

Hollyman Care Homes Limited

Broadlands Park

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broadlands Park is a residential care home providing personal care to up to 34 older people some of whom were living with dementia. At the time of our inspection there were 33 people using the service.

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

The provider's quality assurance system had not been effective at identifying concerns which were found during inspection. Not all risks had been identified and assessed to mitigate any harm they posed to people living in the service. The auditing processes had not identified contradictory information held within care records. This put people at risk of not receiving the care needed.

Staff had not received all the training required to meet their roles and needs of people who lived in the service. Although we had concerns regarding the deployment and numbers of staff, the situation had improved recently with increased recruitment including sponsorship of new staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, mental capacity assessments and best interest decision did not follow Mental Capacity Act guidance.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic and have made a recommendation the service reviews this to ensure it is meeting the requirements.

Medicines were managed consistently and safely. There was a medicine champion who oversaw the administration and worked closely with the GP to review the use of medicines.

People were given choices to ensure their needs were met. A relative said, "[Person] has no problem with male or female staff. The service definitely meets [their] needs. [They] were wasting away in [their] bedroom at home and in here [they're] looked after and has got company. [They] are happy. I'm happy. I've had a review of what they're providing."

Staff spoken to all said they enjoyed their job and how much they cared. One said, "Seeing [people] smile and you know you have done your job." Another said, "doing little bits for individual people can make their day, just once a day, a little glint in their eye, a smile or remembering something. Anything. It is good to make people happy."

The service had developed good relationship with health care professionals including the local GP. They had staff who were champions in such things as falls, continence and wound care, who ensured referrals were made in a timely way and these were chased so there was limited delay in people receiving the treatment they needed. Regular visits took place by GP and other Health care professionals who spoke very highly of the staff's knowledge and experience. During these visits people with complex needs were discussed to ensure all available support was being provided.

The provider responded promptly to areas of concern raised with them and review systems and put appropriate measures in place to address shortfalls.

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 10 May 2019).

Why we inspected

We received concerns in relation to management of people's falls. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to risk management, adherence to the Mental Capacity Act 2005 (MCA), staff training and governance at this inspection. We have also made a recommendation the provider considers current guidance for people living at the service with a learning disability to ensure they are meeting the requirements.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Broadlands Park 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and 2 Expert by Experiences, one attended the inspection and the other spoke with relatives by telephone afterwards. 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

Broadlands Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broadlands Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 December 2022 and ended on 2 February 2023 when final feedback was given, with some aspects of the inspection being carried out remotely. We visited the location's service on 14 December 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 14 relatives, 4 people who used the service, 16 staff including activities lead, care workers, care facilitators, deputy manager, managers including the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 3 health care professionals. We observed people's care and support. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including audits, policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about risks and safety were not always robustly assessed, comprehensive or up to date.
- We found examples where people's records had contradictory information which could leave people vulnerable to harm especially if agency or new staff were working who did not know the person. This included types of equipment people were mobilised with and how people needed their food to be presented.
- People's records did not always cover all their risks and how they should be managed. A person walked with a purpose during the day and night and went into other people's bedrooms, but their risk assessment did not cover the risks to themselves of entering other people's rooms. Another person had a history of alcohol dependence in their past, however, there was no risk assessment or care plan to cover this.
- On inspection we found not all the environmental risks had been identified or managed. We found alcohol in people's rooms, which there was no risk assessment in place for. We also found denture cleaner not locked away in an ensuite. This put people at risk of harm from ingesting products.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded promptly to the concerns relating to risk assessments and resolved them, submitting evidence following inspection. They had also identified faults in their auditing system which they were addressing to ensure conflicting information and gaps were identified.

- There were good systems in place to ensure people who had been exposed to risk received appropriate care and referrals to health care professionals. There was a care facilitator who was responsible for falls, wound care, infection control and incontinence. They ensured referrals were made, chased up outstanding or delayed ones and implemented actions from guidance and advice.
- Regular environmental audits had taken place and regular servicing of equipment. Checks were undertaken regularly to mitigate risk for such things as water temperatures.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from risk of abuse, but improvements were needed.
- Staff knew who to report any concerns to within the home but when asked not all were clear about who else they could report to outside of the organisation.
- The safeguarding policy needed developing to include all required areas such as different types of abuse and who to report concerns to outside of the service.

- Relatives said they felt their family members were safe and happy. A relative said, "Yes, [person] is happy. I know this much I sleep at night knowing my [person] is here. [Person] responds so well to staff."

