

Mr N Baloo

# Broadlands Nursing Home

## 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 caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 16 March 2015 and was unannounced. The last inspection was on 24 and 28 October 2014 to check whether action had been taken in respect of six warning notices we served on the provider for breaches of regulations. We found the provider had made some progress with meeting the regulations but was still breaching regulations in relation to care and welfare, assessing and monitoring the service, cleanliness and infection control and meeting nutritional needs. At this inspection we also checked on other breaches of regulations we identified at our inspection on 30 July and

7 August 2014 where we had asked the provider to make improvements. These breaches were in relation to safeguarding people from abuse, respecting and involving people, complaints and supporting workers.

Broadlands Nursing Home is a care home for up to 25 people with nursing needs, many of whom are living with dementia. At the time of our inspection there were 18 people living at the home.

The service did not have a registered manager in post. There was a newly appointed manager who had made the necessary application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

Staff knew, but did not always take, the necessary action to keep people safe in cases of possible abuse, such as when people sustained unexplained bruising. You can see what action we told the provider to take at the back of the full version of the report.

People's care plans and risk assessments did not always contain sufficient accurate information. This meant staff were not always able to follow these documents as guidance on how to provide care appropriately. We were unable to evidence people received the right care and treatment when they developed wounds such as pressure ulcers. This was due to poor recording in wound management care plans and risk assessments, and of treatment records.

The manager had not ensured all people were able to reach a functioning call bell to call staff when they required assistance. However, the premises and equipment were clean and safe with regular health and safety checks carried out. Specialist equipment such as slings, hoists and pressure relieving mattresses were in place to help ensure people receive safe care.

Medicines management was safe. Decisions to administer medicines to people covertly were made in their best interests and the medicines policy contained sufficient detail on this to guide staff.

There were sufficient staff on duty to meet people's needs. Recruitment practices were safe as checks were carried out before staff were employed to find out if they were suitable to work in the home.

People received the right support to eat and drink sufficient amounts and food was served at an appropriate temperature. Staff monitored people's nutritional status appropriately and took the necessary action when there were concerns about people's weight, such as referring them to appropriate professionals.

Staff received suitable training to carry out their roles and the manager had recently implemented a programme of staff supervision to provide individual support to staff.

Staff understood how to gain people's consent before they provided care. The manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS). They had made several applications so that where people needed to be deprived of their liberty, this was carried out safely and in the correct way. These safeguards are there to help make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

People's views and preferences in relation to their care, or the views of their relatives where appropriate, were not always recorded. This meant staff who were not familiar with the needs of the person they needed to care for or who were new to the service were not always able to refer to this information to provide care to people in the ways they wanted. However, regular staff had a good understanding of people's preferences and wishes through discussion with them. People were treated with kindness, dignity and respect by staff.

People were provided with a range of activities to keep them stimulated both inside and outside the home. People and relatives were involved in discussions to plan activities.

People were encouraged to say what they thought about the service. There was a complaints policy that was available to all. The manager ensured complaints and suggestions were clearly recorded and acted upon to resolve issues raised.

The manager was aware of their roles and responsibilities and monitored the quality of the service provision through a range of audits. However, these audits had not identified the issues we found in relation to care planning, risk assessing, safeguarding, wound management, involving people in planning their care and recording their views.

The manager and director regularly gathered the views of people using the service and their relatives through regular meetings and questionnaires. The manager involved staff in the running of the home through a number of initiatives including regular staff meetings.

At this inspection we found breaches in relation to safe care and treatment, person-centred care and safeguarding. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe. Although staff knew the actions they should take when they saw signs which could indicate abuse they did not always take these actions. This meant people were not always protected from abuse.

People's risk assessments did not always contain up-to-date information to guide staff in caring for people safely.

The premises and equipment were clean. A range of specialist equipment was in place. However, the manager had not ensured all people were able to reach their call-bells, and that all call bells were functioning, so people could call for staff assistance.

Medicines management was safe. The necessary checks were carried out on staff before they started work to ensure they were suitable to work with people. There were enough staff on duty to meet people's needs.

