

Ms Soowantee Doma

Broadlands Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broadlands Residential Care Home is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 16 people in one adapted building.

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

There were systems in place to keep people safe for the risk of abuse. People felt the service was safe. Staff understood how to recognise and report concerns or abuse. There were enough staff to keep people safe and meet their needs. People's needs were assessed, and any risks associated with health conditions documented. Risks associated with the service environment were assessed and mitigated. People received their prescribed medicines safely. People were protected from the risk of acquiring infections and the service was clean. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People's care and support needs had been assessed and their cultural needs had been explored with them prior to moving into the service. The provider ensured staff had training and support to develop their personal care skills. People were supported to maintain a healthy balanced diet and to eat and drink well. People were supported by staff to access healthcare services when required. The provider had taken steps to ensure the environment was suitable for people's needs.

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.

People using the service experienced positive caring relationships with the staff team. Staff had information they needed to provide individualised care and support. People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. People's care was provided in ways which promoted their dignity and respected their independence.

People were regularly asked for their views about their care. People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. People received information in accessible formats where they wanted this. People were supported to actively take part in interests and activities that were important to them. The provider had a system in place to respond to complaints and concerns. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

The provider and manager undertook audits of all aspects of the service to review the quality of care. Staff were motivated and proud to work for the service. The provider and manager had systems in place to ensure compliance with duty of candour. The provider regularly sought the views of people, relatives and staff

regarding the quality of the service. The manager and provider worked in partnership with outside agencies to improve people's care.

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 Requires Improvement (published 7 December 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Broadlands 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 visit was carried out by one inspector

Service and service type

Broadlands Residential Care Home 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 was not required to have a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of

services. 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

During the inspection visit we spoke with three people who used the service. We spoke with two care staff. We spoke with the manager and the responsible person for the service. We looked at a range of records related to how the service was managed. These included two people's care records and how medicines were managed for three people. We also looked at three staff recruitment and training files, and the manager's quality auditing system. During the inspection visit we asked the manager to send us additional evidence about how the service was managed, and they did this.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to keep people safe from the risk of abuse.
- People felt the service was safe. One person said, "They [staff] keep an eye on us – without being over with me all the time. I always feel safe in the sense that there's someone to watch me."
- Staff understood how to recognise and report concerns or abuse. One staff member described how they had reported a concern appropriately to the manager and said this was taken seriously.
- Staff received training in safeguarding and felt confident to raise concerns.
- The manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The manager had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly and updated. Risk assessments were holistic and included people's views and relevant information about their life history to put risk in context. For example, risks associated with one person's sleep patterns were assessed. Their care plan told staff how to support them with healthier sleep patterns, and staff understood how to do this. The person was able to have enough sleep to feel safe and well-rested.
- Risks associated with the service environment were assessed and mitigated. The manager and provider had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency, and staff understood what to do. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP). These had up to date information about people's mobility and support needs. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People said there were enough staff to support them well.
- Staff also felt there were enough of them available to meet people's personal care needs and spend time with them doing activities. One staff member said the manager had recently increased staffing numbers, which had a positive effect. They said, "This has taken quite a lot of pressure off. It's allowed us more time to spend with people and reflect on how we provide care."
- The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were

supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.

- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- Records relating to people's medicines were clear. Each person's medicines records had key information about allergies and how people liked to be given their medicines.

Preventing and controlling infection

- People were protected from the risk of acquiring infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and followed these, using personal protective equipment when required.
- Staff carried out a range of regular tasks to ensure the service was clean. The manager carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured risks associated with acquired infections were minimised.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and where action had been taken to minimise the risk of future incidents. Any lessons learnt from accidents and incidents were shared with staff to reduce the risk of reoccurrence.

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 care and support needs had been assessed and their cultural needs had been explored with them prior to moving into the service. This ensured people's needs could be met by the staff team.
- The staff team were supported by a range of health care specialists and care and support was provided in line with national guidance and best practice guidelines. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of malnutrition or risk of skin breakdown.

Staff support: induction, training, skills and experience

- The provider ensured staff had training and support to develop their personal care skills. This ensured people were supported by staff who knew how to meet their needs.
- Staff had been provided with an induction at the start of their employment, and the training they needed to support people effectively had been completed. One staff member said, "We do annual mandatory [for the provider] training and lots of other subjects. I am going to do my level 3 NVQ. I can ask for training. I recently did top to toe NHS training. This covers topics like oral healthcare, diets, and skincare."
- Staff said they had supervision, where they could get feedback on their performance and discuss training needs. Staff also told us they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

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

- People were supported to maintain a healthy balanced diet and to eat and drink well. One person said, "The food is good, and staff speak with me each day about what food choices I want."

Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly. This ensured people were not placed at risk of malnutrition or dehydration.

- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets. For example, fortified diets or appropriately textured food and thickened drinks.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to.
- Staff monitored people's daily health, and promptly contacted health professionals for advice when this was needed.

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

- The provider had taken steps to ensure the environment was suitable for people's needs.
- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- There were adaptations for people with mobility needs to promote independence and accessibility. For example, handrails in corridors and bathrooms.
- We noted that, in certain communal areas, there was conflicting noise from both televisions and music. Staff had already identified this as an issue and were working with people to find a solution.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was always sought by staff when offering personal care. People were encouraged and supported to make decisions about their day to day routines. A staff member said, "We always try to get permission to do care and always ask people about choices. We always try to explain what their medication is, even if some people don't know what they're prescribed."
- Where people were assessed as lacking capacity to make specific decisions about their care, the provider followed the MCA.
- The manager had identified where people were at risk of receiving care in circumstances that may amount to a deprivation of their liberty. The manager had made applications for people to be assessed. They had also ensured that people's care was less restrictive and followed the principles of DoLS.

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

- People using the service experienced positive caring relationships with the staff team. People told us staff were kind and caring and they looked after them well. One person said, "The support is respectful and dignified. I've never regretted for a minute coming here."
- Staff had information they needed to provide individualised care and support. They knew people's preferred routines and were knowledgeable about people's history. They knew people's likes and dislikes and personal preferences including what they liked to be called.
- Staff had received training on equality and diversity and respected people's wishes and needs in accordance with the protected characteristics of the Equality Act.
- During our inspection, staff had time to spend with people. Whether this was chatting, looking at magazines with people or doing other activities, staff were focussed on each person and not rushed. This meant people were offered meaningful conversations and activities and felt like they mattered.

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

- People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences.
- For people who needed support to make decisions regarding their care, independent advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's care was provided in ways which promoted their dignity and respected their independence.
- Two people said they were encouraged to do things themselves to maintain their independence. A staff member said, "Most people need support to get washed and dressed, but there are things they can do for themselves; we encourage this."
- People were encouraged to maintain relationships that were important to them. There were no restrictions on relatives and friends visiting.
- Staff had a good understanding of dignity in care and had training in this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity.
- Staff respected people's right to confidentiality. They ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care, and records relating to people's care were stored securely.

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 were regularly asked for their views about their care. Relatives were also involved in reviews of people's care where this was appropriate. This meant that staff had up to date information about whether the care and support was meeting people's needs. We noted that staff did not consistently record people's involvement in these reviews, although people assured us they were involved. The manager agreed they would ensure people's care records accurately reflected discussion with them about personal care.
- Staff we spoke with demonstrated good knowledge of the different ways people liked to be supported, and a good understanding of the different lifestyles people had. Staff used this knowledge to support people to take part in different activities that were meaningful and enjoyable.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture to ensure these needs were met.

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.

- People's communication needs had been identified and information had been provided in a way people understood.
- People received information in accessible formats where they wanted this. The manager and provider knew about and were meeting the AIS.
- Staff had good knowledge of people's different communication styles (as recorded in care plans) and used this information to communicate effectively with people. This meant people were supported to express their views and wishes in their own way.

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

- The manager and staff team worked hard to support people to actively take part in interests and activities that were important to them.
- People felt staff had time to support them in relation to social activities, hobbies and interests. People told us about trips out which they enjoyed and told us about regular activities in their local community.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People were confident concerns or complaints would be dealt with. Staff we spoke with knew how to respond to concerns raised and their need to record and escalate them. Any lessons learnt from complaints or concerns were shared with staff to improve the quality of care.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted. The provider was in the process of reviewing everyone's end of life care plans with people to ensure they were up to date and contained people's individual needs and preferences for personal care.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the registered provider had failed to submit statutory notifications to inform CQC of notifiable incidents. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider and manager undertook audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. We saw evidence where action was taken to improve.

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

- Staff understood the provider's vision for the service. They felt supported in their work, and there was a positive team attitude. One staff member said, "I am proud of what I do. I love finding that one thing that gives residents a glint in their eye and makes them enjoy the moment."
- Staff we spoke with were motivated and proud to work for the service. One staff member said, "We all work as a team here. We can always get help [the management team]. They are hands on and help with care if this is needed."

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 provider and manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- The provider regularly sought the views of people, relatives and staff regarding the quality of the service. Staff said they felt well supported by the provider, the manager and their colleagues. Staff we spoke with had clear views about their role in supporting people they cared for. Staff felt able to make suggestions for improving the service and were positive about trying new activities with people to improve their quality of life.

Continuous learning and improving care; Working in partnership with others

- The manager and provider worked in partnership with outside agencies to improve people's care. People's funding authorities, as well as other health and social care professionals were in regular contact with the service about ensuring people's needs were met.
- Staff and the manager recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.