

One Six One Limited The Mallards

Inspection report

161 Wootton Road
Kings Lynn
Norfolk
PE30 4DW

Tel: 01553676004






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

The Mallards provides accommodation and personal care for up to 11 people who have a learning disability. There were 11 people living at the home when we inspected. Accommodation is provided for eight people in the main house with an annexe to the rear of the main house for three people to reside.

This unannounced inspection was carried out on 18 October 2016. At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care and where they were unable to do so. One person had an authorised DoLS in place. This meant that people did not have restrictions placed on them without the correct legal procedures being followed.

People's privacy and dignity was respected by staff. People's care was provided with kindness and patience and in a way which people preferred.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Medicines were stored correctly and records showed that people had received their medicines as prescribed.

Although health and support plans were in place for people these did not provide up to date information. This meant that staff did not have full information about how to provide care to people. Risks to people who lived in the home were identified. Although risk assessments were not always in place for all people's identified risks. Nor had they been formally assessed as prompts for staff to enable people to live as safely and independently as possible.

Staff supported people with their personal care, medicines, activities/hobbies, cooking and domestic tasks in a cheerful and kind way.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through supervision and on going training.

Information on how to make a complaint was available for people and staff knew how to respond to any identified concerns or suggestions.

Arrangements were in place to ensure that the quality of the service provided for people was monitored and action had been taken when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments had not all been formally recorded. Although staff were aware of the risks and how to minimise them.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were in the process of being followed when decisions were made on people's behalf.

Staff provided care and support to people in their preferred way. People were supported to eat and drink enough to maintain their well-being.

People saw, when required, health and social care professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records were not up to date and did not always provide staff with sufficient guidance to provide consistent, individualised care to each person.

There were plenty of hobbies and activities to keep people occupied.

Is the service well-led?

Good ●

The service was well-led.

There were arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People were able to raise any issues or concerns with the registered manager and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager.

The Mallards

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 unannounced inspection took place on 18 October 2016. It was undertaken by one inspector.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with five people who lived at the service. We also spoke with the registered manager, deputy manager, and three care staff.

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "It's very safe here, there is always staff around to help." Another person said, "The staff help me and ensure I am safe, when I am cooking." A third person said, "Yes I am safe no one has ever threatened me. Staff are always around if you need help. "

Risk assessments were in place which included risk to people when receiving moving and handling support and when undertaking household tasks. However we found that where people accessed the community or had bedrails in place any risks had not been formally assessed and recorded. However, staff we spoke with were aware of the risks and were able to explain what action they take to reduce them. Staff explained that when a person went out of the home they always let them know when they were leaving, and they would give staff a time when they would be returning. They also had a mobile phone which they used to inform staff they were on their way home. However, this information had not been formally recorded within the person's care record. We were shown a folder that contained a number of environmental risk assessments relating to individual people. Again we saw that these had not been cross referenced from the peoples care plans. This meant that there was an increased risk that staff did not have all the important information for each person in one place when providing their care and support.

Staff demonstrated to us their knowledge on how to recognise and report any suspicions that people may have suffered any harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I would not hesitate in reporting any concerns to my (registered) manager." We saw that there were safeguarding reporting guidelines available in the office which included key contact numbers for the local authority safeguarding team.

Recruitment processes were in place to protect people. Gaps in employment history had been fully explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references from previous employment, health declarations and appropriate identification checks to ensure staff were suitable and of good character.

The registered manager told us that bank and permanent staff were doing overtime to cover staff vacancies and short notice staff absences. Where possible they tried to use bank staff that have previously worked at the home to provide consistent care. Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. Staff who provided care and support during our inspection undertook this in a cheerful, unhurried and safe manner. Staff told us that staffing levels allowed them to have individual time with people living at the home and supporting people to access the local community. People living in the home told us that there was always staff available to take support them.

