

Hollyman Care Homes Limited

Broadland House

Residential Care Home

Inspection report

Bridge Road
Potter Heigham
Great Yarmouth
Norfolk
NR29 5JB

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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

About the service

Broadland House is a residential care home providing personal care to 19 people aged 65 and over, who live with dementia, at the time of the inspection. The service can support up to 20 people. Broadland House is a period building with accommodation over two floors. It specialises in providing care for people who live with dementia.

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

The service achieved good outcomes for people and everyone we spoke with told us they would recommend the service. One relative we spoke with said, "I would recommend the home, definitely. They are very kind. It's the next best place to a person's own home."

The management team were knowledgeable, consistent and approachable. They inspired an open, supportive and empowering service that benefitted those that used it and their families. They were committed to continually making improvements and involving people. The service was monitored closely and in a variety of ways meaning any concerns were identified quickly and rectified promptly. Staff worked regularly and closely with other stakeholders to ensure a high-quality, safe and appropriate service was delivered. The wider community were also involved.

People received individualised care from enough safely recruited staff that were trained, supported and knowledgeable. People's needs were assessed on a regular basis and care adapted to meet any changing needs. People received their medicines as prescribed and their health and nutritional needs were met by a service that worked with others to achieve this. Individual risks to people, as well as those associated with the premises and equipment, were identified and mitigated to keep people safe. Staff had received training in safeguarding people and knew how to identify and report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. They received care in a considerate and thoughtful manner that promoted their dignity and encouraged independence. People received care from staff who were respectful of them, and each other, and who showed they knew people, and their needs, well. The home had a nurturing culture that benefitted all.

The home met people's needs but was tired in places; refurbishment was ongoing. People were happy with the service they received but told us they would feel comfortable in raising any issues they may have. The service saw complaints as a learning opportunity to further enhance the service delivery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Broadland House Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 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 care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), registered manager, management support, cook, training coordinator and a care assistant. In addition, we spoke to one healthcare professional.

We reviewed a range of records. This included five people's care records and the medication records for three people. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring audits and maintenance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further evidence submitted by the provider. We spoke with one staff member, one relative and we sought feedback from a health professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. Others we spoke with confirmed they had no concerns regarding people's safety.
- The staff we spoke with had good knowledge on safeguarding. They could explain signs that may indicate abuse was taking place and they knew how to report concerns both inside and outside of their organisation. One staff member said, "It's our job to do everything possible to keep a person safe."
- Staff had received training in safeguarding and they told us they had confidence that any concerns they may raise with the management team would be appropriately managed. We saw that where concerns had been raised, these had been discussed with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Systems were in place to protect people from avoidable harm.
- The individual risks to people had been identified, mitigated and regularly reviewed. For example, where a person was at risk of choking, the advice of healthcare professionals had been sought and their recommendations followed.
- Regular servicing, maintenance and visual checks mitigated the risks associated with the premises and equipment.
- The risks associated with adverse events such as fire and flooding had been recognised and plans were in place to manage these should they occur. A fire risk assessment and regular servicing of fire-fighting equipment mitigated against the risk of fire.
- The service had recognised the benefits of having pets within the home but had assessed the risks associated with these and taken steps to manage them.

Staffing and recruitment

- People told us there were enough staff to meet people's needs and we saw that staff had been safely recruited.
- One person who used the service said, "Staff come quickly if I press the buzzer (nurse call system)." Another told us extra staff were called in when there was sickness. One relative told us staff had time to spend with people. A health care professional said there was 'always' a staff member available to assist them when they were providing treatment to people.
- Our observations confirmed there were enough staff to meet people's needs and provide them with comfort should they become distressed.
- The staff recruitment file we viewed demonstrated that staff had been safely recruited and that the provider appropriately sought assurances on their experience, knowledge and abilities.

Using medicines safely

- People received their medicines safely and as prescribed and the service worked closely with the local GP service to ensure people did not receive excessive medicines.
- The people we spoke with who used the service told us they had confidence in the staff administering their medicines. One person said, "The staff bring my tablets on time and stay while I take them." Another person told us, "Staff are dead on time with my medicines."
- People told us staff explained what medicines were being given and our observations confirmed this. We saw staff administer medicines in an encouraging and supportive manner whilst being as discreet as possible.
- The Medicine Administration Records (MARs) we viewed demonstrated that people received their medicines as prescribed and that good practice was followed.
- Staff had received training in medicines administration and had their competency to do so checked. A staff member was able to correctly explain to us what actions they would take should a medicines error occur.