Staffing and recruitment

- From reviewing rotas and speaking with staff it was apparent that there had been occasions when the home was not staffed in line with their assessed required numbers. The impact on people was minimised, however, because office staff and the activities lead also helped when there had been shortness of staff.
- The provider was aware of this issue and had recently recruited new staff, including employing overseas workers under sponsorship.
- We had concerns about the deployment of staff within the communal area. On occasions we observed there were no staff in this area and witnessed a person exhibiting behaviour to show they were upset and people who were prone to falls trying to stand. The provider had recently instigated catch ups twice a day to review where staff were and redirect if needed.
- There were recruitment systems in place and a new human resource manager had been employed to ensure all the appropriate and necessary checks were taking place.
- People who lived in the service acknowledged they sometimes had to wait but did not identify any impact saying, "Staff meet my needs. You sometimes wait a little while. If you're sitting in the lounge, there's no buzzer and you have to wait for staff to come by."
- Relatives commented about less staff later in the day and at weekends. They acknowledged things had improved due to recruitment and had seen new staff shadowing existing staff.

Using medicines safely

- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records.
- Protocols for medicines prescribed to be given on a when required basis were in place for pain relief.
- There was a medication champion who oversaw the management of medication. They worked closely with the GP who visited regularly to ensure medication reviews were undertaken.
- Relatives said they were involved and informed of any medication changes.

Preventing and controlling infection

- There were systems in place for infection prevention and control including policies.
- The service appeared clean and there were cleaning schedules in place to demonstrate each area had kept to the set standards.
- People who used the service said they felt it was clean. They said, "The cleaners do a brilliant job and they're such nice people." "They work very hard."

Visiting in care homes

- The procedures in place for visiting the home were aligned to the Government guidance.
- People who lived at the home said their relatives could visit any time. Their relatives said, "It's lovely now that we have open visiting. We don't have to plan and can pop in and see [person] when we want to. It makes such a difference."

Learning lessons when things go wrong

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. They were fully supported when they did so.
- The manager reviewed trends for falls and incidents on a weekly and monthly basis. Looking at times, location and staffing levels for falls to see if any action could be taken to mitigate risks.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support might not always achieve good outcomes or be consistent.

Staff support: induction, training, skills and experience

- We could not be assured all staff had the up to date skills and training to fulfil their role.
- The provider said the COVID-19 pandemic had impacted on their ability to provide training. However, the training statistics showed 10 staff had training out of date pre-pandemic, for 3 staff this was mandatory training. Overall, 44 staff had mandatory training expired or not completed. The mandatory training was identified as such by the provider. One staff member had not received any training although they had been employed for a number of years.
- Training had not been provided to meet all the needs of people living at the service. For example, only 13 staff had received training in diabetes and 1 in epilepsy despite people living in the home with these diagnoses.
- The provider had not considered the learning and development needs of staff in supporting people with such things as dementia, falls prevention, fluids and nutrition, oral health or learning disabilities. Learning disabilities training is now required for all staff under the Health and Care Act 2022.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of changing systems on how they manage and provided training, looking towards more face-to-face training and ensuring staff were up to date.
- Staff newly appointed said they had an induction including training, and shadow shifts where they were not included in the staffing numbers and felt they were supported and had training they needed to feel confident in their new roles.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had failed to fully assess people's capacity and their records did not demonstrate decisions had been made in a person's best interests or appropriate people were involved in those decisions.
- The questions which people had their capacity assessed on was vague, covered more than one area and was not specific. For example, one question stated, "to live independently without supervision and receive care including covert medication." There were gaps in the form on how the person's capacity had been assessed and best interest identified.
- One person's records showed they had a living will/advance decision in place, but the home did not have a copy of to ensure the person's wishes were incorporated within the care provided.

This demonstrated a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Care and support did not always reflect current evidence-based guidance, standards and best practice. For example, some people who lived at the service had a learning disability. Guidance within the NICE quality statements on learning disability: care and support of people growing older and CQC's right support, right care, right culture were not taken into consideration when planning care provided. Such things as annual health checks had not been taking place.
- Staff knew people's needs and had developed good relationships where people felt comfortable with staff. Relatives said, "The staff do stop and try to understand. They take time and understand [them] better than me sometimes". Another said, "The staff know [person's] little foibles. The staff take their time and [they] seems quite happy."
- Relatives felt people were given choice and their needs meet. One said staff ask the person what they want to do such as mealtimes and bedtimes. They said, "[They] has choices and dignity and respect. [They are] still a human being and treated as one." Another relative said, "The manager saw us struggling over uneven ground with one of their wheelchairs. Shortly after they bought two chairs with pneumatic tyres which has made taking [person] out so much easier. They respond to people's needs here."

