P J Care Limited

Mallard House

Inspection report

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Date of inspection visit: 13 October 2014
Date of publication: 26/01/2015

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

Overall summary

The inspection of Mallard House took place on 13 October 2014. It was unannounced.

Mallard House is a purpose built home that provides accommodation and care for up to 55 people with a range of neurological conditions. At the time of our inspection there were no vacancies within the home. There was a registered manager in post. This 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 and associated Regulations about how the service is run.

For management purposes the home was divided into two units. Oakley Unit provided specialist nursing and palliative care to people with progressive terminal illnesses, neurological disorders and complex healthcare needs, such as Huntington's disease, Multiple Sclerosis, Motor Neurone Disease, and Cerebral Injuries. Brunel Unit

Summary of findings

specialised in the provision of specialist nursing care to people with progressive neurological conditions with complex health care needs, acquired brain and spinal injuries, and those needing a form of rehabilitation. There was a two bedroom flat to support rehabilitation.

The team of care staff worked with a multi-disciplinary team to support people to achieve and maintain as much independence as possible within and outside Mallard House. Staff and visitors confirmed that the staffing levels were adequate and altered as the need arose in order to keep the people who used the service safe.

We observed that people looked happy and one person was able to tell us they felt safe living at Mallard House. Staff knew how to recognise and respond to abuse and acted correctly to prevent incidents that could put people at risk.

Some people who used the service did not have the ability to make decisions about aspects of their care and support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. Where people lacked the capacity to make decisions about something we saw how best interest decisions were made.

Residents were encouraged to personalise their rooms to their own taste and we observed that people who were mobile were able to move about the home and the gardens freely.

The staff supported people to have their personal needs met in accordance with their care plans. We observed that staff documented the care they provided in a timely fashion and people did not have to wait unduly for any aspect of their care.

The staff recruitment processes ensured that the staff team had been checked to confirm their suitability to work with vulnerable people before they commenced work.

Staff told us the provider supported and encouraged learning and we saw the staff team had the collective skills and knowledge to care for the diverse and complex needs of the people living at Mallard House.

The registered manager and the provider had systems in place to regularly check the quality the service provided and to ensure improvements to the service were well planned and involved those people who used the service and their relatives.

Summary of findings

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.

Staff knew how to protect people from the risk of abuse and how to report any potential abuse in order to protect people from harm.

Staff had been correctly checked before they started work to ensure they were safe to work with vulnerable people and were not known to have characteristic that would harm people.

There were enough staff on duty at any time to keep people safe.

The medication systems supported people to receive their medication at the correct time.

Good

Is the service effective?
The service was effective.

All new staff had received training and support to ensure they had the knowledge to meet the needs of people who used the service in an appropriate way before they worked independently

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and were meeting the requirements of the Deprivation of Liberty Safeguard (DoLs), which meant that people who lacked capacity had their rights protected.

People were provided with a range of nutritious and culturally acceptable meals and drinks throughout the day to encourage a balanced diet.

People were supported by the staff team to attend health appointments internally and externally.

Good

Is the service caring?
The service was caring.

We saw that the staff team treated people with dignity and respect.

Care staff took an interest in people and ensured they had information about past histories, so they could talk with them and provide care in a way that was acceptable and meaningful to them.

Care records included information about people's ethnic, cultural and religious needs.

Good

Is the service responsive?
The service was responsive.

The people who used the service were encouraged and supported to be as independent as possible.

Staff ensured that they communicated people's needs well and that care plans and risk assessments were updated and altered as care needs changed.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff were supported by a registered manager who had good communication skills. The staff reported feeling able to go to the manager with any concerns.

The registered manager had robust systems in place to regularly check the quality the service provided.

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 checked 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 inspection took place on 13 October 2014 and was unannounced.

This inspection was conducted by two inspectors 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. Our expert had experience of neurological conditions.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection we reviewed the information we asked the provider to send to us, this included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also asked Milton Keynes Council and the local Care Commissioning Group for their feedback on the service. We received positive responses from both these organisations.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This supported our inspection as the majority of the people at Mallard House could not communicate with us. We also observed the interactions between staff and the people who used the service during breakfast and lunch.

We spoke with five people who used the service, one visitor and 14 staff, including the registered manager. We looked at 10 people's care records in order to track their care. We also looked at other documentation about how the service was managed.

We observed the care and support provided to people throughout the day in various communal areas.

Good

Is the service safe?

Our findings

We spoke with people who used the service, and observed those people who were unable to communicate with us verbally to help us understand their experiences. One of the five people who were able to communicate with us verbally said, "I feel safe living here. I think the staff make me feel safe."