Preventing and controlling infection

- Staff had received training in infection prevention and control and cleaning schedules were in place to assist in managing this.
- The home was visibly clean throughout although we did find an item of equipment that was visibly stained. It was brought to the registered manager's attention who rectified the issue immediately.
- There was an inconsistent malodour in one area of the home. This was observed on our inspection and commented on by one relative we spoke with. It was raised with the registered manager who told us they would ensure a further deep clean would be arranged.

Learning lessons when things go wrong

- The service had an open and transparent culture and used incidents to improve the quality of the service provided.
- The registered manager told us they learnt from complaints and made changes as a result to enhance the care experience for people.
- Accidents and incidents were recorded and analysed to assess whether changes could be made to mitigate repeat occurrences. Analysis also identified any trends or patterns to further mitigate future risk.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed and care plans developed to ensure those needs were met.
- The outcomes for people were good. One relative told us, "The service looks after [relative] really well." For another person, the service had facilitated daily access to outdoor space which had drastically improved their wellbeing and mental health. Taking the home's dog for a walk had given the person a sense of purpose and self-worth.
- The service used nationally recognised tools to assess areas of people's day to day care needs such as pressure care, mental health, falls and nutrition. These contributed to the individual care interventions people received and benefited their health and wellbeing.

Staff support: induction, training, skills and experience

- People told us staff were effective and knowledgeable in their roles and that they had confidence in them. The provider invested in robust training to ensure their staff had the appropriate skills, knowledge and abilities.
- One person who used the service told us, "Staff go on training, lots of training days. They have to keep up with regulations." A health care professional described staff as, "Very knowledgeable." Our observations confirmed staff had the appropriate skills.
- Staff received an induction when they first started in post which they told us prepared them for their role. They received regular supervisions and told us they felt supported, valued and engaged.
- The provider employed a training coordinator which meant staff received most of their training face to face. Staff told us this allowed them to engage better and ask questions to aid their knowledge. Training was adapted to meet the individual needs of staff resulting in engaged staff who felt cared for. This benefited those that used the service.

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

- People's nutritional needs were met, they received enough to eat and drink and were offered choice in both where and when they ate and what they had to eat and drink.
- The people we spoke with who used the service told us they enjoyed the food that was served. One person said, "The food is very good, home cooking, hot and very nicely served." Another person told us, "The food is brilliant, can't complain at all. Perfect." A relative agreed and said, "The food is very nice."
- We observed lunch being served and we noted this to be a social and pleasant occasion where people were well supported and staff patient and encouraging. We saw that people's dietary requirements were met.

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

- People received good quality care which met their individual needs as the service worked with others to ensure people's health and wellbeing was maintained and improved.
- People told us they saw healthcare professionals as required and that staff facilitated this.
- One healthcare professional we spoke with told us staff knew people very well, were knowledgeable of their needs and followed the professional's recommendations. They said staff were quick to respond to people's healthcare needs and were proactive in their approach.
- The service worked closely with the GP surgery to ensure people's healthcare needs were met in a timely and appropriate manner.

