

PJ Care Limited

Mallard House

Inspection report

2 Dunthorne Way
Grange Farm
Milton Keynes
Buckinghamshire
MK8 0DZ

Tel: 01908520022
Website: www.pjcare.co.uk

Date of inspection visit:
18 January 2017

Date of publication:
07 February 2017

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

Mallard House is a purpose built service for up to 55 people living with a range of different neurological conditions. The service is divided into two units, both of which provide nursing and personal care. The service also supports people to access the community on a regular basis and to develop their independent living skills.

At the last inspection on 13 October 2014, this service was rated Good.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs. People were supported to take their medicines safely and in accordance with the prescribed instructions.

Staff members received the training, support and development opportunities they needed to be able to meet people's needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. There was a choice of food and drink at the service and people were encouraged to have sufficient meals to meet their nutritional needs. They were also supported to see healthcare professionals when required.

People had positive relationships with members of staff who were able to adjust their communication to meet their needs. People and their family members were provided with information about the service and were involved in making decisions about their care and support. Privacy was respected by members of staff and dignity was promoted.

There were systems in place to ensure care was person-centred. People had care plans in place which were reflective of their individual needs and preferences and were reviewed on a regular basis. A number of activities were carried out on a regular basis and people were able to access the community on a regular basis. Feedback, including complaints, was welcomed by the service and was acted upon.

The service had a clear ethos and a positive culture. Staff members were motivated to perform their roles and meet people's needs. The registered manager was known to people, relatives and staff members and was approachable to all. They, and the provider, carried out regular quality assurance processes to help the service develop and improve.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Mallard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 January 2017 and was unannounced. It was carried out by one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This contained information about the service and how the provider planned to develop it. We reviewed the PIR along with other information we held, including statutory notifications which the provider had sent us. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and clinical commissioning group, who have a commissioning role with the service.

During the inspection we spoke with 10 people who lived at the service. We also carried out observations of people's interactions with staff and how they were supported. A number of people were unable to communicate with us, due to the complexity of their conditions. For this reason we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We were able to observe how staff interacted with people and the support they received at key times, including a lunch service.

We also spoke with one person's relative, who was visiting during our inspection.

Throughout the inspection we were able to speak with a number of staff members in different roles at the service. We spoke with eight members of care staff, two activities champions, the activities coordinator, a housekeeper and a maintenance operative. In addition to these we also spoke with an occupational therapist, two nurses and two unit managers. We also spoke with the registered manager, the clinical audit officer, the support services manager, the director and the executive chairman.

We reviewed the care records for eight people living at the service to see if they were up-to-date and reflective of the care which people received. We also looked at staff recruitment records for six members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Is the service safe?

Our findings

Systems were in place to keep people safe. One person told us, "Oh yes, I feel safe." Staff members had training in how to recognise and report incidents of potential abuse. One staff member said, "I would always report and document any concerns, no matter how small." Records showed that incidents and accidents, including safeguarding concerns, were reported to the relevant agencies and appropriate action was taken to manage them.

Risks to people were managed appropriately. A staff member said, "There are risk assessments in place in people's files which help us to keep people safe." We saw that there were individualised risk assessments in each person's care plan, as well as generic risk assessments for environmental risk assessments which affected the whole service.

There were sufficient members of staff at the service to meet people's needs. One person said, "Staff are helpful. I think there are enough." During the inspection we saw that there was enough staff on shift. The registered manager told us that, at times agency staff were used to cover any staffing gaps. Records confirmed that regular agency staff were used, to help provide continuity of care. We saw that staff recruitment practices were robust and that the provider carried out sufficient checks to ensure staff were of good character.

The service supported people to take their medicines correctly. One person told us, "The nurse always brings tablets so I don't have to worry." We observed staff preparing people's medicines in accordance with prescriber's instructions. They gave people the time they needed to take their medicines and there were systems in place to record when medicines were given. Checks were also carried out to ensure medicines were stored correctly, including for controlled medicines at the service.

Is the service effective?

Our findings

Staff members received the training and support they needed to meet people's needs. One staff member said, "We get lots of training, it is very good here for that." New staff members received induction training and spent time shadowing experienced staff to get to know the people they would be supporting and the service. All staff received regular training and refresher sessions to maintain and develop their skills. We also saw that staff could request additional training in areas of specific interest to them. There was also regular supervision for staff to ensure they were able to discuss any concerns or development needs.

