

Hollyman Care Homes Limited

Broadlands Park

Residential Care Home

Inspection report

27 The Green
Upton
Norwich
Norfolk
NR13 6BA

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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 Park is a care home that offers care and support for up to 34 older people some of whom were living with dementia. There were 33 people using the service at the time of our inspection visit.

People's experience of using this service

- People were supported to be safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. Risk was assessed and managed. People's human rights and freedoms were respected within their risk management plans.
- Routine checks and maintenance were carried out on the premises and equipment. Staff knew what to do in the event of an emergency, accident or incident.
- There were enough staff to meet people's needs and to spend time with them. Staff were recruited in a safe way.
- People's medicines were managed in a safe way and were reviewed by the prescribing doctor to make sure they remained effective. People had access to the healthcare services they required. Staff referred people promptly and followed the advice and guidance provided by healthcare professionals.
- People had enough to eat and drink. Where people were at risk of malnutrition or dehydration, staff took action to manage the risk and monitored the amount they ate and drank.
- The premises met the needs of people who used the service. People's rooms were personalised. The premises were clean and tidy throughout. Staff knew how to reduce the risk of infection. They had access to the protective equipment and cleaning products they required to achieve this.
- Staff had the training and support required to meet people's needs. Care and support followed best practice guidelines and legislation. Staff had opportunities to learn and develop their skills and qualifications.
- Consent to care and support was always sought in line with legislation and guidance. People were encouraged to make choices and decisions about their care and support and the things they did each day.
- Staff were kind and compassionate. People and staff had developed positive relationships. Staff were passionate about their work and motivated to improve outcomes for people and support them to become more independent. Privacy and dignity was promoted by all staff.
- Staff knew people well. They knew about the things that were important to people and the things that may cause distress. Staff knew the best way to communicate with people and how to offer support and reassurance when this was required. People were able to follow their interests and hobbies and took part in culturally relevant activities.
- There was a complaints procedure and people were confident speaking with staff about any concerns. People, relatives and staff were asked for their feedback on the home and their views and opinions were listened to and acted on accordingly.
- Staff understood their roles and responsibilities. They received the training and support they required. There were strong leadership and support structures in place. Staff and managers shared a vision based on providing person-centred care and support and improving outcomes for people. There were effective systems in place to monitor the quality of the service and to drive improvement.

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

Rating at last inspection

At the last inspection we rated this service Good (report published on 17 May 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people with a range of health needs.

Service and service type

Broadlands Park 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 we looked at both during this inspection.

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

Notice of inspection

We carried out the inspection visit on 22 March 2019. It was unannounced.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Broadlands Park. We spoke with four people who lived there and three people's relatives. We spoke with one care worker, one care facilitator, one catering supervisor, the training coordinator, and the registered manager. We also spoke with two visiting healthcare professionals.

We looked at three people's care records as well as other records relating to the management of the home.

After the visit to the home, we were contacted by a person's relative who gave us further positive feedback about the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and would speak with staff if they had any concerns.
- Staff understood their responsibilities to protect people from abuse and avoidable harm. They knew how to recognise the signs of abuse and how to report it.
- Staff felt confident that senior staff and the registered manager would listen and take action if they raised any concerns. They also knew how to contact other organisations such as the CQC or the local authority should they need to.
- Information about people's behaviours that may put them at risk or cause them to be unsafe were known to staff as was the support each person required to stay safe.

Assessing risk, safety monitoring and management

- Risk was assessed and managed. For example, where risk of pressure sores was identified a care plan was developed and staff knew how to reduce the risk.
- Specialist pressure relieving equipment was used and staff carried out positional changes to reduce pressure.
- Staff knew what to do in the event of an accident or incident. They knew when to ask for medical assistance.
- One person told us about a fall they had. They said, "I do have falls occasionally. I fell last week but I think they [staff] must've heard me going down, they were with me straight away."
- People did not have their freedom unnecessarily restricted and were able to take informed risks. Another person said, "I can go out for a walk but a carer will come with me to make sure I'm alright."
- Care facilitators carried out daily health and safety checks as part of their role. Monthly maintenance checks for the premises and equipment were carried out by maintenance staff. This included checks of the fire safety equipment to ensure it would function properly in the event of a fire.
- Each person had a personal emergency evacuation plan in place so that staff and others such as the fire service would know how to assist the person in an emergency.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A relative said, "I think they're very well staffed, I've seen the staff ratios and compared to some places it's very good."
- There were enough staff on duty on the day we visited to meet people's needs. We saw that staff spent time with people and responded quickly when they asked for assistance.
- One person told us about staff responding to their call bell. They said, "I think the staff come as quickly as they can but there's a lot of people to look after, sometimes there might be a short wait."
- Staff told us they had time to spend with people and could meet people's needs.
- Staffing numbers and skill mix was planned according to people's needs. Staff understood their specific

