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# Broadlands Residential Care 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?

Good 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 20 and 21 April 2016. Broadlands Residential Home is registered to provide accommodation and personal care for 16 people. At the time of the inspection there were 14 older people including some living with dementia using the service.

At the previous inspection on 4 September 2014 we asked the provider to take action to make improvements to the areas of maintenance to the building, people's care records and systems to regularly assess and monitor the quality of the service people received. At this inspection we found that improvements had been made in these areas.

We found the carpets had been replaced, two bedrooms had been completely redecorated, other bedrooms had been painted and there was new furniture in the lounge. An annual development and maintenance plan was in place for the next year so further improvements could be made.

Systems to regularly assess and monitor the quality of the service were in place. Satisfaction surveys had been completed by people who used the service and relatives and requests acted upon. Resident, relative and staff meetings had taken place.

The service had a registered manager in place at the time of our inspection. 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.

People told us they felt safe. Staff had attended safeguarding adults training, could identify different types of harm and knew the procedure for reporting concerns. Relatives said that their relations were safe. People were supported by an appropriate number of staff and they were recruited through safe recruitment practices. People received care promptly when requesting assistance.

People's medicines were not always managed safely. People were not always given information about the medicines that they were taking.

Members of staff were given an induction to prepare them for the role and they received regular support and supervision to help them carry out their role.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. People's care records showed that mental capacity assessments were in place for a variety of decisions and applications had been completed appropriately for people and under the Deprivation of Liberty Safeguards (DoLS).

Not all staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards . This put people at risk of not receiving care and support that is in their best interest.

People were provided with a varied, balanced diet with a variety of choices available. People's day to day health needs were met by the staff and external professionals.

People and their relatives told us that the staff were very caring. People were supported to contribute to decisions relating to their care. People who used the service were at ease with members of staff and they both spoke openly and warmly to each other. Information was available for people about how to access and receive support from an independent advocate. People's privacy and dignity was respected.

Activities were offered but these were limited. People were involved in their care and their care records were written in a person-centred way that took into account people's strengths and support needs .Care plans were reviewed regularly and changes recorded. The complaints policy was accessible for everyone and people knew how to make a complaint.

The management team were visible and approachable with staff and people who used the service. They encouraged open communication with people who used the service, relatives, visitors and staff. Staff told us that they would be confident to raise any issues, concerns or suggestions. There were systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not safely managed and administered appropriately.

Staff demonstrated a good awareness of their role and responsibilities regarding protecting people from harm.

People were supported by an appropriate number of staff and they were recruited through safe recruitment practises.

People received care promptly when requesting assistance.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards .

Staff received an induction to prepare them for their role and regular supervision.

People's health and nutritional needs were met.

People's day to day health needs were met by the staff and external professionals.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People were supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Although there were activities on offer for people these were limited.

People received personalised care that was responsive to their needs and care plans gave guidance to staff on how to support people.

The complaints policy was accessible for everyone and people knew how to make a complaint.

### **Is the service well-led?**

The service was well led.

The day to day manager and registered manager was visible and approachable to staff and people who used the service.

Management encouraged open communication with people who used the service, those that mattered to them and to the staff.

There were systems in place to monitor and improve the quality of the service provided.

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**Good** ●

# Broadlands 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 20 and 21 April 2016 and was unannounced. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported and spoke with five people who used the service, three relatives, three members of the care staff, the day to day manager of the home and the registered manager. After the inspection we spoke with one health care professional and one community support worker.

We looked at the care records for three people who used the service, recruitment records of two staff and other records relating to the management of the service. Additionally, we looked at other records relating to the running of the service such as policies, procedures and audits.

# Is the service safe?

## Our findings

During our previous inspection on 4 September 2014 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found areas of the building were not being adequately maintained. One person's room had a strong odour and had an unsuitable floor covering. At this inspection we found that improvements had been made in this area.

Since the last inspection carpets had been replaced in the hallway and lounge. Two bedrooms had been completely redecorated. Other areas of the home had been painted and bathroom sinks replaced. We spoke with the day to day manager and saw an annual development and maintenance plan was in place for the coming year to make further improvements to the environment. This included new flooring in two bedrooms and further painting of the building. The day to day manager told us the registered manager supported them to improve the home environment by purchasing new furniture in the lounge. This meant the provider was responding to the need to continually improve the building.

