

Medicare Corporation Ltd

Broadland View 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broadland View is a residential care home providing accommodation and personal care to up to 26 people in one adapted building. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 24 people using the service and 1 person was in hospital.

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

People using the service and relatives gave us positive feedback about the service and told us they felt the care was good. However, our inspection identified some concerns relating to the management of risk and safeguarding. This led us to question the quality of the leadership of the service and provider oversight.

Safeguarding concerns had not always been referred to the local authority for investigation or reported to CQC. Where safeguarding concerns had been identified by the provider, they did not always take prompt and effective action to protect people. Staff had not always been appropriately referred to the Disclosure and Barring Service (DBS) to review their safety and suitability to work with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Risks relating to choking, falls management for people taking blood thinning medicines and some environmental risks were not robustly managed and fully understood by staff. Some environmental risks had been identified but not addressed which placed people at risk of harm.

Records were person centred and had recently been reviewed. However, further work was needed to make sure all records were accurate, and information recorded in the correct place to ensure effective oversight of people's health and welfare.

Medicines were well managed, and people received their medicines as prescribed. Some recent medicines administration errors had not been fully investigated at the time they occurred. The registered manager assured us better medicines management systems had been put in place following this and records confirmed this.

There were enough staff and staff knew people's preferences well. They were very kind and relationships were good. The service had a 'homely' feel which relatives commented on. One relative stated, 'I find the service responsive to people's needs'.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

This inspection reflected a mixed picture. Feedback about the service was positive and people who used the

service were happy. However, poor management of safeguarding and risk led us to question the quality of leadership and provider oversight.

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 2 December 2017).

Why we inspected

We received information in relation to a historic incident which occurred before the current registered manager and deputy were in post. As a result, we undertook a focused inspection to review the key questions of safe 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 and well-led sections of this full report.

The provider took action to begin addressing our concerns relating to oversight of risk and the management of safeguarding. They introduced new systems of checking daily records, begun a complete review of all care plans and held a staff meeting to remind staff about some key issues raised during the inspection process. They have also begun an action plan which they will share with us.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadland View Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches of regulation in relation to the management of risk, safeguarding and overall leadership. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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 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 well-led?

The service was not always well-led.

Requires Improvement ●

Broadland View 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Broadland View 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. Broadland View 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.

What we did before 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. We used all this information to plan our

inspection.

During the inspection

We spoke with 3 service users and observed staff providing care and support to people living with dementia, who were not able to talk to us easily. We also spoke with 4 relatives, 3 staff, a senior member of staff, the chef, the deputy manager and the registered manager. We received feedback from 2 healthcare professionals who work closely with the service. We reviewed 5 care plans and the medicines administration record charts for 5 people as well as looking at medicines storage, stock control and the management of controlled drugs. We also reviewed other records relating to the safety and quality of the service.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been appropriately identified and referred to the local authority or reported to CQC.
- The provider had not taken prompt and effective action to manage incidents of neglect and ensure people who used the service were not placed at continuing risk.
- The provider had not made appropriate referrals to the Disclosure and Barring Service (DBS) when they were aware that a staff member's performance might have placed people at risk.

The provider had not ensured people who used the service were fully protected from abuse and improper treatment. Effective systems were not in place to prevent abuse and reduce future risk. This placed people at risk of harm. This was a breach of regulation 13 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of staff had received safeguarding training, however four established staff members did not have a record of this training on the training matrix we reviewed.
- Staff understood the signs and behaviours which might indicate a person was at risk or was being abused and knew how to escalate concerns within the organisation. Staff demonstrated they knew how to escalate safeguarding concerns within the organisation and externally.

Assessing risk, safety monitoring and management

- Risks were not always well managed and care plans did not make clear all risks and how to reduce them.
- Staff we spoke with were not all aware one person had been referred to a speech and language therapist for a swallowing assessment, as they were at an increased risk of choking. The person's nutrition care plan did not make this clear and there was no risk assessment. We observed staff trying to support a person to eat their lunch even though they were very sleepy, which placed them at an additional risk. Since our inspection the care plan has been reviewed and staff are now clear about the risks for this person.
- Risks relating to falls were assessed and equipment, such as sensor mats, was in place to reduce these risks. One shared room contained some trip hazards which the registered manager assured us would be removed. People on blood thinning medicines are at an increased risk of excessive bleeding following a fall and need to be closely monitored. Staff were not all clear about this additional risk. Following our inspection, the registered manager held a staff meeting to review procedures with staff.
- We noted two environmental risks which had been identified but not addressed. One person's sensor mat had been found to be faulty on 7 January 2023 and again on 25 January 2023. We established this mat was still in place at the time of our inspection and was faulty. The registered manager removed it immediately

and assured us they had another one which could replace it.

- A hot tap in one person's bedroom had been identified as being significantly over the safe temperature and posed a potential risk of scalding. This issue had been identified during the January water checks but there was no record of it having been mended.

The provider had not taken effective action to mitigate risk and ensure people always received safe care and treatment. This was a breach of regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks relating to fire were mostly well managed and regular checks and testing of equipment were in place. Two staff were not clear about certain aspects of evacuation of the building in an emergency. We fed this back to the registered manager who gave us assurances they would address this with all staff to refresh knowledge.

- There was regular testing and servicing of health and safety equipment and systems. External doors were alarmed and required a keycode to open. The garden was secure and locked gates meant people living with dementia were prevented from accessing the driveway where they might come to harm. Window restrictors and radiator covers were in place and the stairs were protected by stair gates and sensor mats which staff monitored. Residents using the stairs independently had been risk assessed and this was kept under review.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs and there was always a visible staff presence in all the communal areas of the service. Relatives told us staff responded promptly to their family member. One person said, "I liked the fact that there are only two main areas for people to congregate and staffing is concentrated and so they are not left and staff can focus on them.... I observed many positive interactions by staff."