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

- The environment, although tired in places and undergoing some refurbishment at the time of our inspection, met the needs of those that lived there. For example, the layout was easily navigable for those that lived with dementia.
- The provider had recognised the need for refurbishment and had begun taking some action such as replacing flooring, furniture and a bath.
- There was one area of inconsistent malodour which one relative commented on and which we identified during our inspection. This was brought to the attention of the registered manager who told us they would arrange for a deep clean and reassess the products used to ensure they were suitable.
- Signage was in place to assist those that lived at Broadland House to find their way around the home. People's bedrooms had their names in situ and pictures of objects that were important to them to help them orientate themselves to their own bedrooms.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service worked within the principles of the MCA and people's consent was sought prior to providing care and support.
- Staff had received training in the MCA and we saw that they supported people to make decisions. MCA assessments and best interest decisions were completed as required.
- DoLS applications had been made appropriately and some had been authorised. However, there were no specific associated conditions in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without fail, everyone we spoke with talked highly of the caring and considerate nature of all the staff.
- One person who used the service said, "The staff are brilliant, we have a laugh. They brighten my day. Staff are always kind and caring, never had anything else." Another person told us, "The staff are wonderful, kind and caring, can't fault them."
- Relatives agreed that staff were compassionate and thoughtful. One described how staff had comforted them when they were going through a difficult period. They added, "They did the table up in the conservatory for my birthday and I've been invited for Christmas dinner." Another relative explained, "Staff are fantastic; caring and friendly."
- A healthcare professional told us staff had a 'lovely' approach and described it as 'professionally loving' explaining they showed love whilst understanding professional boundaries. Our observations confirmed people's views.

Supporting people to express their views and be involved in making decisions about their care

- Whilst we saw no formal evidence that people, and their relatives, had been involved in care planning and reviews, evidence showed us that staff knew people extremely well, meaning time had been spent getting to know people, their likes, dislikes and needs.
- The people who used the service were not always sure if they had been involved in care planning however care plans showed person-centred information had been sought and observations demonstrated people were involved.
- One relative told us how the service had decorated the person's room to their taste prior to them moving in. They told us staff had been, "Very helpful" when the person first moved in and, "Really tried to settle [relative] in."
- Staff spoke about people with kindness and respect and understood the need to involve people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- A mutually respectful culture was in place within the home benefitting all.
- The people who used the service told us they were respected, and their dignity maintained. One person said, "Yes, privacy and dignity are always protected. The door and curtains closed. Staff knock on the door." Our observations confirmed this. For example, we saw a screen being used when a person required healthcare treatment in a communal area.
- Independence was encouraged and promoted. For example, care plans considered this, and we saw that

people were supported to be as independent as possible in their day to day activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs.
- People were supported by staff that knew them, their needs and preferences well. This enabled them to provide individual care tailored to the needs and wishes of people.
- At the time of the inspection, the service was transferring from paper care plans to electronic ones. This had benefitted those that used the service as staff had access to care planning information, via a handheld terminal, at the point of delivery of care. The terminal also allowed for handover information to be read and agreed ensuring staff always had up to date information.
- The care plans we viewed were person centred, covered all aspects of people's needs, including long term health conditions, and detailed enough to enable staff to provide individualised care. They had been reviewed on a regular basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities regarding the AIS and the standard was met.
- Information was available in large print and routine checks were completed on communication aids such as hearing aids. For example, the service had a set day of the week to change hearing aid batteries and they used a local organisation to ensure repairs were actioned promptly.
- For one person who used the service where English was not their first language, we saw that signs around the home were written in their first language to support them in using the service. This had been achieved by working with the person, using a tablet to translate relevant phrases.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst the service arranged for regular and varied trips outside of the home, we received mixed feedback on the day to day stimulation although there were some activities within the home.
- One person who used the service told us, "There's not much to do really. I like the trips. I'm not sure what else there is." However, other people we spoke with were content in how they spent their day.
- People told us they enjoyed the trips out and these had included regular meals at the local pub, trips to the circus and boat excursions. Entertainers were booked to visit the home and quizzes, puzzles and bingo took place.

- It was part of the staff's responsibilities to assist people in their social and leisure needs and they told us they had time to achieve this although only in the afternoon. During our inspection, we saw that staff spent time engaging with people in the afternoon.
- People were supported to maintain relationships and the service understood the benefits of this. Friends and relatives were encouraged to visit and be part of the home. Relatives told us they were always made to feel welcome. The registered manager told us, "By the time relatives have reached the lounge, they've been asked four times if they want a cup of tea!"

Improving care quality in response to complaints or concerns

- The home strove to provide a high-quality service and understood how valuable complaints were in contributing to this. The registered manager saw the complaints process as an opportunity to further enhance the service provided.
- People were happy with the service they received but told us they would feel comfortable in raising concerns should the need arise. One person said, "The [registered] manager is very good, there are two of them including the deputy, can't fault them. If I complain they say 'okay, leave it with me'."
- The relatives we spoke with agreed. One said, "If I'm worried about anything I can go and see the head of staff. [Registered manager] is very good, she'll listen."
- There was a complaints policy in place and the registered manager talked us through this. They told us that complaints were taken seriously, fully investigated and responded to.