Staff told us that they understood their role in safeguarding the people they supported. They demonstrated to us their understanding of safeguarding and what they were to do and who they would contact if they had a concern. The data we reviewed prior to the inspection confirmed that any potential abuse was recognised and the appropriate action taken in a timely fashion. We had received a number of notifications about incidents between people who lived in the home. In each case the staff described how they supported the people involved and the actions they took to keep all parties safe. We saw that the staff participated in the investigation processes. This demonstrated that the provider took the appropriate steps to keep people safe. The training records demonstrated that safeguarding training was undertaken by all staff and updated annually to ensure the staff's knowledge of their responsibilities to keep people safe was current.

Throughout the home various methods were in place in order to keep people safe. For example, some people had bed rails fitted to prevent them falling out of bed and others had small gates at their bedroom doors. We saw that people's care plans described how these decisions were reached following individual assessment and as part of a multi-disciplinary approach and were taken in the person's best interest.

People were enabled to be as independent as possible while being supported to keep safe. We observed staff explaining to people why they should consider doing, or not doing, something. Four people received one to one support and one person needed supervision while smoking in order to keep safe. The records we looked at confirmed the risks to people's safety had been assessed within separate action plans that linked to detailed risk assessments which considered and prioritised risk factors. We saw that staff had considered risks associated with many aspects of people lives including, malnutrition, pressure damage and falls in addition to behaviours which may challenge.

In order to minimise falls the cleaning staff were very visible in the home and attended to any spillages immediately in order to keep people who were mobile, but not fully aware of their environment, safe.

We spoke with the maintenance person about the safety checks they undertook on the environment of the home. They told us that any problems they identified were acted upon quickly and we saw records and action plans that confirmed this. Fire equipment, water temperatures and emergency lighting were regularly checked and there was a contingency plan in place for foreseeable emergencies, such as floods, fire or power cuts so that staff knew the actions to take to keep people safe.

The staff told us that there was always enough staff on duty to meet peoples' assessed needs, including some people's need for one to one staff support at times throughout the day and night. A member of the night staff said, "There is no problem getting additional staff if we need them. Our inspection started early morning in order for us to speak with the night staff before they went off duty. Night and day staff confirmed there were sufficient staff at all times and that the provider had robust processes to ensure that any absentees were covered quickly. In each unit the team leaders were responsible for the deployment of their staff and moved staff if people's needs changed at any time.

Many of the staff we spoke with had worked at Mallard House for a number of years. Those that had been more recently recruited told us the recruitment process had been robust. The six staff recruitment files we looked at demonstrated that the provider took the appropriate steps to ensure staff were safely recruited and checked prior to commencing employment to establish they were safe to work with vulnerable adults. We also saw that the provider checked that any staff provided by a recruitment agency were safe to work before they started a shift.

We observed that when a person requested pain relief medication this was provided in a timely fashion. We spoke with the nurses responsible for administering medication on the day of our inspection. They confirmed they had received regular training updates and had a good relationship with the providing pharmacy for advice and support. They also told us that most of the people who used the service were assessed as needing support with some, or all, of their medications. We were present during a medication round and observed staff administering medication correctly. The records we looked at confirmed

Good

Is the service safe?

the staff had been trained in the safe handling, administration and disposal of medicines. We looked at the medication systems on both units and found that medicines were stored safely and securely, and the records indicated staff were administering medicines to people as prescribed. In addition medicines were audited on each unit and as part of the monthly clinical audit to demonstrate staff were managing people's medicines safely.

Good

Is the service effective?

Our findings

We spoke with people about the care they received, one person said, "The staff are good, they know how to look after us." Another person said, "If I am not tip top they know what it means and get me better." A visiting therapist confirmed that the staff at Mallard House identified any changes in people's conditions and responded appropriately. They went on to say, "I always know they will carry out any instructions I leave."

Staff told us they had received a good induction which enabled them to feel confident in their roles. We spoke with a member of the care staff who had not worked in care previously, they said, "There was no expectation I should do anything on my own until I was ready". The staff told us they discussed their training needs as part of their one to one supervision sessions with their line manager and would feel they could request additional support if they did not feel confident to provide a task they were asked to perform. Training records confirmed the provider supported the staff to keep themselves current by providing regular training updates.

Staff were knowledgeable about people's conditions. For example, they knew who needed close observation at mealtimes and how to respond to those people who had behaviours that challenged. Staff told us they had the opportunity to participate in a range of training. They told us the training undertaken by community specialist staff and linked to individual people was the most beneficial to them. For example, a member of staff cited the training they had received from a Huntingdon's disease specialist nurse and how this had allowed them to ask questions and relate their learning to a specific person they cared for. We observed that the care staff were meeting peopl's assessed needs effectively. The registered manager told us she had excellent links with specialist services and staff, including the speech and language service, the epilepsy nurse specialist and the GP's serving the home.