roles and responsibilities. There were separate catering and cleaning staff. Care facilitators were given time to plan and properly oversee each shift.

- Checks were carried out before new staff were offered employment. This meant that, so far as possible, only staff with the right skills and experience were employed.

Using medicines safely

- People had their medicines at the right time and in the right way.
- A relative told us, "They give my relative their pills and make sure they take them." We saw staff sensitively assisting people with their medicines. They took time to explain what the medicine was for and helped people when help was required.
- Medicine was only given covertly following a best interest decision involving the prescribing doctor and other professionals.
- Medicines were stored securely and in line with manufacturers' guidance.
- Staff had access to policies and procedures. They knew what to do in the event of a medicine error. Audits were carried out so that any error could be quickly identified and rectified.
- Staff received training about the safe management of medicines and had their competency checked.

Preventing and controlling infection

- The service was clean and tidy throughout.
- Staff received training about infection control and effective practices. They understood their responsibilities and knew how to protect people from the risk of infection.
- There was an infection control link person within the organisation who attended external training updates and cascaded new learning to all staff.
- There were separate cleaning staff who followed daily cleaning schedules, and checks were carried out to make sure these were followed each day.
- Staff had the personal protective equipment such as gloves and aprons that they required.

Learning lessons when things go wrong

- There were systems in place to check accidents and incidents and these were used as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents and changes made to reduce further risk.

Is the service effective?

Our findings

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

Good: 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 had their needs assessed before they moved into the service. Assessments included people's physical, mental health and social needs. This meant the registered manager ensured the service could meet the person's needs.
- Care and support was provided in line with legislation, standards and evidence-based guidance. Staff kept up to date with current legislation through staff training, working with healthcare professionals and support networks within the organisation.

Staff skills, knowledge and experience

- People and relatives had confidence in the staff and felt they were well trained.
- A relative told us how staff had supported their relative to regain their mobility after being in hospital, they said, "I do think staff are well trained."
- There was an in-house training coordinator who planned and delivered an ongoing training programme to the staff team. There was a mix of face to face and online training. Much of the training was experiential. For example, a series of props were used such as thick gloves and ear plugs so that staff could experience carrying out day to day tasks with sensory and physical impairments. This helped staff to better understand people's experience and to support their needs.
- Staff told us how powerful they found this type of training.
- The training coordinator knew about staff learning styles and support needs. Additional support was provided where this was required.
- New staff had induction training to make sure they knew about the skills and behaviours expected of them.
- Two visiting healthcare professionals told us that staff had the skills and training they required to meet people's needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People had enough to eat and drink and enjoyed their meals.
- One person said, "Yes there's always a choice, two mains at lunch. If I didn't like it I think I can have something else and the plates are quite big, there's enough to eat, sometimes too much."
- A relative said, "[Person] loves the food, she eats quite well. She needs help and she's on a soft diet but they're very good."
- At lunchtime there were enough staff to support and assist people as required. Catering staff were involved in making sure people had the right meal and the support they required.
- Staff assessed people's risk of malnutrition and took action where this was required. Care plans were developed to make sure people's nutritional and hydration needs were met.