People were encouraged and supported to make their own decisions about their care and support. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked the mental capacity to make their own decisions, the service took followed the principles of the MCA to and made best interest's decisions on their behalf. We saw that people and their family members were involved as much as possible in this process and that the process for DoLS had been followed where appropriate.

The service supported people to maintain a nutritious and balanced diet which reflected their individual nutritional needs and cultural background. People had a choice of meals and were able to access drinks and snacks throughout the day. One person said, "The food is okay." We saw that people were provided with choice and that staff provided them with support to eat where needed.

People saw healthcare professionals on a regular basis. One person said, "If I'm unwell staff get an appointment or the doctor comes here." We saw that people's healthcare appointments were recorded in their files and that staff ensured the guidance given was followed. There was also a Multi-Disciplinary Team (MDT) who worked for the provider. This included an occupational therapist, psychologist and a neuro-psychiatrist. They worked to provide holistic care for people and ensure their specific health needs were being met.

Is the service caring?

Our findings

There were positive relationships between people and members of staff. People knew the staff that were caring for them and had built a good rapport with them. One person said, "Staff are always good to me. All are good, but some are lovely." We saw that people were comfortable in the presence of staff. They appeared relaxed and willing to engage in communication with staff. If people showed signs of anxiety or distress, they went to staff members for support.

Staff members were also positive about the people they supported. One staff member said, "We get to know people really well and get to spend quite a lot of time with them." Staff members clearly knew the people they were caring for and adapted their communication to meet people's individual needs. They were patient with people and gave them the time they needed to say what was on their mind. There were also different communication systems available to staff, to support people who found it difficult to communicate.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. There was also information regarding upcoming events at the service and pictures to show how past events had gone.

The service ensured that people were treated with dignity and respect. One person told us, "They do respect my dignity." Staff members told us that they received training in this area and took steps to ensure people's privacy was maintained at all times. We observed staff being discreet when supporting people to have their personal care needs met. We also saw that people were encouraged to treat the service as their own home and bring in their own decorations and pictures for their rooms. Visitors were welcomed at all times and advocacy services were sought if people required them.

Is the service responsive?

Our findings

The service provided people with person-centred care. Staff members were aware of people's specific needs and told us that they used care plans to help guide their practice. We saw that care plans which contained specific information about people's needs and preferences and provided staff with information about what people could do for themselves. These care plans had been based on information gathered during initial assessments and had been regularly updated by the service. We saw that care plans were reviewed on a monthly basis and that input from the person, their family and the Multi-Disciplinary Team (MDT), helped them ensure the content of the care plan was an accurate reflection of the care people needed. We observed that people's care was provided in line with what was recorded in their care plans.

People took part in a number of different activities within the service and the community. One person said, "There are activities here." Staff members told us there was dedicated activity staff who tried to ensure people were able to take part in activities which they enjoyed. A staff member said, "We try to match the activity to the resident and the staff available." There were activity plans in place at the service and we saw photos on display exhibiting some of the activities which had taken place in the service. We saw that both group and individual activities were carried out at the service and that there were dedicated activities staff members, to ensure these took place for each person.

Feedback was encouraged by the service. People and their family members knew how to complain if they were not happy and felt that the registered manager and provider would take appropriate action if they did complain. There were systems in place to record complaints and we saw that they had been handled appropriately. Other feedback, such as compliments, were also recorded.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One person said, "I really love working here and the work we do for people." The provider had ensured that staff were able to challenge the seniority of the service to help them improve and all staff members were prepared to whistleblow if they had any concerns about people's welfare.

Staff members felt that they were part of the service and were able to contribute to its development. A staff member said, "The company is very good and we are really involved." They told us that there were a number of initiatives to allow them to provide feedback to the registered manager and provider. These included regular staff meetings and 'tea for twelve' sessions where staff from across the group were able to meet with the directors. There were also schemes such as employee of the month for staff. This gave staff a feeling of ownership and recognition for their hard work.

The registered manager was known to people, their relative and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Quality assurance systems were in place to help drive improvements at the service. These included a number of different internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.