We spoke with the local authority who commissioned the services of Mallard House. They told us the staff managed people with complex needs well. This confirmed that the provider ensured the staff had the correct qualifications, skills and experience to provide a good quality of life for the people living at Mallard House

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The provider advised us that, following recent case law DoLS applications had been made for all people who used the service; At the time of our inspection seven people's applications had been granted and the rest were being considered. Where people who used the service were unable to consent we saw evidence of legally appointed support in place, as well as appropriate family involvement. This ensured that people who could make decisions for themselves were protected and those people who lacked the capacity to make decisions about particular areas of their care were subject of best interest meetings and decisions. Where restraint was used, for example bed rails we saw that the method of restraint was recorded in the individuals care plan and the reason for using it was documented appropriately.

One person said, "They ask me if I like the food", which demonstrated staff checked that people were able to enjoy the food provided. We spoke with the chef who told us the menus were planned in advance over a five week period to provide variety. We were told the meals were planned to ensure a nutritious and balanced diet was offered. We were told by the chef that cultural needs were met and at lunch time we saw an Asian and Caribbean vegan meal being offered to support people's cultural and religious needs. During our inspection we observed a person requesting a sandwich rather than the hot meal they had originally ordered. This was actioned immediately. Another person requested fish and chips, which was not on the menu, but was provided after a short wait for it to be cooked. This demonstrated people's choices were adhered to whenever possible. At lunchtime we saw that the staff supported those people who required a pureed diet and assistance first and those who required less support were served afterwards. Throughout the inspection we observed people were regularly offered drinks and (where needed) supported to drink them. People were offered snacks throughout the day with finger foods available for those people who did not find it easy to sit and eat a meal.

People appeared to have general good health. We spoke with one person who told us they were being supported later that day to attend a medical appointment within a community setting. They told us, "[Name of the staff member] will come with me, they know me well." Staff told us that they supported people to attend medical appointments and arranged for health professionals such

Good

Is the service effective?

as an optician or a chiropodist to visit the home regularly. Records detailed information about care reviews and when appointments were scheduled. We saw that any actions required following a health professionals visit or an appointment was clearly documented within the records.

Good

Is the service caring?

Our findings

We spoke with one person who used the service who confirmed that the staff were "Nice" and said, "The staff look after me." Another person said, "It's ok here, alright." We observed that the care staff communicated with people in way which ensured their dignity was maintained. For example, the staff spent time sitting with people and talking with them about things that knew interested them. The registered manager showed us comments from a recent review where a relative had said, 'The care [name of relative] receives here is second to none.' We spoke with staff who had a good knowledge about people's needs and preferences and we observed positive interactions between staff and the people who used the service that demonstrated good relationships between them. For example, a member of staff who was supporting a person with a drink talked about a relative's visit that was obviously important to the person and made them happy.

Interactions between the staff and people living in the home on the day of our visit were relaxed and we saw staff showing kindness and compassion. This was particularly noticeable towards four people who were receiving one to one support and a further three who required 15 minute observations. We observed that the staff undertook these duties whilst allowing people to move about freely and be as independent as possible in a style that was acceptable for the person and did not compromise their dignity unduly.

Staff told us they had access to training with regard to privacy and dignity. One member of the care staff said, "I always think how I would want to be treated." We spoke with four members of staff about how they ensured people's privacy and dignity was respected. They told us they would provide any personal care in the privacy of a closed room; such as a bedroom or bathroom and would encourage people to dress appropriately. We observed that staff shut bedroom doors when providing care and ensured peoples clothes were changed when they became soiled. We saw that each person living at Mallard House had their own bedroom and could personalise it how they wanted, for example, with family photographs.

We observed that visitors were welcomed and made to feel at home with a cup of tea and the opportunity to meet with their loved one where they wanted. We saw a recent recorded compliment from a family member that praised the staff for the care they were providing to their family member.

During our inspection we saw staff communicating with people in a variety of different ways, including verbally, with communication boards and pictures. The staff team had a variety of ethnic backgrounds and where a person who used the service had English as a second language the registered manager planned that staff who understood the person's ethnicity and language were made available to support them. We saw evidence in a care record that confirmed translators were used as necessary to proactively support people to express their views at appointments and during reviews of their care.

Good

Is the service responsive?

Our findings

We spoke to two people who indicated they would let the staff know if they were not happy with the care provided. One person said, "It's ok here, I get to stay in my room and speak to staff when I want to." Another person, said, "It's alright here." The complex needs of many of the people living at the home meant we could not have deeper conversations with them; however we observed the care and support people received was in response to their individual needs and was person centred. For example, we saw that a person who did not want breakfast was offered food later in the morning. Another person who refused pain relief during a medication round requested medication later and it was provided immediately.