- Rotas showed staffing was stable and appropriate arrangements were put in place to try to cover shortfalls caused by unexpected staff absence.

- Staff received training for their roles but this needed to be more in depth in some cases. Staff were recruited to senior roles without having had leadership experience. They were not always given sufficient supervision and monitoring to ensure their continued safe practice.

- Staff were recruited safely but some checks on staff members' previous care roles were not robust. One new staff member had begun a period of shadowing experienced staff before their employment history had been fully explored. The registered manager assured us, following the inspection, these checks had now taken place.

- Staff were checked with the Disclosure and Barring Service (DBS) to ensure they were safe and suitable to undertake their roles.

Using medicines safely

- Staff received online training to administer medicines and received further training from a local pharmacy. Senior staff undertook this task and had the opportunity to shadow other experienced staff first.
- The registered manager told us staff competency to administer medicines was regularly checked and this check was comprehensive. The registered manager was unable to find a competency check for a former member of staff who had made a number of medicine administration errors. The deputy manager also explained they had carried out a competency check the previous week on the member of staff administering medicines on the day of inspection, but had not yet completed the record. The deputy manager provided us with this record later in our inspection process.
- Medicines were well managed and accurate records were maintained. The member of staff administering medicines on the day of our inspection demonstrated a good knowledge and understanding of medicines. People received their medicines as prescribed.
- The medicine room was well organised, and checks were in place to ensure medicines were stored at the correct temperature. Stock control was accurate in most cases, although we identified one medicine where the count was incorrect by one tablet.
- Where medicines were given covertly, we saw the appropriate mental capacity assessments and authorisations were in place and staff were clear about procedures for giving these medicines.

Preventing and controlling infection

- The service was clean and odour free. Effective cleaning procedures were in place. Staff wore personal protective equipment (PPE) appropriately and we noted good infection control practice had been a recent agenda item at a staff meeting.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider had suitable visiting arrangements in place for relatives and friends of the people who used the service.

Learning lessons when things go wrong

- There was a process of reviewing and reflecting on incidents. Following an historic issue of staff neglect during a night shift under a previous registered manager, night shift audits were introduced and the current registered manager has continued to develop a system of spot checks. However, further incidents of poor staff performance had been identified but effective action had not always been taken to reduce further risk. This failure to learn lessons placed people at risk of harm.

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 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

- The registered manager had not ensured medication errors and incidences of neglect by a former member of staff had been reported to the local authority safeguarding team. This meant people who used the service and potentially those in the wider community, had been placed at increased risk.
- Some aspects of people's care and support were not always well managed. Risks relating to choking, falls for people on blood thinning medicines and some basic fire procedures were not clear to all staff. We note the registered manager held a staff meeting following our inspection to clarify these with staff. Some environmental risks had been identified but effective action had not been taken to reduce them.
- There were processes in place to monitor the quality and safety of the service. The registered manager's line manager held an online meeting twice a month to review the service. However, there had been no audit since the recent concerns about neglectful care by a former member of night staff. Recent audits had not identified the concerns we found.
- Care plans were detailed and had been reviewed in January 2023, but some key information was not present or was not clear to staff. The registered manager acknowledged this and has begun a further review. An aspect of one's person's health required daily monitoring and oversight. However, records had been completed in different places which gave an inaccurate picture of their health. We were not fully assured this person's health was being effectively monitored.

Effective systems were not in place to assess, monitor and mitigate risks to people's health and welfare. This placed people at risk of harm. This was a breach of regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager and deputy often covered shifts and worked as role models for staff and took a whole team approach to supporting people. Staff and relatives commented on the inclusive culture at the service. One relative told us, "[The registered manager] is very busy but even when working [their] door is open - a true open door policy and [they] will talk to you and to residents."
- There were regular meetings for the people who used the service to give their views and discuss aspects of the service. The chef told us they were in the process of asking people about the new summer menus.
- The provider sent out surveys to people who used the service, relatives and friends. These aimed to gauge

people's satisfaction with various aspects of the service and invite suggestions. We reviewed the responses and saw people's feedback was broadly positive.

- One relative with legal power of attorney for their family member, had asked to audit their family member's medicines. They told us the staff were open and transparent with them, showing them all the systems used. They told us they were fully satisfied with what they were shown.

Continuous learning and improving care; Working in partnership with others

- The service had been working with local healthcare professionals to review and improve aspects of the service including end of life care planning and medicines administration. The registered manager valued this input and was keen to learn and adopt strategies to improve.
- We received feedback from two health and social care professionals which was broadly positive about the open way the service worked with them. Records demonstrated good partnership working.
- The registered manager accepted our feedback and, immediately following our inspection, showed us evidence they had begun to reflect on the concerns we raised and address them.

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 registered manager understood their responsibility to be open and transparent when things went wrong. They assured us they had worked in line with their duty of candour when recent medicines administration errors had occurred, and people had experienced some unsafe care from a former night staff member.
- Relatives commented the service was good at keeping them informed about their family member. One told us, "Anything that has happened they have told me...they are proactive about informing me."

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 The provider failed to take effective action to mitigate risk and ensure people always received safe care and treatment. Regulation 12 (1) and (2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure they operated effective systems to prevent abuse and reduce future risk of abuse. Regulation 13 (1) and (2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure there were effective systems in place to assess, monitor and mitigate risks to people's health and welfare. Regulation 17 (1) and (2).

The enforcement action we took:

We issued a warning notice.