**Requires Improvement**



### Is the service effective?

The service was not always effective. People did not receive sufficient choice in the food they ate. However, staff supported people to eat and drink appropriately and food was served at the right temperature. Staff monitored people's nutritional status and took appropriate action when there were concerns.

Staff training was suitable to provide them with the necessary knowledge for their roles and the manager had implemented a programme of staff supervision to support staff individually.

Staff gained people's consent before providing care and treatment and the manager understood their role in only depriving people of their liberties safely, when this was in their best interests.

**Requires Improvement**



### Is the service caring?

The service was caring. Staff knew the people they were caring for, including their likes and dislikes. Staff were kind and caring and treated people with dignity and respect.

The home followed a recognised programme to support people to plan their end of life care.

People were supported to remain in contact with their relatives.

**Good**



### Is the service responsive?

The service was not always responsive. We could not evidence people received the right support in relation to wound care such as pressure ulcers. People were involved in planning their care, and if they were not able to do so, their relatives were consulted.

**Requires Improvement**



# Summary of findings

A range of activities were offered to people to keep people occupied and stimulated.

The manager ensured people and their relatives were aware of the complaints policy. They recorded and acted upon complaints and suggestions they received.

## Is the service well-led?

The service was not always well-led. Although the manager monitored quality through regular audits of the service, these had not identified the issues we found.

The manager and director regularly gathered the views of people, their relatives and staff. The manager and staff were aware of their roles and responsibilities.

**Requires Improvement**



# Broadlands Nursing 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.

It was undertaken by an inspector, a specialist advisor, who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service and the provider.

During the inspection we spoke with ten people using the service, seven relatives, a nurse, four care workers, the chef and the kitchen assistant and the manager. We also spoke with a social worker and a GP.

We spent time observing care and support being delivered and we also used the Short Observational Framework for Inspection (SOFI) because some people could not tell us about the service they received as they could not always communicate with us verbally. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, five staff files and records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

All people, except one person, told us they felt safe living at the home. One relative told us, “My [family member] is very safe here, I have not concerns.” However, we found that when a person developed bruises these were not always investigated to rule out the possibility of abuse and clearly documented, including body maps. Staff sometimes noted bruises in daily logs and took no further action. Although staff received training in safeguarding adults at risk and understood the signs someone may be being abused, they had not identified and reported unexplained bruises as potential abuse.

These issues were in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In our last inspection we found the provider was not meeting the regulation in relation to the care and welfare of people. This was related in particular to care planning and managing risks documentation for moving and handling, skin integrity and incidents of aggression. At this inspection we found care planning in relation to these risks had improved.

However, we found several examples where care documentation was not in place or was insufficient to manage the risks people faced such as when they have seizures and diabetes. One person’s care plan did not state their need for food to be pureed to reduce their risk of choking. Although care documentation was regularly reviewed it did not always accurately reflect people’s changing needs. For example, even though people had lost weight since the last time care plans were reviewed, their care plan reviews indicated there had not been any changes. People were therefore not appropriately protected from risks they faced in their daily life. When we informed the manager they told us how work improving care plans was ongoing and they would ensure all necessary information was in place, and reviewed accurately, as soon as possible.

These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed some people did not have access to a functioning call bell when alone in their room. Some people were not able to reach their call bell when in bed, other people’s call bells were not working. This meant they would be unable to call staff assistance when required. The manager told us they would rectify this issue as soon as possible.

Other equipment in place to support people was suitable for their needs, regularly checked and well maintained, including hoists and slings. We observed several people being transferred using hoists and noted this was done safely. Pressure relieving mattresses of various types were in place and these were set to the correct settings in relation to people’s weight and setting were regularly audited.

The premises were safe because systems were in place to maintain and check them. The provider carried out a range of health and safety checks including the electrical wiring and portable appliances, fire systems, water temperatures and Legionella. Although some areas of the home, such as paintwork and some carpets, appeared worn an improvement schedule was in place to rectify these issues. The London Fire Brigade (LFEPA) recently inspected the home and found it was meeting fire safety requirements.

The provider had policies and procedures on how to deal with abuse which the manager and staff were familiar with. During the inspection when a person made an allegation of abuse during the inspection we informed the manager who acted appropriately in promptly reporting this to the local authority safeguarding team. They also made a notification to CQC in relation to this, as required by law.