Two people told us they were content with how the home administered their medicines. Two relatives also said their relatives received their medicines as required.

Staff administering medicines told us and we saw documentation indicating they had completed training in medicines administration. They also told us they were confident in administering medicines.

People's medicines were not managed safely and administration was not always appropriate. We observed the administration of medicines and saw that the member of staff made appropriate checks before administering the medicines to a person. However, on three occasions staff gave people their medicines without informing them what they were doing or what the medicine was for. On another occasion a person was in bed and was given their medication without sufficient gaps in between doses, without any explanation of what they were doing or what they were being given. The person's non-verbal reaction showed that this caused them distress.

Each MAR contained a picture of the person and there was information about their allergies, but the way the person liked to take their medicines for example, with water or juice, was not always recorded. We found three examples where the date of opening of topical medicines such as eye drops had not been recorded. This could put people at risk of receiving medicine that was not as effective as it could be. The temperature in the medication cabinets was checked daily and was within safe limits which ensured the medication remained effective.

We checked the stocks of three people's medicines and they matched the totals as recorded. Quarterly audits were carried out to assess if medicines were being managed safely. The day to day manager assured us they would look into the issues that we identified.

All of the people we spoke with told us they felt safe. One person said, "Oh yes." All the relatives we spoke with said they felt people were safe. One relative said, "Yes, very much so." Another relative said, "Yes I do."

One health care professional and a community support worker told us that they felt people were safe.

Staff demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor care practice to a member of the management team. Staff were confident a member of the management team would deal with any concerns reported. They were also aware of the need to report to the local authority safeguarding team or CQC. Information on protecting people from harm was available in a user friendly format throughout the home.

The provider had a safeguarding and whistle blowing policy and procedure available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff said that they would not hesitate to use the policy if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a fire, and we saw how regular checks and routine maintenance of the home environment and equipment ensured people were protected. Staff could explain the procedures they followed to raise issues that required attention. We saw equipment was in place to meet people's needs and staff supported people safely and appropriately with their mobility needs.

Care records contained some standard risk assessments such as the risks associated with moving and handling, nutrition, and falls. There were also individual risk assessments when necessary for example the risk of weight loss to a person and the risks associated with behaviour that challenge others. Risk assessments had been updated monthly for most of the care plans we reviewed.

Two people and three staff we spoke with told us there were enough staff to provide people with their care and support needs. One person said, "Yes, there is enough [staff]." Relatives agreed, with one commenting, "They [staff] are always visible.". A community support worker said, "There is always someone around when I need to talk to someone [staff]."

We observed that people received care promptly when requesting assistance. Staff were visible in communal areas and spent time chatting and interacting with people who used the service. People told us that assistance was prompt when requested. One person said, "Staff come right away." This meant that people were receiving care when required.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels. This included for example, if a person required more than one member of staff to support them. Any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of ID. This process was to make sure, as far as possible, new staff were safe to work with people living at the home.



## Is the service effective?

### Our findings

The 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 is 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 were being met. People's care records showed that mental capacity assessments were in place for a variety of decisions such as personal care, medicines, specific health issues and eating and drinking. The management team had an understanding of the MCA and DoLS and applications had been completed appropriately for people and under the Deprivation of Liberty Safeguards (DoLS).

Some staff we spoke with had very little understanding and were unable to demonstrate that they knew about the principles of the MCA and DoLS. We observed a person's movements were being restricted by a table that was placed in front of them. The table prevented them from getting up. We raised this with the management team and the table was removed.

We received mixed feedback about whether staff asked people for their consent before providing care. Two people told us that staff asked for their consent before providing care. A relative said, "They [Staff] normally do." One person said, "They [staff] just do it." Another person said, "They [staff] never say anything." Throughout our inspection we saw that members of staff asked for people's consent before providing care.

Staff told us and records confirmed that new staff received an induction and provided them with the skills needed to support people in an effective way. They also told us and records confirmed a variety of training had taken place. This included but was not limited to, fire safety, infection control and health and safety. Whilst training was up to date in all areas except MCA and DoLS, no further plans were in place for training to take place over the coming year.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. We saw records of staff supervision which clearly indicated that people were receiving advice to support people's needs from a member of the management team.

Staff said that staff meetings and handovers were a supportive environment. We observed a handover where important information such as medicines, a person whose behaviour challenges others, and food intake was discussed with members of staff on the following shift. This helped to keep members of staff

updated with people's needs so that people could continue to receive effective care and support.