End of life care and support

- People had the opportunity to plan their end of life care and care plans were in place to support this.
- We saw that, for one person, the service had arranged for end of life drugs to be available should the need arise for them.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from living in a home that had a positive, mutually respectful and empowering culture that strove to provide high-quality care.
- People told us they felt the home was well-managed. One person said, "It runs smoothly." Another told us, "As far as I'm concerned the home is well managed; the staff are not the type to panic. New staff are not allowed to touch me until they're trained and work alongside the other staff."
- Relatives agreed, and one described the management team as, "Consistent and friendly." They told us how approachable all the staff were and that they could talk easily to anyone should they have any worries.
- Staff spoke positively about the management team and described a supportive and encouraging working environment. They told us they could speak openly with the management team and that they felt valued and listened to.
- The registered manager understood the importance of empowering the staff team and said, "We encourage staff to come forward with ideas and changes to routines that would benefit those within our care, this empowering culture has a positive effect on the staff as a team as well as directly benefitting our service users."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirement and adhered to its principles. Evidence confirmed and corroborated this.
- The registered manager told us the requirement meant the service needed to be, "Open and honest. We pride ourselves on that." The representative for the provider echoed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff worked effectively as a team and accountability and responsibility amongst the team was evident. This meant all staff took ownership for the care provided and worked together to achieve good outcomes for people.
- Mutually respectful relationships amongst the staff and management team resulted in a positive and supportive working environment that benefitted those that used the service.
- The registered manager was experienced and passionate about the service and understood their responsibilities and those of their staff. They worked in partnership with the provider who was available,

accessible and supportive.

- Regulatory requirements were mostly met and understood by the provider and registered manager. However, we did identify some potential safeguarding incidents that should have been reported to CQC. We noted, nevertheless, that all other appropriate actions had been taken to safeguard people and that they had been reported to the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home worked together, and with others, to achieve positive outcomes for people. They demonstrated a caring approach that valued and encouraged the views of others.
- Although formal meetings did not always take place, people and their relatives were encouraged to contribute their views on an ongoing and individual basis. One relative we spoke with told us the home was adept at communication and we saw that people's views had recently been sought via questionnaires.
- Regular staff meetings were held, and staff told us these were comfortable and open arenas where they were able to express themselves and contribute ideas.
- The service considered the individual needs of their staff and understood these needed to be met to provide high-quality care. For example, the training coordinator spoke eloquently about the adaptations they made to suit staff's differing learning needs. One staff member we spoke with confirmed this and told us, "[Training coordinator] finds the time to help me. My confidence has got better since working here."

Continuous learning and improving care

- The registered manager was proud of the service and demonstrated a commitment to continuous learning and development. They understood the importance of empowering staff to contribute ideas and told us, "The staff are amazing. I'm so proud of them; they embrace ideas and go with it."
- Quality monitoring audits were completed on a regular basis and covered all aspects of the service. Actions were taken where concerns were found, and staff took ownership for this. This ensured continued improvement.
- The registered manager kept their knowledge up to date and was enthusiastic about further developing their skills and abilities. They subscribed to sector magazines, email alerts and bulletins. They were also part of a social media platform where registered managers could brainstorm and share ideas. They told us, "It's easy to feel isolated so I use all the tools I come across."

Working in partnership with others

- The service worked effectively with others and actively encouraged this as they understood the positive impact this had on the people who used the service as well as the wider community.
- The people who lived at Broadland House had benefitted from the service being part of a pilot scheme with the Enhanced Care Team, who are a team of healthcare professionals who work closely with those that live in residential care. This meant people's individual healthcare needs were met by a dedicated team and in a timely manner to further enhance their health and wellbeing.
- The service had staff who had trained as Dementia Friends, an initiative by the Alzheimer's Society to change people's perception of dementia. These trained staff had cascaded this knowledge to the local community including the local church and its congregation.