Staff recorded accidents and incidents clearly, including when people displayed behaviour which challenged the service. This meant the manager could analyse and identify patterns to put the right support in place for people. Where required people had been referred to the local challenging behaviour team for specialist support.

The provider ensured a good standard of cleanliness and infection prevention and control at the home and in relation to equipment. One relative told us, “The place is

## Is the service safe?

always spotless...cleaner than my home.” The manager had implemented a range of infection control audits to monitor these standards in the home. These audits were carried out frequently and were clearly recorded.

Medicines management was safe because of the systems in place to protect people. Medicines were stored securely. Records of medicines administered to people were accurate and our stock balance checks confirmed people received their medicines as prescribed. Audits were in place to check that different aspects of medicines management were safe.

Recruitment practices were safe with the necessary checks carried out before people started work at the service. These

included full checks of employment histories, references, right to work in the UK, identification, criminal records and considering how any health conditions may impact on their work.

There were enough staff on duty to care and support people. We observed staff had time to sit and talk with people, and the staff nurse was able to be present throughout the day to support staff and people using the service. We saw there had been a recent increase in the number of staff on duty. Staff told us the increase had meant every person was supported by two staff during personal care and staff were not working excessive hours. We observed during lunchtime there were enough staff to support all people to eat as soon as their meals were served, meaning they did not have to wait for assistance.

# Is the service effective?

## Our findings

At the last inspection we found the provider was not meeting the regulation in relation to meeting people's nutritional needs. This was because people were not given a choice of suitable and nutritious food. At this inspection we found some improvement. When a person indicated they did not like their meal staff prepared an alternative. Several relatives told us staff always provided an alternative when necessary and that choice was offered in this way. However, we did not observe people being offered choice at the point of serving, for example by using the food as visual cues to aid decision making. There was no evidence people were involved in planning the set menu, were asked for their feedback on the meals provided or that this information was acted upon. The manager told us staff discussed meal choices with people each day for the next day. However, we were unable to evidence this as records were unavailable. One person told us, "I would like steak and chips but I don't get it." The manager told us they would review processes in light of our feedback.

People were given sufficient food to eat and staff supported people to eat and drink where necessary. We spoke with the chef and kitchen assistant and found they knew people's dietary needs and provided high calorie foods for people at risk of weight loss. Staff monitored people's weight and nutritional status regularly to identify concerns. Several people at risk of malnutrition had been referred to dietitians for guidance. We found the chef and kitchen assistant were aware of people's specialist dietary needs and followed guidance from the dietitians. For example, people at risk of weight loss were provided with high calorie food. Snacks were provided to people in between mealtimes.

People made positive comments about the food served during the inspection. One person said, "The salmon is very nice." We sampled food and found it was served at an appropriate temperature. The hot-food trolley was used appropriately to keep food at a high temperature, as were food covers. People did not have to wait to eat as high staff numbers meant staff were available to readily support people.

The manager had recently implemented a system of supervising staff. Staff told us, and records confirmed, the

manager and nurses had recently supervised all staff in the home. This was the first supervision for most staff since the manager started at the home around six months previously. In addition, annual appraisals had been recently carried out for some staff. Supervision records showed a range of issues were discussed, including people's needs, training needs and staff individual performance.

A training programme was in place and staff had recently completed a range of training to help them meet people's needs, including dementia and falls management. Other staff were supported to receive more training. Several staff were being supported to do more in-depth, distance learning courses in safeguarding adults at risk.

The manager had provided nurses with medicines management training, however we could not evidence they carried out competency assessments to ensure nurses knowledge and understanding of their responsibilities remained current. The manager told us they would review this.

One person told us, "I can choose what I wear, I always choose." Staff understood the Mental Capacity Act 2005 (MCA) and were able to use it in ensuring people consented to their care. As one person was receiving medicines covertly the manager had arranged for them to have a mental capacity assessment in relation to this and best interests' decisions were recorded. Written instructions as to how staff should administer these medicines covertly had been put in place. The medicines policy had also been updated to include covert medicines. The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had made applications to the local authority for authorisations where it was necessary to deprive people of their liberty to keep them safe. They had notified CQC of the applications as well as the outcomes, as required by law.