We looked at three people records and there were appropriately completed DNACPR forms in place.

We received mixed feedback about the quality of the food. One person said it was, "Very nice." Two people said it was alright with one person adding, "Nothing special." All the relatives were complimentary about the food. One relative told us they were pleased with the food their [family member] received. They said, "Its [food] home cooking with fresh vegetables." People told us they were given a choice of food.

We observed the lunch time meal. People received their meals promptly. People who needed assistance to eat, for example with cutting up their food, were supported discretely to maintain their dignity. When people needed assistance staff sat with them and helped without hurrying them. A person who declined lunch was given their meal later when they requested it.

A variety of snacks including fruit and hot and cold drinks were available for people to help themselves or where necessary staff supported people to access them. A menu showed the variety of meals available. Food stocks were sufficient and varied to suit people's different choices and preferences. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.

All of the people we spoke with told us they had their health care needs met and saw external professionals such as chiropody, services, GP's and attended hospital appointments when needed. One person said, "Oh yes, [district nurse] is always available." Records confirmed and a relative, members of staff and the management team told us that health professionals from the home's doctors surgery visit weekly. Care records contained information about the involvement of a range of external professionals such as, Dementia Outreach Team and opticians. Communication systems were in place where staff recorded information about people's health changes to alert the next member of staff. This enabled staff to monitor people's health effectively.

## Is the service caring?

### Our findings

Four people and all the relatives we spoke with told us staff were caring and kind. One person said, "Yes, they are good. They are all nice." One relative said, "I can't fault the care that I see~ you can see the love they [staff] have for the residents." Another relative said, "So caring and loving." A health care professional and community support worker told us staff were kind and caring.

During our inspection visit we read several compliment cards given to the home. One relative wrote, "You [staff] are angels." Another relative wrote, "[Staff] Kindness and caring has meant so much."

We observed staff spoke to people kindly and were patient and understanding. We saw a member of staff identify a person who was sat on their own and went to speak with them. The member of staff spoke kindly to them and were patient. The person was smiling and clearly enjoyed the interaction. Members of staff were seen to offer a person reassurance several times when they were upset throughout the day. The person responded positively to the staff interaction. The staff spoke kindly of people who used the service. One member of staff said, "I really love it [job]."

Staff were aware of people's support needs and their personal preferences. When we asked two staff members to tell us about a person, they were able to describe a person's care needs, likes and sleeping patterns.

People were supported to make independent choices. Three people told us they choose the time they got up in the morning and what time they went to bed. People had a choice about the design of their room and the colour of their bedding. People told us that they felt listened to and one person said staff were polite.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff respected people's privacy and dignity. People and a relative told us that staff knocked before entering their rooms. We saw staff protecting people's privacy and dignity and talking to them quietly about sensitive issues. Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains were closed and explained to people what they were doing. One member of staff explained how they make sure people are sitting in a comfortable position, look presentable and are clean shaven when appropriate. We saw that all the people were very well presented, their clothes were clean, hair combed and were wearing appropriate footwear. A relative told us their relation was always presentable.

The management team and a relative we spoke with told us there were no restrictions on people being able to see their family or friends. A relative told us they are able to visit their family member whenever they want.

## Is the service responsive?

### Our findings

During our previous inspection on 4 September 2014 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found some information in people's care records was not up to date and was not accurate. At this inspection we found that improvements had been made in this area.

Since the last inspection the home had introduced a new care plan framework in conjunction with the local authority to help improve their care records. We found all the care records had been reviewed on a regular basis.

Risks assessments and care plans had been signed by the person or their representative when appropriate. People's care records contained information about their likes and dislikes, their life history and their personal preferences.

We received mixed feedback about activities that people took part in. One person said, "I sit and watch telly." Another person said, "There used to be more activities." A third person told us they did nothing. Relatives told us when activities took place their family member were encouraged to join in. A member of staff and relatives we spoke with told us that the home celebrates festivals throughout the year which helps to, "Make people aware of what time of year it is." A community support worker told us they visit the home to support a person with one to one activities.

An activities coordinator supported people with activities but was not working on the day of the inspection. There was a lack of activities in the morning and for long periods people were just watching the TV. There were books and board games available but we did not see them being used or members of staff encouraging people to use them. However, we saw a person reading a newspaper that they had delivered.

