

# Hollyman Care Homes Limited

# Broadland House

# Residential Care Home

## Inspection report

Bridge Road  
Potter Heigham  
Great Yarmouth  
Norfolk  
NR29 5JB

Date of inspection visit:  
29 April 2021

Date of publication:  
23 June 2021

Tel: 01692670632  
Website: [www.broadlandhouse.com](http://www.broadlandhouse.com)

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Broadland House is a residential care home providing personal care to 20 people aged 65 and over, some of whom were living with dementia, at the time of the inspection. The service can support up to 20 people.

Broadland House accommodates 20 people in one adapted building.

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

Actions to manage risks had not always been taken. The inspection identified several environmental risks which placed people at risk of harm. Actions had not been taken to fully assess people at risk of malnutrition. Quality Assurance systems had not been effective at identifying or addressing and improving these areas in a timely manner.

The service was open and inclusive which empowered staff in caring for the people who lived at the service. There had been a change of manager and the structure of how the service was being managed was being reviewed. However, during this time the feedback from staff and relatives of people who lived in the service was positive with the managers being approachable and proactive in supporting people and staff. The staff had felt valued during recent times of COVID-19, receiving gifts and support for their wellbeing.

People's records were regularly reviewed, were person centred and easy to understand.

Relatives spoke positively about the service regarding how they had been kept in contact with and updated during COVID-19. They were pleased with the care received and felt they could approach staff with queries and concerns and be listened to. Professionals involved with the service said staff were always helpful, notified them of any changes and were open to consider new strategies and ways to help support the people who lived in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 October 2019).

### Why we inspected

We received concerns in relation to the management of medicines, environment and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the assessing risk, safety monitoring and management and continuous learning and improving care sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and governance at this inspection.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# 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.

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

The inspection was carried out by two inspectors 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 a 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 who was in the process of registering with the Care Quality Commission. Once the manager is registered this will mean 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual (the nominated individual is responsible for supervising the management of service on behalf of the provider), manager, cook and recruitment assistant. In addition, we spoke with two healthcare professionals, who regularly visited the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including maintenance records were reviewed.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at policy and procedures, training data and quality assurance records.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks had not been effectively managed. This put people at risk of harm. We identified radiator covers which were loose and coming away from the walls and wardrobes not stable or secured to the walls. Medicine cabinets, holding prescribed medication and items which could harm a person if ingested, were found unlocked in people's bedrooms.
- Actions to monitor and identify people at risk of malnutrition had not been taken. From four people's care records we found health care professionals had advised their weight should be monitored on a fortnightly or monthly basis. However, this had not been done for four months as the service did not have a hoist weighing machine. Staff had not any other method to mitigate the risks as they could not weigh the people. This posed a risk to the ill health of the people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our concerns with the provider who took immediate action to address and rectify the concerns
- Other risks relating to people and the environment had been managed safely. For example, regular fire and water safety checks were carried out.
- A health care professional told us staff were competent and experienced in identifying and managing distressed behaviours.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding procedures and knew how to identify potential abuse. Staff said they would report concerns to management in first instance and were aware how to report to the local authority safeguarding team and/or CQC.
- Staff were given information on safeguarding and whistleblowing policies when they applied to work in the service. They were encouraged to read them as part of their induction so they were familiar with how to raise any concerns.

Staffing and recruitment

- The service had developed a recruitment pack to provide all information needed to a prospective carer.

They had changed their process of recruiting new staff to include telephone interview, training, and trial shifts. This was to help recruit people who had the right skills and knowledge and improve retention of staff.

- Shifts were organised with a mixture of knowledgeable and experienced staff with new ones to help guide on each shift. There was also a senior carer who had an additional role as mentor to new staff to help them settle into their role as well as supporting existing staff.
- Staffing levels had been increased by one per day shift. This meant there were sufficient staff to meet the needs of the people living at the service.

#### Using medicines safely

- People living at the service received their medicines safely and as prescribed.
- Medication audits took place and had been effective in identifying and addressing areas for improvement.
- Information on people's medicines and how to administer them was in place, this included medicines that were administered as required.
- Relatives said they were kept informed of medication changes. One relative said "x has had UTI's and they are onto it very quickly and give antibiotics, they are very good they don't wait around 'to see if it improves' they recognise the signs and stop them feeling bad".

