

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Broadlands Park Residential Care Home

27 The Green, Upton, Norwich, NR13 6BA

Tel: 01493751521

Date of Inspection: 11 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	R J & S F Hollyman
Registered Manager	Mrs. Sharon Elizabeth Huxtable
Overview of the service	Broadlands Park Residential Care Home provides accommodation and personal care for up to 34 older people, some of whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Broadlands Park Residential Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection following the inspection completed on 9 December 2013 which identified that improvements were required. We had received an action plan from the provider sent to us in January 2014 to show what systems had been introduced to improve the service. At this inspection we checked these actions had been put in place.

We found that where risks had been identified a more robust system was now being used. Records showed that those at risk were more closely monitored and appropriate action had taken place to reduce the risks.

Previously care records had not been regularly reviewed. At this inspection we found they had been reviewed and the four we looked through were up to date. This ensured people had a record of their current care needs.

At this inspection we found all staff were up to date with their appraisals and mandatory training. Due to the high level of need to support people living with dementia, skills and expertise were now being introduced to the staff team. This would ensure they could offer the correct care and support.

People were now asked for their views and opinions on the quality of the service provided. Any action required on identified concerns would be acted upon.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our inspection on 9 December 2013 we found that some people living in this home were not always supported correctly when nutritional risks were identified. For example, people who may be at risk of malnutrition due to their lack of appetite or as part of an illness were not monitored as stated in the home's documentation. People were not weighed weekly with records seen showing gaps in weight recording that were in excess of six weeks. There were no records available to show how much or how little the people at risk had consumed.

During this follow up inspection we found that improvements had been made. Records of people at risk of malnutrition were now completed. Their weights were now recorded on a weekly basis and instructions were written on what fortified meals and supplement drinks those people should have. We noted on the daily records that staff were recording who had eaten well or not so well. We also were shown the newly created record sheets that were about to be introduced. These would record exactly how much had been eaten/drunk at each meal throughout the week. The senior staff member who talked us through the improved process told us that people were more closely observed on their dietary intake and any concerns handed over at the end of each shift.

The management also showed us the recent survey completed by people who lived in the home to ask their opinions on the meals provided. We were told that with the introduction of new cooks to Broadlands Park the meals had improved and the quality of the meals produced were more appealing and appetising. People who were at risk due to a poor dietary intake were now monitored closely and concerns would be acted upon and managed in a timely manner.

At the December inspection we found that a number of care plans had not been updated and reviewed. The four care plans we picked at random during this inspection had been reviewed and dated in January 2014. People's care plans would now hold current information and would reflect any changes.

We also noted at the December inspection that a number of people were without tights or socks. There was no explanation as to why. The home had since introduced, as part of their care plan, a record to state what the person preferred to wear on their legs and feet. This ensured people had a choice and that preferences would be listened to and acted upon. We noted during this inspection that more people were wearing tights or socks. The provider may wish to note that not all documentation was dated so it was not clear when some records had been written.

At the previous inspection we noted people had limited stimulation and were not occupied when sitting in the lounge. During this visit, although limited stimulation was in place staff were noted to interact more with people and that a staff member was in the lounge throughout our visit ensuring people were monitored. Another staff member was seen appropriately encouraging a person to walk with them and a second staff member was encouraging mid-morning drinks in an appropriate manner. A senior staff member told us what activities would be taking place during the week and that a designated activities staff member would be in the home on the afternoon of our visit. We were told about the plans for the improved environment that had started to take shape. We saw pictures of the ideas to be used in one area of the home such as an old fashioned tearoom and another area decorated and furnished in a beach/seaside theme. We noted that the areas had already been painted in preparation. Once completed, there would be more areas for people to move around the home to see, touch and talk about what they find. This meant more stimulation for people living in the home would be available to occupy them once the project was completed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During the December inspection we were told by staff that they would benefit from more support and understanding on the care of people living with dementia. Since that inspection the home had introduced a 'dementia coach' who was working with the staff team on building their skills on dementia care. We noted, as we walked around the home, that staff were speaking appropriately and we did not see anyone distressed or challenging the staff, as found at the previous inspection. Some staff had a badge stating 'Friend'. This, we were told, was a system used to show the staff member had an understanding of dementia and had made use of the coaching offered.

At the last inspection we noted that mandatory training such as moving and handling had expired. This training had now been completed by all staff throughout January and February. The management told us that a new training record system, that included all three homes owned by the same provider, had been introduced. They told us of the staff member who had now increased their hours to take on the role of training co-ordinator to ensure training did not lapse in the future. One staff member we spoke with told us they had just completed their moving and handling training. On the day of this visit the home's trainer was away completing a first aid course. The management said they would then cascade their learning to the staff team. The provider was now ensuring staff were up to date with mandatory training.

At the last inspection senior staff in the home had not received an annual appraisal. During this visit we saw two sets of senior staff appraisal notes completed in January 2014. The appraisals showed suitable topics were discussed and records were appropriately written. All staff now had an annual appraisal.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Since our last inspection in December 2013 the provider had sent out a questionnaire to professionals, relatives and people living in the home to ask their views on the quality of the service provided. We read a number of the returns received. They were complimentary and positive. We read comments such as, 'good home' 'no concerns at all' 'best home and staff'. Although the home was waiting for more questionnaires to be returned the provider told us a staff member was collating all the information and a report would be compiled. They said any points raised would be recorded and action would be taken to improve the quality of the service.

At the December inspection we could not find records showing how auditing of the service provided was carried out. During this inspection we were shown the methods used over the two months following the last inspection to monitor the care provision of the home. We read a list of what the auditor would look for in the care plan and what should be completed and in place in the person's own bedroom. These records had recently been completed for all people living in this home and were dated 2014.

However, the provider may find it useful to note that although the auditing of the rest of the service was completed it had not been recorded. The provider told us that they would soon have the auditing records in place and that management would carry out checks and record the results on a monthly basis. Although not fully in place we were assured that auditing and monitoring of the service would now be carried out and recorded by management. This would ensure the service was providing a quality service that was effective and safe.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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