People received the necessary support with their health needs. We spoke with a GP who visited the service each week. They told us staff met people's health needs and they had no concerns about the service. Records showed people received support from a range of health professions, including dentists, a tissue viability nurse and a chiroprapist.



# Is the service caring?

## Our findings

People using the service and relatives told us the staff were kind and caring. One person told us, “They are useful, helpful and pleasant.” Another person told us, “All the staff are wonderful.” However, a third person said, “There are some staff who don’t speak or smile. Most of them are good but others come in, do what they have to do and go without saying a word.” A relative told us, “A lovely atmosphere and the staff are wonderful.” Another relative said, “The staff are excellent, so caring and they are loving towards [people using the service]... I can’t speak highly enough of them and I visit frequently.”

Staff knew the people they were caring for and were able to tell us their likes and dislikes. For example, staff knew which people preferred to have a female or male care worker provide their personal care. Staff were able to tell us about people’s backgrounds. Staff also knew what activities people liked. For example, we observed staff knew a person enjoyed looking through magazines and making notes in their notebook and so supported them to do this.

The home had received Gold Standard Framework (GSF) accreditation. GSF is a national framework to support services to meet people’s needs with high quality care at the end of their life. Records showed some people, and/or their relatives where appropriate, had been involved in discussions about how they would like to receive care at the end of their life. However, these were not in place for all people, and some had not been reviewed for several years. This meant the information may not reflect whether people’s preferences had changed.

We observed staff’s interactions with people throughout the day which demonstrated staff cared about, and were kind to, the people they supported. For example, staff

spent time conversing with people. During lunchtime staff supported people with their meals in a compassionate way, sitting at the same level as them and explaining what they were doing. Staff provided mouthfuls of food of a suitable size and waited until the person was ready before providing the next mouthful. Staff stayed with people throughout their meals to provide continuity of support.

We found improvements to how the provider promoted people’s dignity and privacy. At a previous inspection we found a ground floor bathroom had transparent windows with a net curtain. This meant people may be exposed to others passing by while receiving personal care. At this inspection we confirmed this had been rectified. In addition, previously staff used people’s bedrooms as a passage to the garden with a lack of consideration for their privacy and wishes. At this inspection we found the manager had stopped this happening.

Staff supported people in ways to maintain their dignity. For example, we saw staff took care to ensure people’s bodies were not exposed when they were supported to transfer in hoists. Staff supported people to meet their personal care needs discreetly and to maintain their personal appearance, with clean clothes and hair. When people wished staff provided support to apply makeup and to varnish their nails.

The service supported people to remain in contact with their relatives. Relatives told us they were able to visit at any time, without notice and without restriction and we observed many relatives visiting their family members throughout the day. Relatives said staff always made them feel welcome, and one told us, “The staff always provide a pot of tea and biscuits.” For people’s birthdays the chef baked a cake and staff invited families to participate in a birthday party if people wished.

# Is the service responsive?

## Our findings

The manager did not ensure that the monitoring and recording of wound management was of a sufficient standard to evidence people received the necessary care and treatment. For example people's care documentation did not specify the type of dressing to use for wound care or the frequency this should be changed. Where a person had developed a grade 3 pressure ulcer while at the home their care documentation incorrectly reflected the ulcer was of a less severe grade, grade 2. However, they had recently been referred to and treated by a tissue viability nurse. Recording of actual wounds was inadequate which meant the service was unable to provide evidence wounds were being monitored adequately and to track wounds progression clearly to see if wounds were improving or deteriorating. There were no arrangements in place either with the use of photos of the wounds over time or through wound mapping to enable effective wound monitoring.

These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager involved people in planning their care, or sometimes their relatives if people could not express their views. Relatives told us they were asked for their views whenever changes to their family members' care were needed. Such changes included making alterations to people's rooms to manage falls risks and medicines reviews. Whilst relatives told us they had been asked what their family member liked or disliked when they first came to the home, care records showed that people's preferences were not always taken into account in the way their care was planned. This meant staff were not able to refer to care plans to guide them in supporting people in the ways they preferred. The manager was aware of this and a project to gather this information for all people was ongoing.

