

Barchester Healthcare Homes Limited

Mallard Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 23 February 2016 and we found a breach of legal requirement in respect of risk assessments and medicines management. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach. We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mallard Court on our website at www.cqc.org.uk

The focussed inspection of Mallard Court took place on 09 January 2017 and was unannounced. At the last inspection on 22 and 23 February 2016 the service met all but one of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the registered provider was in breach of Regulation 12: Safe care and treatment, with regard to monitoring and recording of risk assessments and the appropriate arrangements for the safe handling of medicines.

At the last inspection in February 2016 we saw that risk assessments were carried out and followed in line with the registered provider's procedures, but detailed evidence-based rationales for risk assessments were not always recorded. This meant there was no clear indication as to how the risk assessment had been established or if mitigation strategies appropriately reflected these. Information in related risk assessments was sometimes inconsistent. Risk assessment document updates were made each month, but there were gaps in some updates. Incident reports did not always show that appropriate follow-up action had been taken or the time that the incident occurred.

At the last inspection we also saw that medicines were not administered in a timely manner, pain relief patches were not always administered according to instructions, one medicine was administered for more days than instructed and medicines held did not always tally with the stock count recorded. In addition to this topical charts for applying creams were not always clear enough to ensure safe application and they were sometimes not signed for when applied.

Mallard Court provides both nursing and personal care to older people who may have dementia or a physical disability. The home is situated in the town of Bridlington. Seventy people can be accommodated in a mix of single and double rooms that are located on two floors, with lift and stair access. There are lounges and a dining area on each floor. The grounds of the premises are designed to be accessible to people with mobility difficulties. There is parking for approximately 20 cars. At the time of this inspection in January 2017 there were 65 people receiving the service.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last three years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection in January 2017 we found there was an improvement in the way the registered provider recorded risk assessments and in the auditing of these. Risks were managed and reduced on an individual and group basis so that people avoided injury or harm wherever possible. Systems had been developed to ensure detailed recording was taking place and analysis of information was being acted upon.

We found that improvements were made in the handling of medicines: storage, administration and recording so that medicines were now being safely managed.

As this inspection we found that people continued to be protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns.

The premises continued to be safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers continued to be sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. Recruitment policies, procedures and practices continued to be carefully followed to ensure staff were suitable to care for and support vulnerable people.

The overall rating for the service remains unchanged: 'Good'.

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.

People were protected from the risk of harm because risks were appropriately managed and reduced so that people avoided injury wherever possible. People's medication was safely managed.

The registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns and staff were trained in dealing with allegations.

The premises were safely maintained, staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed.

Mallard Court

Detailed findings

Background to this inspection

We carried out this focussed 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.

The inspection of Mallard Court took place on 09 January 2017 and was unannounced. One adult social care inspector carried out the inspection. Some information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We also requested feedback from local authorities that contracted services with Mallard Court and reviewed information from people who had contacted CQC to make their views known about the service.

We spoke with four people that used the service, the registered manager, the clinical lead and one staff member at Mallard Court. We looked at care files belonging to three people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including medicine management, premises safety checks and equipment maintenance records.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Is the service safe?

Our findings

At the last inspection in February 2016 we saw that risk assessments were carried out and followed, in line with the registered provider's procedures, but detailed evidence-based rationales for risk assessments were not always recorded. For example, one person had been identified as being at high risk of falls, but the risk assessment did not include details of previous falls. It was very general in its statement: 'loads of falls in the past.' This meant there was no clear indication as to how the risk assessment had been established or if mitigation strategies appropriately reflected these.

Information in related risk assessments was sometimes inconsistent. For example, one person's sleeping risk assessment mentioned they used a walking frame to mobilise, but their mobility risk assessment did not mention the walking frame. Risk assessment document updates were made each month, but one person's falls risk assessment had not been updated in January 2016.

Incident reports were completed for such as falls, but they did not always show that appropriate follow-up action had been taken. For example one incident form recorded a person had a facial injury following a fall, but there were no details to indicate whether medical treatment had been sought and administered. Nor was there a time of the incident recorded on the form.

At this inspection in January 2017 we found that improvements had been made to reporting of risk assessment documentation, reviewing and recording of reviews and analysis of incidents so that action was taken to improve people's quality of life.

We found there was an improvement in the way the registered provider recorded risk assessments and in the auditing of these. Risks were managed and reduced on an individual and group basis so that people avoided injury or harm wherever possible. Systems had been developed to ensure detailed recording was taking place and analysis of information was being acted upon.

