

## Barchester Healthcare Homes Limited

# Mallard Court

### Inspection report

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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

Mallard Court is a residential care home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 70 people.

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

People living at Mallard Court were happy and supported by well trained staff. Risks to people were assessed and reviewed on a regular basis. Staff understood their roles clearly and knew what was expected of them and the principles of keeping people safe. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care plans described the support people needed to maintain their mental and physical health. Changes to people's needs were quickly identified and amendments were made to reflect their up to date care. The environment was dementia friendly with accessible gardens. People and their relatives told us there was a wide variety of activities to take part in if they chose this.

Staff were kind and caring. People and their relatives told us the staff were always available and created a friendly welcoming service. Staff had clear knowledge of people's diverse needs and it was clear that trusting relationships had been formed. People were treated with respect, dignity, and supported to maintain their independence.

People's communication needs were assessed, and information was available in accessible formats for those who required it. Complaints were dealt with accordingly and end of life care was provided in a dignified, respectful manner.

The registered manager had worked at the service for nine months and had concentrated on making improvements that were needed following the last inspection. The registered manager had invested time in empowering staff and creating an open and transparent service. Staff demonstrated a passion for person-centred care and placed people's wellbeing at the heart of their work. Quality assurance systems in place monitored the service effectively and drove improvements when they were needed. Lessons learnt were used as learning opportunities to continuously develop the service.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2018).

### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Mallard Court

## 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

On day one the service was visited by one inspector, an assistant 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. On day two, one inspector visited the service.

#### Service and service type

Mallard Court 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 CQC. 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 spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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

During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including registered manager, area manager, unit manager, a nurse and care workers. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed. We also spoke with a visiting health professional.

After the inspection-

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were well managed, recorded and reviewed on a regular basis. At the last inspection risks to people were identified, however staff failed to follow instructions on how to reduce these risks. At this inspection, staff were aware of risks to people and followed detailed risk assessments to mitigate these risks and keep them safe.
- Where people's behaviours posed a risk to people, detailed risk assessments had been developed and instructed staff how to manage specific behaviours in a proactive way to reduce identified risks whilst maintaining safety for all.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff took part in fire drills and knew how to safely evacuate people from the premises.

### Systems and processes to safeguard people from the risk of abuse; Preventing and controlling infection

- People felt safe at the service. People told us, "Oh yes I feel safe. You are safe from anyone walking about outside", "It is safe here, the staff are ever so nice" and "The staff are absolutely delightful they make you feel safe and well looked after."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff were trained in safeguarding and knew what action to take to ensure people were safe and protected from harm and abuse.
- The service was clean, and systems were in place to prevent and control the spread of infections. Staff received infection control training and were provided with personal protective equipment.

### Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- People were supported by enough staff. At the last inspection we found staff were not always available where people needed them. At this inspection we found staff were adequately deployed around the service.
- Staff responded to people in a timely way; attending to their personal needs and providing one to one reassurance where this was required.
- Additional staffing hours had been introduced, following an analysis of incidents and accidents to support the service to reduce these at specific times of the day.

### Using medicines safely

- Medicines were managed, stored and administered safely. Records showed people received their

medicines as prescribed.

- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. Themes and trends identified were used as learning opportunities to drive improvements at the service.

# 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 received an initial assessment to ensure the service was able to meet their needs.
- People's care and support was reviewed and evaluated monthly to ensure they continued to receive support that was current, person centred and in line with best practice guidance.
- Staff understood and promoted equality and diversity. Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of pre-admission assessment and care planning.

Staff support: induction, training, skills and experience

- The provider was committed to ensuring staff received sufficient training and support for their roles. A member of staff said, "The training is good, if we need extra training we ask, and it is provided."
- Careful consideration was given to supporting staff development, ensuring they had the necessary knowledge, skills and experience before taking on additional responsibilities.
- A robust system of competency and spot checks was used to support the delivery of effective care and support.
- Staff received regular supervisions to support their development and wellbeing.