During this inspection we found the manager had increased the activities available to people with a schedule of activities in place. We observed people being supported to take part in an arts and crafts session and, preparing decorations for the forthcoming St Patrick's day tea party. We also observed people participating in a sing-along. One person told us, "I like the music." Regular activities included a weekly pampering day where people received manicures and hand massages, sherry days and weekly reminiscence sessions. Entertainers were booked for live music suitable to people's tastes. Recently people and their relatives were involved in a 'sweets and treats' event to celebrate valentine's day and a fresh fruit party had been held to celebrate mother's day. The manager had obtained wheelchairs to ensure people had the means to go on outings outside the home. During Christmas staff and relatives supported people to attend a tea party at a local primary school. Other people had been supported to visit an arts and crafts display at another local care home. Discussions with staff showed they had a good understanding of the activities people liked to do, although this information was not always recorded in people's care plans for reference.

At our inspection on July and August 2014 we identified the provider was not meeting the regulation in relation to complaints. They were not encouraging people's concerns and complaints and people were not provided with information about the complaints procedure. However, during this inspection we found the manager had made the required improvements. People and their relatives knew how to complain had been made aware of the complaints procedure at recent meetings. One person told us if they had any complaints they would, "...tell the manager." A suitable complaints policy was on display in the reception area. Records showed the manager noted complaints and suggestions received and the action taken to address issues was taken promptly.

# Is the service well-led?

## Our findings

At the last inspection the provider was not meeting the regulation in relation to assessing and monitoring the quality of the service provision. At this inspection we found the manager had taken the necessary action to address the issues we found previously. Auditing across the home had improved, notably for medicines management and infection control. The director regularly audited the service, looking at areas such as the environment, complaints, speaking with people using the service, relatives and staff. However, audits had not identified the issues we found in relation to care planning, risk assessment, safeguarding, wound management and food choices.

People using the service, their relatives and staff had confidence in the manager and director. One relative told us, “The manager’s always there for us. She always does her best to sort out whatever the problem is.” One staff member told us of the manager, “She is hands-on, she monitors us and lets us know kindly if we could do something better.” Staff told us the director was much more visible at the service. One staff member said, “Before I seldom saw him, now I see him often. There is good communication.”

The manager and director encouraged open communication with people and their relatives. Every three months the manager held a ‘relatives and residents’ meeting. Relatives told us these had been beneficial. Records from a recent meeting showed the manager told people about their action plan to improve the home and

meet CQC requirements. Minutes were distributed to relatives who were unable to attend and who had requested them. In addition, every month the director invited relatives to an informal meeting to discuss any aspect of the service they wished. The manager had implemented a newsletter which was sent out to update relatives about activities and events at the home. The manager encouraged relatives to fill in feedback questionnaires during their visits. Comments in recent questionnaires were positive, except for some feedback about the building which was showing signs of wear. Positive comments included, “Lovely staff, friendly, a real homely feel. I enjoy visiting.”

The manager promoted good communication with staff and involved them in the running of the home. Staff told us, and records confirmed, the manager held regular staff meetings where staff could discuss any issues relating to their role. The manager had improved procedures to ensure adequate time for handover was scheduled for staff between shifts. We observed a handover and saw staff handed over good quality information about each person and the events on the shift. This was aided by a revised handover form where staff recorded information summarising key information for each person.

The manager and staff understood their roles well and leadership was visible at all levels. Nurses and senior care workers supported the manager in inducting and supervising new staff. The manager and her management support team were visible throughout the inspection supporting staff to meet people’s needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered person did not provide care in a safe way for people by assessing the risks to the health and safety of people of receiving the care and treatment and doing all that is reasonably practicable to mitigate any such risks.**

Regulation 12(1)(2)(a)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The registered person did not protect people from abuse an improper treatment through having established systems to effectively investigate, immediately upon becoming aware of, any allegations or evidence of such abuse.**

Regulation 13(1)(3)

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The care of people was not always appropriate and did not always meet their needs. The registered person did not carry out an assessment of the needs for care and treatment of the person and did not design care or treatment with a view to ensuring their needs were met.**

Regulation 9(1)(a)(b)(3)(a)(b)