

Pride Care Homes Peterborough Limited

The Malting's Care Home

Inspection report

Alderman's Drive
Peterborough
Cambridgeshire
PE3 6AR

Tel: 01733897733
Website: www.peterboroughcare.com

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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

The Malting's Care Home is a residential care home providing personal and nursing care to 45 people at the time of the inspection. The service can support up to 50 people over two different floors.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

Staff received training, supervision, guidance and support so that they could do their job well. They worked well as a team.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy was respected. Staff did everything they could to make people's lives as comfortable and fulfilling as possible.

People were involved in making decisions about their care. Their preferences on how staff delivered their care was recorded in their care records. This included their end of life wishes.

The service was well managed by a registered manager and regular input from the nominated individual and directors. The management team were passionate about giving people a high-quality service.

Staff used varying systems to monitor the quality of care being delivered to people. Complaints and concerns had been followed up to make sure action was taken to rectify the issue. People, staff and relatives had been given opportunities to provide their view of the service and from this feedback action was taken to change and improve areas.

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.

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 05 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Malting's 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.

Inspection team

This 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

The Malting's Care Home 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 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

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, four relatives and two visiting friends about their experience

of the care provided. We spoke with ten members of staff including one of the owners, nominated individual, a director, registered manager, health and safety coordinator, enquiries and assessments coordinator, care workers, head of housekeeping and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including incident and accident reports, safeguarding notifications, complaints and the systems for monitoring the quality of the service.

After the inspection

The provider sent us case studies and evidence of good practice which we have considered.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and whom they should report any concerns to.
- People and relatives told us they, and their family members felt safe with the staff supporting them. People said they could call staff to help them whenever they needed. One person told us, "My [call] bell is always in reach day and night."

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used information from risk assessments to help keep people safe. For example, one person's risk assessment identified that they were able to walk short distances, however required supervision of two staff during this activity to ensure they were safe.
- Staff were aware of how to report accidents and incidents. The registered manager and a health and safety coordinator reviewed incidents and accidents monthly and identified any trends or recurring themes. If concerns were identified action was taken to reduce the likelihood of a reoccurrence.
- People's personal information was stored securely on the computer. Staff could access this information easily, however the system ensured that only staff could have access.

Staffing and recruitment

- Staffing levels were determined using a staffing tool. There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs.
- Staff had pre-employment checks carried out on them before they started work.

Using medicines safely

- Systems were in place to ensure that medicines were stored, administered and disposed of in a safe manner.
- People were satisfied with the way staff supported them to take their prescribed medicines. One person told us, "The nurse stays while I take my tablets."
- Staff responsible for giving people their medicines had received training to ensure that they received their medicines as prescribed.
- The registered manager reviewed medication records monthly and identified any actions or necessary learning.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment to help prevent the spread of infection.
- The service was clean and tidy and housekeeping staff followed a schedule of cleaning, and housekeeping staff were visible throughout the inspection.
- An infection control champion carried out infection control supervisions at least yearly, however this could be more often if staff needed it.

Learning lessons when things go wrong

- Staff managed incidents or accidents effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- The provider put actions in place following incidents to reduce the risk of recurrence .

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The management team fully assessed each person's needs before they offered the person a place in the service. During our inspection we saw a person moving into the service greeted by staff who had familiarised themselves with what was important to that person.
- People were allocated a named member of staff as their keyworker, this is so that people can discuss their care, or any other issues with a dedicated person. People knew about this new scheme and seemed happy with the approach, one person told us, "I get on very well with, my key worker, [they] know what to do and what I like."
- The registered manager had up to date knowledge of guidance available to support them to deliver good care. They were aware of recent NICE guidelines in relation to oral care and informed us of monitoring they had in place to ensure that people are supported effectively with their oral care. During the inspection the provider informed us that all staff would attend oral care training to support these recommendations.

Staff support: induction, training, skills and experience

- The provider offered training courses and development opportunities so that staff had the knowledge and skills to look after people well.
- Staff felt well supported by the management team and by each other. Staff received one to one supervision sessions with their line manager which enabled staff to discuss any issues and get further support.
- The provider ensured that staff were supported by providing access to an independent support company. Staff could access this support confidentially to discuss concerns or issues relating to either their work or personal life. Staff were happy they could access this external support, one member of staff said, "it makes me feel brilliant, because I needed it."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff monitored people's weight and encouraged people to eat and drink enough to maintain their health.
- People were very positive about the food, and the interaction they had with the chef. One person told us, "(Chef) is exceptional, they come around and ask us if the food is OK and will adapt to suit us."
- One of the chefs told us that they know people well, and understand people's needs, including food allergies and likes and dislikes. They told us they made food not on the menu for people who requested it. One person told us, "When lasagne is on the menu they make me one without cheese as I can't eat cheese."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- A system was in place to refer people to external healthcare professionals when required, for example dieticians and speech and language therapists. Staff followed advice and recommendations.
- The registered manager reviewed all contact made with emergency healthcare professionals, for example ambulance staff and GP's. This was to ensure that staff had taken appropriate action in a timely manner, and to review any trends or patterns in contacting these services.