- Staff referred people to doctors, dieticians and speech and language therapists as required. They followed the guidance provided such as providing meal supplements or meals of a specific consistency.
- People's food and fluid intake was monitored daily and action taken when people did not eat and drink enough.
- People had access to hot and cold drinks and were encouraged to drink these.
- One person said, "As far as drinks go, there are always drinks in jugs and they're forever coming round and offering tea or coffee and you can ask and they'll make you one."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies such as doctors, nurse practitioners and community nurses.
- A visiting healthcare professional said, "Staff really know people well. They have up to date knowledge and are on the ball."
- Important information about people was sent with them to hospital and other healthcare appointments so medical staff had the information they required to provide effective care.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals as soon as this was required.
- Staff knew people well and quickly recognised when they were unwell and needed medical attention.
- A visiting healthcare professional told us staff had made appropriate and timely referrals and this had resulted in good outcomes for a person who had moved into the service.

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

- The environment was spacious and met people's needs. There was a choice of communal areas people could use and a dining room.
- People's rooms were personalised and decorated to suit the person's needs and tastes.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were following the principles of the MCA.
- Some records did not clearly document people's capacity to make decisions or the best interest decision made on their behalf. The registered manager was aware of this and had arranged further training for staff.
- Staff asked people for their consent before they carried out any personal care and offered people choices in all aspects of their lives. We observed staff offering people choices and respecting their decisions throughout our inspection.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. One person said, "These people [the carers] do everything, and I mean everything, for us. I am so grateful." Another person said, "The carers are absolutely first class, they are polite and kind and they do their work with a smile on their faces."
- A relative said, "Without exception, all the members of staff, not just the care staff, are kind, friendly and helpful to [person], the other residents and to relatives. The atmosphere of the home is happy, co-operative and caring and I have confidence that my very vulnerable [family member] is well looked after."
- We observed staff spending time with people. Interactions were positive and staff spoke with people in a respectful way. Staff took time to explain to people what was happening and supported them at a pace that was right for them.
- A staff member told us they sat with people and had a cup of tea and chat in the afternoons.
- Compassionate, respectful and empathetic behaviour was promoted within the staff team
- A member of the care staff told us how good the cleaning staff were and how they made such a difference to people because they took time to get to know people and have a chat while they did their work.
- Staff knew the things that were important to people and the things that would cause distress. For example, one person did not like overcrowded places and staff made sure this was respected.
- Staff knew about equality and diversity and had received training about protecting the nine characteristics in the Equality Act 2010 such as race, religion and sexual orientation.
- People's friends and family were made welcome and staff supported people to maintain important relationships. A relative told us staff had supported their relative to buy them a present and a Valentine's Day card.
- A visiting healthcare professional told us they found staff to be kind and caring to people whenever they visited the service.

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

- People were involved in developing their care and support plans. The way they preferred to receive support was respected and consistently applied by all staff.
- One person said, "They have spoken to me about my care, they have asked my opinion."
- A relative told us, "Well I think [person] has choice. Quite often they are tired after lunch and want to go to bed, so they put [person] to bed."
- Where appropriate, people's relatives were involved in decision making. A relative said, "When [person] first came here I had a number of conversations with the provider. It was a difficult time because they were coming out of hospital. The provider was brilliant; we talked about how person] was. Obviously, that continues as things change. We don't have a meeting as such but we talk as and when there's a change."
- Information about people's life histories, the things that were important to the person, and the way they

preferred to receive care and support were recorded. This assisted staff to involve people in making decisions even when people had difficulty expressing their views.