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

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People were encouraged to maintain their independence with eating and drinking. Adapted utensils were used correctly and staff encouraged people where needed.
- People told us they enjoyed the food at the service. Comments included, "When you sit down you look at the menu it looks nice and if you don't like what's on the menu you can have something else", "The food is nice" and "There is plenty of choice, I like the food."

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

- People received support from regular staff who had a good understanding of their needs and wishes.
- Staff understood people's health needs and were able to recognise changes to access additional healthcare support in a timely manner, if this was needed.
- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care

plans and communicated with their relatives.

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

- People living with dementia had access to secure in door spaces. Dementia-friendly signage aided people's orientation around the home.
- Peoples rooms were personalised to individuals tastes and preferences.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the MCA principles and worked on the presumption people had capacity.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were involved in decisions about their care; staff understood what action to take to make sure decisions were taken in people's best interests.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 cared for and supported by staff that were kind, patient and respectful. At the last inspection we received mixed opinions about the basic care needs people received. At this inspection we received only positive comments, which included. "I think we are very well looked after here", "The staff are very good, I can't praise them enough" and "The staff are lovely, I feel very comfortable with them."
- Interactions between staff and people were natural and showed positive relationships had been developed. People received person centred care and support in line with their diverse needs.
- A visiting health professional told us, "The staff are exceptionally caring and responded to peoples changing needs with compassion and kindness."

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

- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and advocates were fully involved in the care planning process.
- People were supported by staff to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained. People told us that staff were respectful of their privacy. Comments included, "The staff always knock on my door before coming in my room" and "I feel really comfortable with staff when they are assisting me to wash and dress."
- Staff were committed and passionate about treating people as individuals and responded quickly to peoples changing needs. This ensured people received the right care and support to enhance their health and wellbeing.
- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive manner to offer support.

# 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

- Care plans were person-centred and were reviewed on a regular basis.
- People were provided individualised care and support. Staff spent time with people having meaningful conversations and building trusting relationships.
- Staff communicated well between each other which ensured all staff had up to date information about people and their needs at all times.

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.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

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

- Staff provided activities to meet people's diverse needs. The service had recently purchased an interactive table. This provided stimulation for people with dementia and supported people to form friendships within the service.
- People spent time doing what they wanted to do. Activities were tailored to meet people's individual needs, preferences and interests. The activity coordinator and staff were proactive in finding out what interested people, what was important to them and what would encourage them to take part in activities.
- The staff supported people keep in touch with friends and family; Visitors to the home were welcome at any time.

Improving care quality in response to complaints or concerns

- All concerns and complaints at the service were responded to appropriately. Minor concerns were addressed quickly to prevent them from escalating into official complaints. All were documented, investigated and recorded lessons learnt.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- Care records showed the service had explored people's preferences and choices in relation to end of life care.
- Peoples end of life wishes were respected and followed. A visiting healthcare professional told us, "We work in partnership and provide a lot of palliative care here. The service is ace, communication is excellent to support people at the end of life and to ensure they receive a comfortable pain free death."

# 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 requires improvement. At this inspection this key question has improved to good. 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

- People were happy living at Mallard Court. Comments included, "I love living here, I wouldn't change it for anywhere else" and "It's so friendly here I am very happy."
- At the last inspection we received mixed opinions about the management of service. A new registered manager had been working at the service for nine months. The registered manager worked collectively with all staff to demonstrate and embed a positive culture to promote a high standard of person-centred care and support for people.
- Relatives spoke positively about the registered manager. Comments included, "The registered manager is very good as far as I can see. They have made lots of changes in relation to staffing, which has improved the service" and "They [registered manager] are lovely, very approachable and happy to discuss anything."
- The registered manager was clear about their vision for the home. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed to promote staff development and make improvements within the service.

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

- The registered managers understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly. Discussion took place about recent incidents that had occurred, and the registered manager submitted further notifications during the inspection process.
- The registered manager completed quality assurance checks to oversee the service and drive forward improvements in the quality of the service. This enabled them to collate information daily to show how the service was performing.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in the running of the service.

- Opportunities to reflect on practice and lessons learned was fully embedded in the service.
- The service worked closely with other agencies to ensure good outcomes for people.