex. Another relative described a particular preference their family member had. They told us, "We only had to ask the service once and it's been in place ever since." They said, "It's [the service] been more than I expected." Staff told us that they had time to meet people's individual needs.

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. Assessments of people's needs had been undertaken prior to them moving into the home to ensure their needs could be met by the service. Each care plan we viewed was individual to the person and had been updated on a regular basis. We saw that the information they contained was accurate and up to date.

We noted, for one person, that the care plan did not contain clear information on how to meet a particular medical need. However, when we discussed this with staff, they had knowledge of this need and how to support the person in relation to it. When we brought this to the attention of the registered manager, they ensured the person's care plan was updated immediately. Shortly following our inspection, the service submitted information confirming additional actions would be taken to ensure all care plans contained complete information.

Care plans contained information that detailed what support people required and what was required of staff. For example, they gave information and guidance on aspects of care such as mobility, personal care, continence, diet and nutrition, mental health and social needs. Care plan documents and associated paperwork were well organised and easy to locate. They built a history of the person and the care, treatment and support they had received. For example, information on any healthcare treatment a person had received was recorded with advice given, the treatment provided, the outcome and whether any follow up treatment was required. Communication with relatives and others was recorded and gave a clear picture of what was discussed and the outcome. Each person's needs were reviewed, and updated if necessary, on at least a monthly basis. Where risks were identified, we saw that care plans contained preventative measures.

For the two people whose care and support we tracked, we saw that the assistance they received was as documented in their care plans. For another person who had requested that their medicines be administered in a specific way, staff told us this was completed as requested. When we discussed people's needs with staff, they were able to accurately describe how they supported people with these. We concluded that people received a service that met their individual care and support needs.

We saw that the amount of information on people's life histories, interests and hobbies varied between the

care plans we viewed. However, they all contained basic information in order for staff to understand what was important to people and their family relationships. From the conversations we had with staff, and from our observations, it was clear staff knew the people they supported well. For example, we heard one staff member discussing with a person who used the service a subject that was of obvious interest to that person, whilst also relating it to their working life. We saw that the person was animated when discussing the subject and that the staff member showed interest. Conversations with staff showed that they knew what people liked and was of interest to them.

People had mixed feelings on whether there were enough activities going on within the service to provide stimulation. Whilst some people who used the service were content with the level of activities provided, one person told us, "I do get fed up when my family don't come." When we asked relatives if they felt there was enough activities going on in the home, one told us, "Certainly not. Not enough stimulation or inclusive activities." Whilst staff told us that they had time to participate in activities with people, they told us this was normally only in the afternoon. One staff member said, "It would be nice to do more activities." However, a healthcare professional who visited the service on a regular basis told us, "There's always something going on. I love how the service involves relatives in events." However, everyone did agree that the events the home arranged were enjoyable.

Our observations on both days we visited the service, saw that staff spent time participating in activities with people in the afternoons. This was dedicated and varied. We saw that one staff member spent time looking at a book with a person which stimulated conversation and invoked memories that were discussed. We saw that events had taken place which included music sessions and pet therapy. Books, music, jigsaws, games and other objects were in communal areas for people to use and interact with. High tea was served each week on vintage china and a cheese and wine event took place one day each week. Relatives were always invited to such events. The service also had an electronic tablet device that people who used the service could use to access the internet or video call family and friends.

People told us that they had no complaints or concerns with the service. Those that used the service told us that should they have, they felt comfortable in discussing these with any member of staff. One person said, "I get on with all the staff." Another person told us, "Yes, staff are very good. They would certainly listen, yes." One relative told us that they had to regularly remind the service about a particular aspect of care required by their family member. All other relatives we spoke with had no concerns or complaints and told us the service was responsive to their questions or requests.

The service had processes in place to manage any concerns or complaints people may have. A copy of the complaints policy was on display and we saw that the one complaint the service had received was documented. We saw that this had been investigated and responded to appropriately and promptly, but was ongoing.

From the care records we viewed we saw that, when people transferred to the service from their home or another service, full details were in place to assist the continuity of care. Care plans contained detailed transfer information including medical information as required. One relative we spoke with told us that the service had been accommodating in ensuring their family member settled into the home as comfortably and quickly as possible. They told us the service had helped ensure personal belongings were in place prior to the person moving into the home to aid their welcome.

Good

Is the service well-led?

Our findings

The management team for Broadland House Residential Care Home were involved, motivated and keen to develop and improve the service further.