- Residents' meetings were held each month and people were able to express their views about their day to day experiences and asked for their ideas and feedback about entertainment provided.
- We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- People had access to advocacy services where they required support to make decisions that concerned their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. Dignity in care training resources had been developed by the organisation for all staff.
- During our inspection we observed staff supporting a person to move from their chair to a wheelchair using a hoist. Staff reassured the person and protected their dignity. They checked that the person was comfortable and explained each step of the procedure. A staff member told the person, "You are doing brilliantly."
- When a person had spilled a drink on their clothing, staff noticed and responded quickly and supported them to go and change their clothing. They offered the person reassurance and were kind and respectful.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- A visiting healthcare professional told us staff always protected people's privacy and dignity and made sure people were seen in their room or provided with privacy screens.
- People were encouraged to be as independent as they could be. Care plans focused on people's abilities. Staff gave us examples of how they encouraged people to be as independent as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was personalised. Care plans recoded the way people preferred to receive care and support.
- A new electronic care planning records system had recently been introduced. The records provided staff with the information they required to meet people's physical, emotional, mental and social needs.
- Staff knew about people's preferences and how to meet their needs. They worked in a flexible way. For example, people could have their meals at different times. Some people preferred to have a lie-in and have their breakfast later. One person liked to have a cup of tea by 6 am.
- Staff knew how to communicate with people effectively. Communication support guidance was available for each person. For example, staff showed some people plated up meals so they could make a choice rather than showing them a menu. This assisted people with cognitive difficulties to understand the choices available.
- People received information in accessible formats and the registered manager knew about, and was meeting, the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- People were able to follow their hobbies and interests and take part in activities they enjoyed.
- A person said, "They have a minibus and we've been to Gorleston to get some sea air. It was a nice day out." A relative told us that trips out were offered regularly.
- One person enjoyed playing cribbage so staff had arranged for people in the local community to come and play this with them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the staff if they had a complaint. They felt confident they would be listened to and action would be taken. One person said, "If something wasn't right, we'd speak to the manager or owner but I think mostly things are good." A relative said, "I know if I go to anyone here they listen to what I have to say, and if something needs to be changed we talk it through together to find a suitable solution.
- The provider had a complaints policy and procedure. The registered manager had conducted a thorough investigation into a complaint they had received. Although no evidence had been found to substantiate the complaint, an action plan was put in place to introduce further checks and measures. The registered manager had spoken with people and with staff and had involved another manager from within the organisation. This showed that complaints were used as an opportunity to learn and drive continuous improvement.

End of life care and support

- The registered manager and staff had given people opportunities to discuss their end-of-life wishes and had recorded these in people's care plans.
- End of life care plans were developed when required and recorded detailed information about people's wishes. One person was worried about pain so staff had organised anticipatory pain relieving medicines and these were prescribed and available for when they were required.
- Staff told us they had received training about end of life care. They told us that people's families were involved in planning end of life care where this was appropriate. They were supported to spend as much time with the person as they wanted to.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff praised the registered manager and provider.
- One person told us, "I know the manager, she's very nice." A relative said about the registered manager and the owner, "They are both easy to talk to and they listen". Another relative told us, "I think they do a good job, my relative is very happy here so me and my family are too. I think they do a very good job."
- There was a clear vision and culture that was shared by managers and staff. The culture was person-centred and staff knew how to empower people to achieve the best outcomes.
- There was also an open and transparent culture and this meant staff were confident in asking for support when they needed it. A staff member said, "You can ask for any training you need and they [management] will provide this."

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

- The registered manager provided strong leadership. A staff member said, "They are a fantastic manager and are supportive of everyone." Staff were proud of the service and the care and support they provided. They were motivated to provide high-quality person-centred care.
- Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. There was a clear organisational structure. Staff understood their roles and responsibilities and worked as a team to support each other.
- There was a quality assurance system in place to monitor all aspects of care and support provided and ensure that staff continued to provide high-quality care. For example, audits had identified that improvements were needed to some medicines recordings. Action was taken and procedures were made clearer for staff to follow.
- Staff and managers were able to attend further training courses to gain qualifications and develop professionally.
- The provider and care manager understood their legal duties and sent notifications to CQC as required.

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

- The registered manager and staff team encouraged and supported people and their relatives to express their views about the home. Staff arranged meetings for people living at the home to get their views and experiences and to communicate any changes.
- The provider carried out an annual survey to ask for people's feedback. Results were mainly positive.

People had asked for improvements to be made to the provider's website and this was done.

- There was a poster inviting people to 'have their say' and to provide their feedback.
- Staff also felt involved in the running of the home. They were asked for their feedback during supervision and staff meetings. A staff member said, "The registered manager is very understanding and helps out as much as possible."

Continuous learning and improving care

- The registered manager told us the service was continually striving to improve. Action plans were in place to monitor and drive improvement.
- Two visiting healthcare professionals told us the service had improved outcomes for people.
- There was a culture of growth and skills development within the staff team and the organisation recognised and supported staff member's individual strengths and particular areas of interest. This meant staff had responsibility for different aspects of the home and were motivated to improve.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies such as the GP and the local authority to ensure that people received comprehensive care.
- Visiting healthcare professionals were complimentary about staff knowledge and skills. They told us staff followed professional guidance and communicated effectively.