

Medicare Corporation Ltd

Broadland View Care Home

Inspection report

147 Yarmouth Road
Thorpe St Andrew
Norwich
Norfolk
NR7 0SA

Tel: 01603432050

Website: www.broadlandview.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Broadland View Residential Home on 8 November 2016. Breaches of legal requirements were found. After the comprehensive inspection, a warning notice was served relating to the governance of the home.

We undertook this focused inspection on 19 April 2017, to check that the service had met the warning notice and whether they now met the legal requirements. This report only covers our findings in relation to the warning notice. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadland View Residential Home on our website at www.cqc.org.uk.

Broadland View Residential Home provides care for up to 25 older people, some of whom were living with different forms of dementia. The home is over two floors and was a former private dwelling. At the time of this inspection, there were 24 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. For the purposes of this report the registered manager will be referred to as the manager. There was also a 'head of care' and a private consultant. The private consultant was supporting the manager and the provider of the home.

At the last inspection carried out in November 2016, we asked the provider to take action to make improvements in the management and governance of the home. These actions had been completed. However, the rating remains the same as a period of sustained improvement is required in order for us to have confidence that these changes have been imbedded into everyday practice.

The service had effective systems in place to assess and monitor the quality of care people received. These systems helped to drive improvements in the service, which was noted at this inspection.

Audits had been introduced since our last inspection and these helped to monitor the standard of care delivered. These included audits around people's dining and meal experiences, how staff interacted with people, the quality of care plans, and the competency of staff to perform their roles effectively.

At this inspection, sufficient improvements had been made by the service and they were no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We concluded that the conditions of the warning notice had been met by the manager and the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve how the service assessed, monitored and improved the quality of the service provided.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Broadland View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Broadland View Residential Home on 19 April 2017. This inspection took place to check that improvements to meet legal requirements, planned by the provider after our November 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements. The inspection was undertaken by two inspectors.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the manager had sent us since our inspection in November 2016. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also reviewed the monthly updated action plans the manager had sent us.

During our visit we spoke with the manager and head of care. We spoke with five people who used the service, the chef, and five members of the care staff. We observed the care and support provided to people using the service and the lunchtime experience. We reviewed six people's care records. We looked at various audits completed by the manager, head of care, and consultant.

Is the service well-led?

Our findings

The previous inspection carried out on 8 November 2016, we found that the service had failed to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were being put at risk, people received poor care and support, and the quality monitoring systems were ineffective. We subsequently served a warning notice informing the provider that they had to comply with this regulation by 3 March 2017. At this inspection, we found the service had made improvements and were no longer in breach of this regulation.

At our last inspection, we had concerns about the safe storage of cleaning detergents and creams people needed applying to their skin. Unsecured cleaning products and prescribed skin creams placed some people living with dementia at risk of harm in case they accidentally swallowed them.

At this inspection we found that the management team had effectively resolved this issue. Skin creams and cleaning detergents were securely stored. We spoke with staff who confirmed they ensured people's skin creams were stored securely as part of their daily practice. They also told us why this was so important. The manager told us they monitored the storage of these products as part of their daily quality monitoring checks.

At the previous inspection, we had concerns about people's safety when staff supported people to move using specialist equipment. We also had concerns about monitoring falls and care records not being updated with a plan of action, when a person had fallen.

At this inspection, staff told us that they had had up to date moving and handling training. Staff told us how they ensured a person was safe before they supported a person to transfer or mobilise. We also saw records of the manager observing staff practice in this area to ensure they applied their training competently.

We looked at the accidents and injuries records and we could see action had been taken when a person had a fall. We also noted that these people's records were updated and a plan was put in place to manage this risk.

At our last inspection, we found that people's care records did not contain information to guide staff, about how to meet people's individual needs.

We reviewed a sample of people's care records when we visited on 19 April. We found these were detailed and clear records. These gave information to guide staff about what people's needs were, the risks they faced, and how people's needs should be met. These records were also being checked by the manager to ensure the information was accurate and up to date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, we found that conditions attached to an authorisation to deprive someone of their liberty were not being met. This was to provide a safe and secure outside space for this person to access when they wanted to. This meant that this person was being unlawfully deprived of their liberty. We also found that the manager and provider were not compliant with the MCA.

At this inspection, we found that the manager and provider were now compliant with MCA and DoLS. The manager, head of care, and consultant had looked at the DoLS authorisation and made changes to an outside space to make this safe for this person to access. The manager and head of care were making realistic plans about how to ensure staff will be available to support this person, to access this space when they wanted to.

At our last inspection, we found issues with people not being supported with their hydration and nutritional needs. People were not being assisted to eat and drink when they required this support. People were being rushed when they were assisted to eat. People were not given choices or were consulted with about what they wanted to eat and drink. People's morning and lunch meals were close together. People didn't always have a supply of drinks.

At this inspection, we found significant improvements had been made to meet people's nutritional and hydration needs. Meal times were evenly spaced. We saw staff supporting people with their eating and drinking needs at their own pace. Staff conversed with these people and checked they were happy with what they were eating and with this process. We spoke with the chef who told us how they ensured people had a daily choice with what they ate and drank. Picture menus were placed in the dining room, we saw people refer to these when they were asked what they wanted to eat for lunch. One person did not like the meal they had chosen; the chef gave this person other options, and returned to this person and checked they were happy with their new meal. The head of care completed a daily audit of people's meal experiences, which also monitored the quality of care given to people at this time. The chef also spoke with people about their dining experiences on a daily basis to check people were happy with the quality of the food and the choices given. We saw this happen and were shown records which confirmed this. We also saw records' showing that the manager also reviewed people's dining experiences.

At our last inspection, we found that the staff shift was disorganised and people's care needs were not always met. There was no system to meet people's continence needs. People did not have a supply of towels, and footwear. There were references to the home feeling, "Chaotic."

At this inspection, we found significant improvements had been made in this area. The service was calm. Staff knew what tasks they needed to complete. The staff we spoke with told us how each shift was organised and they were told what tasks they needed to complete. Staff also told us how they monitored and supported people to meet their continence needs. We noted people had a supply of towels and footwear in their rooms.

At our last inspection, people did not receive care centred on their individual needs. Some people were ignored when they requested assistance or appeared to need support. Some people became distressed with

one another and there was no staff presence to support these people at these times.

At this inspection, we found improvements had been made with how people were supported. We saw that staff were present and available to support people. We noted that staff responded to people when they requested it or indicated that they needed help in some way. We looked at records which the manager or head of care completed to monitor the quality of the care provided each day. We saw a 'dignity' audit completed by the consultant of the home to further check that people were being treated in a person centred way. The manager, head of care, and consultant also told us about the 'dignity training' they had given to staff.

At our last inspection, we found that staff didn't spend time with people engaging in social activities. There were no planned future social events. When we visited in April we noted an activity board with activities daily. We saw staff talking with some people and engage in one to one activities. We spoke with the manager, head of care and consultant who told us of the plans they were currently making to improve the social opportunities the home offered to people.

At our last inspection people's confidential information was not always stored in a secure way. At this inspection, we could see that the manager and provider had responded to this issue. People's records were no longer displayed in a public way. The staff we spoke with told us about the importance of confidentiality and how they protected people's confidential information.