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were systems in place for completing audits and looking at specific individual risks and incidents for people who used the service. This included looking at what improvements or changes were needed.
- Senior staff meetings were held regularly to discuss ways to improve care and systems to help safeguard and support people who lived in the service. This included looking for improvements following incidents.



# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support 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 regular audits had been undertaken, including an environmental risk assessment in January 2021, which identified a number of issues, timely action had not been taken in response. Some of these, including radiator covers coming away from wall and wardrobes not secured to the wall, were still present at inspection and represented an increased risk to the safety of the people who used the service.
- The audits in place had not been effective in identifying other areas of improvement. For example, one person living at the service had been prescribed medication to relieve constipation on an 'as required' basis. The care records did not state how long they had to be constipated for before they received medication. For another person, there were allergies recorded in the care plan but these were not recorded on the medication record, which posed a risk to the person of an allergic reaction if given the medication they were allergic to.
- Whilst there was an incident reporting system in place, the management had no systems for monitoring or analysing trends from all incidents. This meant patterns or themes around incidents were not robustly identified to help ensure mitigating actions could be taken.

The governance systems in place had not been effective at identifying or improving risks within the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to concerns raised during and after the inspection.
- There was a new manager appointed when the previous manager left in January 2021, who had worked at the service as deputy manager previously. She was being well supported by other managers, the owner and by an independent trainer to become the registered manager. She told us she felt well supported.
- Staff were positive about the new manager saying "[Name] was obvious choice to step up as manager as she knows home inside out and it was nice for her to step up than bring in someone new. She will make an amazing manager." "[Name] is approachable and will take on any issue and put your mind at ease".
- The senior management structure was being increased with the addition of a new senior carer, to help support the new manager. Senior carers had been given 'bubbles' of extra responsibility, for example, mentor to new/existing staff, updating care plans/risk assessments and medication, to give ownership and accountability.

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

- Care plans provided detailed person centred guidance which was easy to understand. Staff had handheld devices for the electronic care record system, to record care they provided as they completed it, so it was up to date in real time.
- A relative we spoke with said, "When we could visit I would sometimes ask to see records and they were happy to share them with us on the computer. At one point [Name] had diabetes but is fine now. They deal with any problems very quickly". This shows the service was being open and transparent.
- The home had a positive, open culture, where staff felt empowered. Staff spoken with felt the manager listened to their ideas, concerns and issues and acted upon them.
- People who used the service had been consulted about menu choices and what they would like to eat

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 service was open and honest with relatives when something went wrong.
- Relatives said the communication was good between the home and families. They felt they were informed about any incidents and they could phone at any time and all the carers knew the people who lived at the service

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

- Relatives spoken with felt that communication with the home was good. For example, "They are great, whenever I phone they can tell me exactly what has happened, for example [Name] was up twice last night and we needed to change [Name], no problems. They record everything that happens." "[Name] slipped out of bed and hurt ankle from the way [Name] fell, only minor, but they phoned and told me straight away. It makes me feel comfortable that they keep in touch"
- The service was in process of refurbishing the environment. At staff meetings ideas for improvement, design and layout were discussed. People who used the service would also be consulted on decoration for communal areas.
- Prior to COVID-19 the local church held holy communion at the service. The service trained members of the church, who facilitated communion, to become dementia friends, an initiative by the Alzheimer's Society to change people's perception of dementia.
- A new on line questionnaire was seen which would be used for relatives and outside professionals to gain feedback

Working in partnership with others

- Positive feedback was received from health and social care professionals about their relationship and working with the service. For example, "There is always a senior carer with us when seeing resident to help understanding and communicate with residents and to know the way they are presenting that day. They take notes and sit with resident." "[service] ... notify me of any changes. They try to look for strategies for behaviour. ...they are not just looking for medication."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate safety was effectively managed  Regulation 12 (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The governance system in place had not been effective at identifying or improving risks within the service.  Regulation 17(2) (b)