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

- The provider had made adaptations to the service to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.
- The service was decorated to a very high standard. People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

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 when this is in their best interests and legally authorised under the MCA. 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

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- The registered manager had submitted appropriate applications to the supervisory body for DoLS authorisations. They had a system in place for ensuring all staff knew the outcome of these authorisations and any conditions included in the authorisation.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy living at The Maltings Care Home and staff were kind, caring and compassionate. One person told us, "They (staff) make you feel that it is 'your' home not 'a' home. All the staff are wonderful."
- Staff communicated with people in a way that that person understood best and treated people equally and without discrimination. Staff considered people's protected characteristics under the Equality Act 2010 and supported people to have their diverse needs met. People's care plans clearly informed staff of how that person chose to be identified, including which gender they identify as.

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

- Staff knew each person well and understood what was important to the individual. A relative told us, "The [staff] are quite affectionate, they are good and do whatever is asked of them."
- Staff supported people to make choices about their care throughout the day. For example, people told us they could choose whether to have a bath or a shower.
- Staff encouraged people to socialise with other people in the service, regardless of which floor people lived on. One person told us they chose to eat in a dining room on another floor as they enjoyed eating with the people there. We observed lunch time, and could see people enjoying themselves, enthusiastically talking with care staff and the chef and people at their table.
- Throughout our inspection we observed staff kneeling down at eye level when speaking to people to aid their understanding when giving people choices.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected. For example, we saw somebody being supported by staff with the use of a hoist, staff ensured that this person's legs were covered at all times to ensure the transfer was as dignified as possible.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home, and relatives and friends were invited to meetings and special events. One visiting friend told us, "'We're always made welcome and offered tea and coffee," and another said, "We wouldn't call them carers, they're friends."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely.
- The service adapted to meet people's needs and supported people to continue to have choice and control over aspects of their life which was important to them. One person told us how staff had made it possible for their daughter to stay with them for a few days over their birthday. For them, this was important and showed how the service had appreciated the positive impact it would have on their well-being.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in social activities to help manage and avoid social isolation. Care plans contained information about people's interests and guided staff to offer different choices of interest to people if they didn't want to join in activities.
- People were encouraged to take part in activities and interests which they enjoyed. For example, one person had an active role in administration tasks in the office, enabling them to use their skills to support staff and fulfil their time with meaningful activity.
- We watched as a person living in the service entertained a number of people playing a piano. People enjoyed listening to the music and were happy and relaxed. The provider told us this person had played at other services ran by the provider, including a service opening attended by a member of the Royal Family.
- The service had an activity team who ensured that a full timetable of activities was offered responsible for coordinating different activities throughout the week. There was a full timetable of activities offered. People and relatives were very positive about the activities on offer. One person told us, "The activities coordinator is absolutely brilliant, we'd miss them. [They] really do a lot and asks us for opinions on activities." A relative also told us that, "(The activities coordinator) is brilliant, they really go the extra mile to bring in good acts and other various things."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had a communication plan in their care records to guide staff on people's current level of communication and understanding, and how people can express their needs, and make their choices

known. It also included how people like to be addressed.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they, their family member received. A relative told us, "Everyone is very friendly and helpful. Any problems are looked into straightaway."
- Complaints had been investigated and responded to by the registered manager and recorded in a complaints log.

End of life care and support

- The registered manager and staff had given people the opportunity to discuss their end of life wishes and these had been recorded in people's care records.
- All staff, including catering and housekeeping staff had received end of life care training. The chef we spoke to was visibly proud and passionate about their role in people's end of life care, ensuring that whatever food people requested at this time was provided.
- Relatives had commended and thanked the registered manager and the staff team on the support given to their family member during their end of life care. One card read, "A big thank you to [staff] who showed the greatest care and respect to [family member] in the last week of her life, it meant so much! Thank you."

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 remained the same.

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

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

- The provider, registered manager, and staff team were committed to developing a person-centred culture within the service. The registered manager understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary.
- Staff told us that they enjoyed working at The Maltings Care Home. Staff also told us that they would be happy for a member of their family to live in the service. This is called the 'Mum Test', and staff explained that this was because, "I think my family would like it, because the house is beautiful, the food is beautiful, and the care is good."

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 provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to if they wished.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The Cambridgeshire Fire and Rescue service informed us prior to our inspection that they had carried out a routine review of the service which had identified some minor deficiencies. During our inspection, the health and safety coordinator outlined the actions they had already taken to rectify these minor deficiencies. This showed that the provider had understood the importance of issues identified and acted quickly to eliminate the risks.
- Staff said that they felt supported by the registered manager and the provider. Staff felt comfortable to raise issues with management, and one member of staff told us, "I do raise issues and I'm listened to and things get done very quickly."
- The registered manager and health and safety coordinator carried out audits, to identify areas of the service that required improvement. Actions were put into place which ensured improvements were made in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes. This enabled the registered manager to take action where needed and reduce reoccurrence.

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

- People and their relatives were invited to regular meetings which gave them the opportunity to raise concerns, compliments and suggestions.
- Staff told us that they attended regular team meetings, and daily handover meetings which ensured information was shared quickly with them. Staff also had handheld computer devices whilst on shift which contained important information they needed to know urgently.
- People told us that their suggestions were listened to and led to changes. For example, one person told us that people had asked the activities coordinator if there was a way they could buy little things they wanted such as tissues and shampoo. The activities coordinator set up a trolley service so that people could buy what they wanted. This showed that staff listened to what was important to people.

Working in partnership with others

- Staff and the registered manager worked in partnership with other professionals and agencies, such as the GP, dentists, other health care professionals and the local authority to ensure that people received joined-up care.