Comprehensive reviews of all falls were now being carried out and any corresponding risk assessments updated. Falls were now recorded on a person's moving and handling risk assessment and reviewed monthly. There was now an extra care plan in place for anyone that was assessed as being at medium to high risk of falls. People had individual floor plans of their bedroom environment to show where falls had occurred and falls diaries were completed.

A monthly clinical analysis of falls and other risk incidents was carried out and reviewed at the registered provider's clinical governance meetings. We saw the detailed report in respect of incident analysis that was discussed at the last clinical governance meeting. It contained information and analysis of 24 falls experienced by one person in a month. Some of these were not actual falls but behavioural incidents where the person had placed themselves on the floor.

Other people's incidents were also included in the analysis. There was a clear action plan for staff to follow to reduce the number and type of incidents taking place, but to assist people with independence. For

example, one person had a wheelchair requested from wheelchair services, while another was given use of a commode, to provide them both with independence but reduce their risk of accidents/incidents.

Other areas risk assessed included people's skin integrity, dressings if or when people had pressure wounds and people's nutritional needs. The Waterlow pressure care risk tool was used, along with body maps to note where problems might arise. Support with pressure relief for those people that needed it came from employed nurses at the service or from the district nurses for those people that were not assessed for and receiving nursing care. The Malnutrition Universal Screening Tool was used to assess people's nutritional risks.

At this inspection there were improvements in the management of medicines identified. The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times.

The registered manager told us that all senior staff now reviewed medication administration record (MAR) sheets on a random basis at the changeover of each shift and made weekly stock audit checks. The registered manager oversaw these checks and signed them off, showing that any anomalies or errors were noted for action to be taken. Any problems that arose were recorded on group analysis forms showing what the issue was, who was involved and when. This way, any person responsible then had to re-check their practice and sign the analysis form to record their mistake and make a declaration as to what they had done: medicines given but not signed for.

Staff were now very aware of the importance of ensuring medicines were correctly accounted for and why detailed records were kept of any errors. All staff were completing the NCFE (Northern Council for Further Education) level two medicines administration course and competence checks on staff practice were carried out. Staff were also expected to complete the local authority's medicines administration course as well, but this was only possible in twos and threes, as was the East Riding of Yorkshire Council's policy.

The registered provider was completing checks on medicines management and recording every two to three weeks at the moment following the last CQC inspection findings. Several errors had been identified with medicines handling and other medication errors were reported internally to the registered manager prior to the inspection. The registered provider had acted appropriately in ensuring errors were investigated, staff were asked to step down from duties where it was substantiated that their practice was lacking and where necessary, nurses were reported to the Nursing and Midwifery Council.

Our checks on systems to manage medicines found that medicines were obtained in a timely way so that people did not run out of them, they were stored safely, and they were administered on time, recorded correctly and disposed of appropriately. Controlled drugs held in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) were also safely handled and managed.

Regulation 12 was now met by the registered provider with regard to risk assessments and the management of medicines.

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. We saw that staff were trained in safeguarding adults from abuse and the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal

notifications to us, which numbered 18 safeguarding referrals in the last year. There was a high number because the registered manager was ensuring everything was being reported and addressed following the errors made with medicines.

Not all of these had been investigated by the safeguarding team but the registered manager had ensured the team was aware of them and was given feedback about internal investigations. Outcomes regarding these from the Council were received at CQC. All of this ensured that people who used the service were protected from the risk of harm and abuse. People continued to be protected against the risk of harm or abuse.

A tour of the premises revealed that the main lounges, dining spaces and several bedrooms had all been fully refurbished to a pleasant standard since the last inspection. Three other bedrooms were due for refurbishment. Six bedrooms in one area of the property were large rooms and had en-suite toilet and shower, so that overall the facilities across the service were good.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, lifting equipment and the passenger lift. We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury. The premises continued to be safely maintained.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and chat to people, as well as assist them with some pastimes or activities. We saw that there were sufficient staff on duty to meet people's needs.

Staffing was allocated on a one-to-one basis where required, for example, for people with specific diagnoses of dementia or Progressive Supranuclear Palsy (brain cell deterioration, which causes falls, amongst other symptoms). Staffing levels continued to be safe to ensure people's needs were met.

The registered manager told us they used thorough recruitment procedures to ensure staff were suitable for the job. They ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We saw this was the case in all three staff recruitment files we looked at. Recruitment practices continued to be safely carried out, which meant people that used the service were protected from the risk of receiving support from staff that were unsuitable.