We saw that people were taking part in activities after lunch. An external entertainer called "Motivation" engaged nine people in a lively session. People were smiling and singing and clearly enjoyed the session. We saw people reading newspapers and member of staff were sitting chatting with a person and encouraging them to socialise. We also saw a person undertaking the washing up and tidying up in the kitchen, which they clearly enjoyed. A playlist was on the wall in the lounge displaying people's favourite music and films and we saw people were given a choice of what film to watch and what music to listen to.

We spoke to the management team about our concerns of the lack of activities in the morning. They took action and a member of staff was then seen to encourage two people to play a game of snakes and ladders. We heard lots of laughing and joking during the game. This showed they were thoroughly enjoying the game.

People had their needs assessed by the management team before they moved to Broadlands Residential Home. People's care records were written in a person-centred and developed with the person as fully as possible and their relatives or advocates. Actions and guidance were in place for members of staff to support them appropriately. Information which showed their likes, dislikes, wishes, feelings and personal

preferences had been considered when support was planned with them. Information was also available in people's rooms on a 'Twist and Turn' which was a summary of people's needs, likes, dislikes and how to promote independence. Members of staff told us they found this useful as it gave them quick access to people's support needs so they could respond appropriately.

Discussions had taken place with relatives to gain an insight into people's histories. This enabled staff to have conversations and reminisce with people and make people's bedrooms easily identifiable with what is important to them. Family photos and family birth dates were included in the care records. One person's care plan showed that regular meetings had taken place with family and care staff which had kept them regularly informed of their [family members] changing needs. One family member told us they attended regular reviews of their relative's care and was extremely pleased with the service provided. People and relatives had signed off their [family members] care records. Care plans were reviewed regularly and changes recorded. This was to ensure the service could meet people's individual needs and that staff had the required information for them to provide a responsive service. Daily records were up to date and gave a good overview of what had occurred for that person.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. Staff were clear about how they would manage concerns or complaints. A health care professional told us they had not heard people raise concerns during their visits. No complaints had been received since our last inspection.

## Is the service well-led?

### Our findings

During our previous inspection on 4 September 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the provider did not have an effective system to regularly assess and monitor the quality of the service that people received. At this inspection we found that improvements had been made in this area.

Surveys in 2015 had been completed by people who used the service and their relatives. Comments included "Everything is good", "Very happy with the care and interaction you have with [family member]" and "Friendly caring staff." People had requested a change in the breakfast menu and the home had implemented this request. Regular residents meetings took place with issues discussed such as meals and activities. Relatives meetings also took place with where information in relation to MCA, DoLS and key workers roles was discussed.

We received mixed views about the atmosphere in the home. One person said, "I like it here." Two people said it was, "okay." Another person said, "Not cheerful." One relative said, "A place I feel comfortable in." Staff told us they enjoyed working at the home. One member of staff said, "Happy like a family." Another said, "All get along really well~Its more like a family."

There was an effective system to regularly assess and monitor the quality of service that people received. We saw a range of auditing processes in place which included medication, infection control and care records. An audit had identified that fluid charts were being incorrectly completed. Feedback was given to staff during a staff meeting. We looked at fluid charts and they had been completed correctly since the staff meeting.

The management team enabled and encouraged open communication with people who use the service, friends, family and staff. All the members of staff we spoke to and the records confirmed regular staff meetings had taken place where they could discuss issues such as confidentiality. Staff told us they felt listened to and were given positive feedback during the meetings. We observed the management team were visible and approachable with staff and people who used the service. During the inspection, they frequently asked people how they were and explained the home was being inspected by the Care Quality Commission.

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "Providing the best care for the residents." Another member of staff said, "It's their [people who use the service] own home, it's not our place of work." We found that people's records demonstrated this through person centred care plans.

We saw records that the home is working towards a Gold Standard Framework Accreditation Award for End of Life Care. This award is an evidence based approach to improve end of life care for people.

Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to

feel that they could share concerns without fear of reprisal.

The day to day manager told us that they felt well supported in their role and the registered manager was available at any time to provide the necessary support. The registered manager explained their process for submitting statutory notifications to the CQC about serious injury, abuse and DoLS.

We received positive feedback from people and their relatives who felt the service was well-led by the management team. One person who used the service said they could talk to the management team and they would, "Sort things out." One relative said, "[Day to Day Manager] very approachable and they make a point of saying hello." Another relative said, "They're lovely."