

PJ Care Limited

# Mallard House Neurological Care Centre

## Inspection report

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Date of inspection visit:  
20 August 2019

Date of publication:  
09 September 2019

## 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: Mallard House Neurological Care Centre provides accommodation, personal and nursing care and support for up to 55 people. There were 46 people using the service at the time of the inspection.

People's experience of using this service:

Care was personalised to each individual, and the provider had a focus on person centred care. Specific staff roles were implemented to ensure person centred care took place that included people's family when required. The service ensured that end of life care was delivered smoothly, and that family members of people who received end of life care were fully supported through this process.

People received safe care. Staff understood safeguarding procedures and felt confident in using them when required.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely.

Staffing support matched the level of assessed needs within the service during our inspection.

Staff were trained to support people effectively.

Staff were supervised well and felt confident in their roles.

People were supported to have a varied diet, and food and fluid intake was monitored as required.

Healthcare needs were met, and people had access to both an in house therapy team as well as external health professionals as required.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

A range of activities was on offer including outings in to the community.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The registered manager and management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed and any issues found were addressed promptly.

The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 06/12/2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Mallard House Neurological Care Centre

## **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. This inspection was planned 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: This inspection was carried out by one inspector and a specialist advisor who was a nurse.

Service and service type: Mallard House Neurological Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. Inspection site visit activity started on 20th August 2019.

What we did: Before the inspection we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We spoke with 4 people using the service, and one relative of a person using the service. We also spoke with four care staff, three nurses, the activities coordinator, the service manager, the director, the quality and compliance manager, the personnel development manager, and the registered manager.

# 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

- People told us they felt safe living at the home. One person said, "It's very safe here, I feel very comfortable. A relative of a person told us, "We moved [name] here from a different place after problems. It's much better here, I can leave at the end of the day and know that [name] is looked after well."
- Safeguarding investigations were completed promptly and appropriate action was taken to reduce any risk of harm.
- Staff understood safeguarding procedures and were aware of the company's whistleblowing policy and were confident to use it if necessary.

Assessing risk, safety monitoring and management

- People had risk assessments in place. Each person's risks had been identified, managed and were regularly reviewed.
- Staff were confident in managing risk, including behaviours which may challenge, falls, people's dietary requirements and complex healthcare needs.
- The environment was regularly checked and assessed to ensure people were safe within all areas of the service.

Staffing and recruitment

- People told us that staffing levels within the service were good. One person said, "There are always nurses around, and staff to help when needed." One staff member told us, "Staffing levels are better here than anywhere else I have seen." During our inspection we saw a good level of staffing across the service, with a good mix of skills to ensure everyone was cared for safely.
- People told us their call bells were answered promptly. There was no log of the exact timings of call bell responses, but this was monitored and tested regularly by management staff.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People's medicines were well managed. A staff member told us, "They [provider] have introduced two nurses giving out meds, it works much better."
- People told us they received their medicines when they needed them.
- Staff were trained in medicines management and had their competency to administer medicines

assessed.

- The provider had good systems in place to record when people received their medicine and stored them securely.

#### Preventing and controlling infection

- The service was clean and tidy. People continued to be protected against the spread of infection. We saw that regular cleaning took place, and the staff understood how to prevent the spread of infection, by using personal protective equipment such as gloves and aprons. Staff confirmed they had the equipment they required to manage the spread of infection.
- The kitchen had been rated the highest possible rating of '5 star' by the local authority for food hygiene practices.

#### Learning lessons when things go wrong

- The management team were able to clearly show how learning had taken place when things had not worked. For example, when medicines errors had been occurring, new systems were put in place to prevent the likelihood of this re-occurring.
- Regular meetings were held to discuss issues, and share ideas to improve practice.

# 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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, religion, lifestyle choices and diet.
- Staff had a great knowledge of each person, and the preferences they had regarding their lifestyle and care choices.

Staff support: induction, training, skills and experience

- All the staff we spoke with said that the quality of training was high. All staff received a two week induction involving mandatory courses and shadowing experienced staff to get to know people.
- Ongoing training was provided to ensure staff knowledge stayed up to date. Staff were consulted about the type of training they wanted, and felt confident in their roles through being well trained. One staff member told us, "We recently did some training over at Milton Keynes hospital it was really good, very informative."
- The provider had set up apprenticeship programmes to encourage people in to different roles, and gain qualifications within care.
- Staff felt well supported in their roles and received regular supervision. The provider had employed a practice development nurse, and a practice development carer who regularly supported staff in their roles whenever issues arose or if extra support was required.

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

- People were offered a choice of freshly cooked food daily. People we spoke with were happy with the quality and choice of food available. One person said, "I like the food. There is always a choice."
- We observed lunch being served and saw a variety of fresh food was made for people, which took in to account their preferences as well as dietary requirements.
- Records were kept to monitor food and fluid intake when required.

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

- The service was designed in a way which ensured it was accessible to people using it. Each room has en-suite facilities and people were encouraged to personalise their rooms.



- Gardens were accessible to people, and had raised beds, seated areas, and a new greenhouse for people to grow plants and vegetable if they wished to.