We recommend the provider consider current guidance for people living at the service with a learning disability and take action to update their practice accordingly.

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

- People had access to sufficient food and drink throughout the day.
- We observed lunchtime which was a pleasant experience where people were not rushed and supported as required by staff. The food looked and smelt appetising. There was a variety of drinks on offer. The atmosphere was calm, relaxed and organised.
- The catering staff were aware of people's nutritional needs and dietary requirements and ensured these were met.
- A person living in the service said, "I enjoy the food. I'm [illness] and the staff go to more trouble with my food than I do at home! Yes, we get drinks all the time."

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

- The service had clear systems and processes for referring people to external services, which were applied

consistently, and ensured appropriate and timely referrals were made and acted swiftly on their recommendations.

- There were members of staff who were identified as champions to ensure referrals were made, chased up and recommendations actioned for such things as falls, continence care, wound management. This helped ensure people received the care and treatment required.
- The service had developed good relationships with health care professionals including the GP at the local surgery, who undertook weekly visits to the home and clinical meetings to discuss individual people with more complex needs. The GP said the communication was excellent between them. They felt the senior staff they interacted with the most were experienced and knowledgeable and was complimentary about the systems in place with the champions.
- The GP and other health care professionals meet with staff champions regularly to discuss people who fall regularly to ensure all factors were considered including what could be done to maintain physical function and promote strength and balance.
- People who lived at the service said the GP was contacted whenever they needed to see them. A relative said, "The doctor came in last week and gave [person] antibiotics. The home arranged it. I get regular updates about [their] hernia too, which I wouldn't have noticed. The hairdresser and chiropodist come in."

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

- People have access to outside space, quiet areas to see their visitors, an area suitable for activities and private areas when people wished to be alone. Decorations and adaptations to the premises were laid out in a way that was accessible and helped to promote independence.
- People personalised their rooms to make them individual. All bedrooms had ensuite facilities.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management was not always consistent which could impact on the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst there were quality assurance systems in place including oversight from the provider, some areas found at inspection had not been identified.
- Not all environmental risks had been identified and risk assessed and actions taken to mitigate them.
- People's care records did not have all risks assessed and held contradictory information. There were poor mental capacity assessments and best interest decisions.
- Guidance within the NICE quality statements on learning disability: care and support of people growing older and CQC's right support, right care, right culture had not taken into consideration when planning care for people.
- Monitoring systems had identified areas of concern but timely action had not been taken to address these. For example, with regards to training of staff.

This demonstrated a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

- The provider had been responsive following the inspection in putting in place measures to address issues which had been identified.
- Currently there was no registered manager. The previous registered manager had moved to a new role within the organisation and a new manager had taken up the position who was in process of applying for registration. The previous registered manager was supporting the new one. There was an improvement plan in place as a handover and way forward for the service.
- The managers from all of the provider's homes meet regularly to share good practice, action any lessons learnt from incidents or complaints and to provide support and network with each other. This was valued by the manager as being beneficial to their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture which was person-centred, open, inclusive and empowering.
- There was mixed feedback received from staff regarding the support they received. Some staff felt they were supported and the management team "were brilliant", with an open-door policy and very approachable. Whilst other staff, a number of whom worked at nights, did not feel listened to and supported

in the same way. Staff newly appointed said they had been made to feel welcome and felt supported.

- Staff meetings have taken place, which covered staffing, reminders and changes to ways of working. Staff said they had received supervision
- Relatives felt the home was well managed and saw members of the management team regularly. One relative said, "Oh God yes, they're often around when I come. The staff are happy here which is a good sign. Managed well, yes."
- Relatives said they was very good communication with the staff and management in the home. Those spoken to said they were happy to recommend the home.
- The service had developed relationships with the local community including the Church who visited and the Brownies. There were plans to develop a breakfast bar/café for when relatives visit.

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 manager understood their responsibility in relation to the duty of candour and this was demonstrated in the records we reviewed.

Working in partnership with others

- The service works in partnership with key organisations to support care provision, service development and joined up care.
- Good relationships had been built up with health care professionals and systems were in place to ensure timely referrals were made and advice sought. A health care professional said, "They are good at contacting if they need quick advice. They have staff who act as a link who make sure everything is up to date and pass the right information on at the right time."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People had not had their capacities fully assessed under the Mental Capacity Act and records did not demonstrate decisions had been made in a person's best interests or appropriate people involved in the process.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment All risks had not been assessed and measure put in place to mitigate and protect people. Care records had gaps and contradictory information
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems did not identify the areas of concerns identified at inspection. Areas of concern identified had not had timely action to address them.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not had the training and been kept up to date with what they required to complete their roles.