The registered manager told us that staffing are based on people's activities and the support they require. For example if a person chose to visit family an additional member of staff would be put on shift for them to

be supported. One person said, "[Name of registered manager] always ensures that there is a member of staff to support me. If no one is available they will take me to my family home."

People using the service received their medications as prescribed. Only staff who had undertaken medicines training and had had their competency assessed administered people's medicines. Medicines were stored, administered and disposed of in a safe manner and accurate records of medicines administered were maintained. All staff had signed to confirm that they had read the policy in respect of medicines administration and safe keeping. Clear protocols were in place as guidance for staff on when to administer medicines prescribed on an 'as required' basis. Although we found that these protocols had not been reviewed for over a year to ensure that they were still appropriate and up-to-date.

Is the service effective?

Our findings

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We are informed about when we need to attend training and it is being made available for us." Another staff member said, "I'm getting enough training, I think it's really good. There is e-learning and face-to-face training". Permanent staff told us that supervision sessions had been held. Staff told us this was time that allowed them to discuss training and any support they required to carry out their roles. We also noted that regular staff meetings took place to discuss any issues and developments.

Staff demonstrated a good knowledge of how to support people with their specific needs. Staff received a mixture of e-learning and face to face training to equip them with the skills needed to carry out their roles effectively. This included but was not limited to, fire safety, food safety, health and safety, dementia awareness, epilepsy, Mental Capacity and Deprivation of Liberty Safeguards (DoLS), safeguarding people and managing behaviours which may challenge others. Regular refresher training was available and the registered manager ensured that staff were notified of what training they were required to undertake to update their skills and knowledge.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had a recent DoLS approved. The registered manager had yet to complete a notification to inform CQC of this event.

People were provided with enough to eat and drink. We saw that staff were tactfully checking on how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. Records showed that people were being weighed to identify any significant changes in their weight that might need to be referred to a healthcare professional.

Staff had consulted with people about the meals they wanted to have. Records showed that people were provided with a choice of meals that reflected their preferences and we saw that people had a choice of food at each meal time. Staff told us that people were involved in all stages of preparing meals including shopping, cooking, laying the table and clearing away afterwards. This helped to engage people in taking care of themselves and contributed to catering being enjoyed as a shared activity.

Healthcare records were in place regarding people's appointments with healthcare professionals, which included GPs, dentists and dieticians. Each person had a 'my keeping healthy' plan; this was a document that gave essential medical and care information and was sent with the person if they required admission to

hospital. This demonstrated to us that people were being effectively supported to access a range of healthcare professionals which ensured their general wellbeing was maintained. Where people had been unwell they had been supported to visit their GP and referrals had been made to a specialist. Staff were mindful about the way people were supported throughout medical intervention which could cause them anxiety and stress. One staff told us, "The key worker will support them when they need to attend appointments. This helps alieve any anxieties they may have."

Is the service caring?

Our findings

Observations and discussion with staff showed that people were very involved in the running of the home. One person when asked if they were happy with the support staff provided smiled and said, "Yes". Another person said, "I love it here and get to go out on my own". A third person told us, "The staff here are great they will always help me if I need it." Staff gave people time to respond to their questions and would repeat the questions where necessary to ensure the person understood what was being asked of them.

People were supported to have regular contact with their family. Staff supported people to regularly visit their families if necessary. Family and friends were made welcome by staff and were encouraged to visit their family member at any time. During our discussions with staff in the home it was evident that they knew people's families very well and communicated with them regularly and keep them up to date with relevant information.

Staff had a very good knowledge of people's needs and were seen to treat them in a caring and respectful manner. Staff knew people's likes, dislikes and preferred routines and these were all recorded in their care plans. Throughout our inspection there were positive interactions between people living at the home and staff and we noted that people's wishes were respected. One person required assistance with their evening routine and this was managed well by staff ensuring the person had their dignity and privacy protected.