People told us managers were approachable, visible and supportive. One relative we spoke with told us, "[Registered manager] is very good; approachable." Whilst another said, "[Registered manager] is very approachable and accessible. It's a good service, no problems." A healthcare professional told us about the strong working relationship they had with the service.

All the people we spoke with commented on the warm and friendly atmosphere of the home. They spoke of a positive culture where staff demonstrated a willingness to help, kind-heartedness and sunny dispositions. One relative we spoke with said, "All the staff seem wonderful." They went on to describe the atmosphere in the home as, "Calm and peaceful." Another relative told us, "The culture of the staff and how they treat people is positive." A healthcare professional said, "I love the home. Staff never rush people, people are kept in the loop and communication is good. I am quite impressed with the service; they're on the ball."

People were complimentary about the management team and provider. They told us they saw both the registered manager and the provider's representative on a regular basis and that they had time for them. Staff told us they felt supported and listened to. One staff member said, "I can always talk to [registered manager], they are always around and always approachable." They went on to say that the provider's representative always said hello and asked how they were. They told us, "They make me feel valued." Another staff member said, "[Registered manager] has shown me a lot of support and understanding." A third staff member described the provider as, "Very involved" and said of the registered manager, "Any problems, they are always on the end of a phone."

The service had a registered manager in post. They told us that they felt supported in their role and that the provider's representative visited the service two to three times each week. They described a supportive culture that encouraged personal and service development. The registered manager had completed a management qualification and told us about the up and coming training they had booked. They told us that they met with the provider's representative and other registered managers who worked for the same provider on a regular basis. The registered manager said of the provider's representative, "They're amazing. They always know what to do. I never feel alone."

Through discussion with the registered manager, they demonstrated that they knew the service, those that used it and the staff, well. They had a good overview of the service, its strengths and where improvements were required. They had developed their own personal system to ensure they had up to date information on all aspects of the service. This ensured that a good quality service was being delivered and that should any issues arise, these were identified and rectified without delay.

Staff told us that they worked well as a team and supported each other. One staff member we spoke with told us, "We work well as a team. Staff know what they're doing." When we asked another staff member

what they felt the service's strengths were they said, "The staff. Their caring nature and the fact they know people [who use the service] well." A third staff member told us about how welcoming staff had been when they first started in post. They said, "Everyone is nice here."

During our inspection visits we saw that the home ran smoothly and that the service was organised and efficient. We saw that staff knew their roles and responsibilities and communicated well amongst themselves and with the management team. Systems were in place to aid this including handover meetings and communication books. Two senior staff members were allocated to documentation tasks each day and this helped to ensure records were up to date and communication effective. These staff members were not included in the care staff numbers meaning they had time to concentrate on their accountable tasks. Staff had been allocated additional responsibilities such as first aid supplies, supervisions, management of medicines, hospital appointments and night inspections. Procedures were in place that clearly documented who was responsible for what area of the service and this helped staff to demonstrate accountability.

Feedback was sought on the service and used to make improvements. Questionnaires had been sent to relatives of the people who used the service and other stakeholders such as health professionals. All of those that had been received were positive. Where feedback had been received that showed improvements were needed, the service had listened and taken steps to address this. This was demonstrated following our inspection. Shortly after our last inspection visit, the service voluntarily submitted an action plan developed following feedback given. From this, we clearly saw that the service was proactive in its approach to gathering information and analysing it in order to develop and improve.

In addition, the service had systems in place to monitor the quality of the service. The registered manager and provider's representative spent time on the floor observing the service being delivered and staff practice. A registered manager from another of the provider's homes had also visited and completed an audit of the service. This highlighted an issue that the service was able to identify and rectify. We saw records that showed prompt and robust action had been taken as a result and that the issue had been resolved. This demonstrated that the process had been effective in improving the service delivered. A number of other audits were also in place and, although basic, were mostly effective. The registered manager told us that they had already identified that the audits could be improved.

All the people we spoke with told us that they would recommend the service to others. One person who used the service said, "All round, they do well. Yes, I'd recommend the home. I've no complaints. It's okay here, they're [staff] nice." When we asked another person who used the service why they would recommend it, they told us, "The staff are very good. They help us out with a lot of stuff. The food's very good too." The relatives we spoke with agreed. One said, "Oh yes, its home from home with very good staff." Another relative told us that they had had, "A very positive experience with this home."