Supporting people to live healthier lives, access healthcare services and support Staff working with other agencies to provide consistent, effective, timely care

- People received the healthcare they needed. The provider had employed a therapy team consisting of an occupational therapist, physiotherapist, and speech and language therapist, so people could gain support and treatment within the service quickly. People also had access to a hydrotherapy pool owned by the provider, which was based at a separate home.
- People's healthcare needs were monitored and staff took action to support people with meeting their needs if required.
- Care plans documented people's ongoing health requirements in detail.

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 and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, best interest decisions had been made to help ensure people received personalised care that met their needs.

# 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 and their relatives told us staff were caring and considerate. We saw written compliments from one relative saying, 'I have found the staff very helpful and considerate when dealing with [name's] care and when keeping me informed about their day and how they are progressing. I am very happy with this care.' Another comment from a relative was, "'I feel thanks to the team at Mallard House [name] spent their whole life living it to the full.'
- All the people and relatives we spoke with told us they felt well cared for, and all the staff team, including senior staff, had a caring approach towards them.
- One staff member told us, "Everyone knows why we [staff] are here. I can't fault anyone on the team at all. We all have a caring nature, we always ask what people want."

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

- People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. One relative of a person told us, "I feel very involved in what goes on. They always consult me."
- People we spoke with all told us they felt in control of their own care, and that staff respected their choices and preferences in how they received care, or if they wanted any changes to be implemented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "The staff are very respectful towards my [name]. They really love [name] here."
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

# 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 remains the same.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care was personalised to each individual and the provider was focussed on person centred care. The provider had employed a 'family liaison officer' whose role was to work with people and their family members. This would include making contact with family members around the specifics of a person's support, signposting people and relatives to other relevant support services, and being a main point of contact when a person was receiving end of life care.
- People's achievements had been documented within their care files. We saw people had both long and short term goals set out which they were supported to achieve. For example, with support from the therapy team, one individual went from needing full assistance when eating, to eating independently. They also had reduced levels of fatigue, and improved confidence.
- A range of activities and outings were available for people to take part in including trips to local farms, lakes, and museums. Daily activities included board games, singing sessions, arts n crafts, and gardening. One person told us, "I have been playing ball games this morning with the staff." A relative said, "[Name] is being taken out for a pub lunch tomorrow. They never got to that sort of thing at the last place they lived."
- Activities were tailored to people's likes. We saw that after one person had requested to be able to play the piano, so an upright piano was purchased and placed in a communal area for people to use.

End of life care and support

- A wide range of support was offered to family members when a person had died. A dedicated staff member was in place to liaise with family members and provide ongoing help and support. We saw several examples where people had been given support to arrange funerals, and manage financial matters with this staff support.
- Some people using the service were receiving end of life care. The service had advance care plans in place and discussed individual end of life choices with people and families. This included Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place.
- Staff treated people with compassion and care during their final stages of life.

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.

- The service was able to provide people with information in a format they were able to understand.

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 able to have visitors at the home as they wished and there were many areas of the home where people could spend time together. One relative told us, "I come here every day, the staff are very welcoming."
- Activities were arranged to help prevent isolation and loneliness. People were encouraged to participate in activities within the home and some people were supported to go out into the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.

# 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 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 management team promoted a positive culture, and strived to build good relationships with the staff team and people using the service. A programme had been created where all management and office staff had worked shifts alongside care staff, spending time with people using the service and understanding the staff work duties. One staff member told us, "They [management] listen. The finance manager worked on the floor, they understand what we do and appreciate it." Another staff member said, "Management make sure the needs of the people are met, they understand the needs. They look after the staff team as well. They often bring in cake or a take away as a thankyou."
- Meetings were regularly held by management staff to review the service, and discuss areas for improvement across all aspects of the care.
- The service had been recognised by the 'Care home awards' and had won 'Best care of young people' and 'Best professional business or creative service.' These awards were won for positive work within early onset conditions in younger people, and employing a multi-disciplinary team to provide quick and efficient healthcare to people.

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 management team had systems in place to ensure they were compliant with their duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager and wider management team were well organised and had a clear line of accountability. The nurses and senior support staff said they felt well supervised and were confident in asking for support if needed. The management team were visible throughout the service, and known to staff and the people using the service.

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

- People felt involved in the service and were encouraged to feedback. Residents and relatives meetings took place where people could feedback and engage with management. For example, one person had raised they couldn't always identify who the nurse in charge was on shift. Management responded by introducing badges to identify this role.
- A 'Head of joy and wellbeing' was appointed, which was a role that focused on staff engagement and welfare. Management staff told us that a staff craft group, couch to 5k fitness group, and a yoga group had been setup for staff to involve themselves in, focusing on a meaningful work life balance.

#### Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance, food quality and medication. We saw that when errors were discovered, improvements were actioned.
- Staff felt that communication within the service was good, and that team meetings were used as a good forum for information to be discussed and improvements made when required.

#### Working in partnership with others

- The management worked in partnership with outside agencies to improve care within the service. This included outside healthcare professionals, and the local authority.