People could choose where they spent their time and were able to use the communal areas within the home or spend time in their own bedrooms whenever they wished. All the people very much enjoyed going out into the community and were assisted by staff to do so. This helped encourage people to maintain their independence as appropriate. Our observations showed that staff positively engaged with people and enquired whether they had everything they needed. This demonstrated to us that staff respected the rights and privacy needs of the people they supported.

Staff told us they meet with each person on a regular basis to discuss their progress and check if they are happy with what they are doing. Daily records showed events that had occurred during the person's day and if they had enjoyed it. Some documents such as, the daily plan were available in a pictorial/easy read format. This showed us that people had information about the service provided in appropriate formats to their understanding.

No one living at the home currently had a formal advocate in place but that information on local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People's care files were written in an easy read format which included pictures to help people understand its content. Information included what the person liked and disliked, what was important to the person, their life story, their life now including their routines, how staff should support the person, their goal and dreams, eating and drinking guidance, and guidance for other areas of the person's daily life.

We looked at two care plans and found that reviews of these had not been undertaken for over 12 months, which meant some information was out of date. For example, one person's support needs had changed significantly over the last year and they now required full support from staff to meet their care and support needs. The person's care and support plans were not up to date as the person was no longer able to mobilise independently. Staff spoken with who had all worked at the service for over two years were able to describe the care and support that people required. However, staff did not have clear written guidelines in place about people's current needs or how to support them in the best possible way. This meant that there was increased risk of not having their needs met appropriately.

The registered manager acknowledged that the current care planning process would need to be redeveloped with clearer guidance to reflect and include people's voice and preferences. The registered manager also told us that they would be archiving a great deal of historical information so that only current information would be available to staff. This meant that the information would be up to date and relevant and easy for staff to access.

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. During our inspection one member of staff supported a person to go horse riding. Whilst another person was supported to visit their friend. One person was keen to tell us about their recent shopping trip where they had purchased decorations for their Halloween party which was due to take place at the home the following week.

Activities and day trips took place on a regular basis and photographs of people undertaking different activities were available within the home. This showed that people had fulfilling lives and plenty of choice was on offer.

People had key workers, their responsibilities included conducting communication sessions with people, checking their rooms for faulty equipment, discussing and reviewing their monthly plans. They also reflected on what had been achieved by or for the person, researching new activities, completing monthly health reviews, arranging special days out, recording weights and updating inventory lists. People we spoke with told us that they met regularly with their keyworker. One person said, "I meet with [name of keyworker] and we talk about what I would like to do and if I am happy with the support I am getting." Another person said, "Oh yes I meet with my keyworker to talk about what I want to do and what I want to eat."

There was a complaints policy and procedure in the home which was also available in an easy read format. Keyworker meetings took place and people were encouraged to discuss their care and they are asked if they

are happy. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively.

Is the service well-led?

Our findings

The registered manager promoted a positive culture within the home that was transparent and inclusive. All staff we spoke with were positive about working at the home and felt that management were open and kept them informed of any developments or changes. For example, recruitment was underway to fill the six vacancies they had. All staff told us that the management team are very supportive. They said that they worked alongside them supporting people with their care and support needs.

There were systems and process in place to ensure that the people were cared for safely. The registered manager was knowledgeable about the needs of the people and how the service should be improved. For example they had identified that care records and risk assessments needed additional work to ensure they fully reflected peoples care and support needs.

A wide range of checks and observations had been undertaken by the staff and management that were designed to assess the performance of all aspects of the service delivery. These included areas such as medication, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

Quality monitoring visits were being undertaken by members of the provider's senior management team. We found that a comprehensive action plan had been completed and had identified areas that required improvement. Including the area around care planning and risk assessments identified during this inspection.

Surveys had not taken place. Although, we saw that people met with their keyworker and records showed the areas discussed during this meeting included menus, hobbies and activities. This showed that people's opinions were taken into account in the way that the home was run and the service was delivered.

People visited the local community and people were supported to meet their religious needs if required.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff told us, and records we looked at confirmed, that staff meetings were held. The provider had a clear leadership structure that staff understood.