Staff told us they respected people's privacy and that certain communal areas of the home were quiet areas where people could go and not be involved in any activities. We observed there was no radio or TV in the quiet lounge. In this area we noted that at times people were not engaged with an activity. We tried to speak with one person who made it clear this was a quiet time and they did not want any engagement. Staff told us they respected these wishes and although they tried not to enter the lounge they were close by. This enabled people to make choices about where and how they wanted to spend their time.

In other areas of the home we observed that staff provided group and individual activities for people to participate in. We observed some people watching a film and others participating in gentle exercise. Throughout the inspection we observed that staff spent time engaging with the people they cared for and encouraging them to socialise.

Staff told us that they had recently spent time reviewing and updating care plans to ensure they accurately reflected people's needs and wishes. They told us that where possible people had been involved in this process and where appropriate, information had been obtained from relatives and friends. We looked at 10 care records and saw that prior to admission people had been assessed to ensure the staff understood individual's needs and could plan how to meet these upon admission. Care plans had been developed and built upon as the staff became more aware of the needs of people. We saw that appropriate care plans and the associated risk assessments were in place and reviewed regularly. Care plans included information about people's profiles, including their likes and dislikes and their previous social and medical history. We observed staff communicating with people using signs and language they understood and distracting people if they became agitated by talking about familiar people or events.

Staff told us that the people who used the service were encouraged and supported to be as independent as possible. We observed that care was personalised and met the various complex needs of the people who used the service. We saw that people got up when they wanted, dressed how they wanted and did things at times that suited them and not the staff. For example, a person who had not slept well was supported to return to bed during the day at their request. We observed the staff who were nominated to care for a person on a one to one basis doing this as unobtrusively as possible while ensuring the persons safety.

Staff told us they always documented any concerns raised with them from people who used the service or their visitors. The registered manager had reported in the information provided prior to the inspection that she believed the staff's willingness to deal with concerns as soon as they were raised was responsible for the small number of formal complaints raised. We saw that there was information displayed about how complaints would be dealt with. The registered manager showed us documentation that supported the complaints investigation process and confirmed that any issues raised were used to help the staff improve the service. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted. There was a suggestion box placed in the entrance of the home that could be used by anyone who lived in or entered the home and believed improvements could be made.

Is the service well-led?

Our findings

There was a registered manager in post at this service. Staff told us the registered manager was very professional and supportive and they would feel happy to speak with her openly or in confidence. One member of staff said, "She is really professional, she likes things to be done right." One person who used the service said of the registered manager, "She comes and speaks to us each morning. She is the boss." The registered manager was supported by unit managers responsible for each of the two units.

We spoke with the registered manager who told of the plans for further improvements she had for the service. We noted that they were reflected in the information she provided us with prior to the inspection. This included information about the core values of the service, 'care, compassion and commitment.' We observed the staff working with these values in the way they provided care and spoke with people. For example, staff would make time for conversations, follow up on any actions they promised people, and use touch to reassure those people with little or no cognition.

We looked at the processes in place for responding to incidents, accidents and complaints. There had not been many over the last year, but we saw evidence that the manager used them as a learning tool and ensured any issues were the subject of discussion at team meetings and staff supervision sessions so that lessons could be learned. We also confirmed that the provider had ensured that any incidents were correctly reported as required under the Health and Social Care Act 2008 to CQC, and to the local authority.

The whole staff team were involved in decisions made about the service and the organisation. This was done by ensuring the staff received a copy of the team brief following the senior manager's monthly meeting and the board of directors met regularly with a selection of staff to gain their views and opinions in preparation for a board meeting. Staff told this made them feel valued and part of the service.

People who used the service, their representatives and health and social care professionals were asked for their views about their care and treatment. We saw records to confirm that regular stakeholder audits were undertaken and the information gained acted upon. We also saw that regular resident and relative meetings were held. We saw that discussions about the running of the home, including menu planning, were had and changes agreed. For example a new menu had been introduced for the winter months that took account of people's wishes.

Staff we spoke with were clear about the process to follow if they had any concerns about the care being provided and knew about the whistleblowing policy. They told us that they would have no hesitation to use it if the need arose. We saw the whistleblowing policy displayed within the home. A member of staff said, "If I had a problem I would feel able to speak to either the manager or the unit manager and if not because we met people from the board I would find someone to talk to."

A range of audits had been completed in order to ensure people were kept safe and received the care they were assessed as needing. The provider ensured that monthly audits were undertaken and action plans were produced that detailed who would be responsible for the improvements. For example, the report from the previous month identified that the detail in risk assessments were not always updated as risks improved or reduced. This task was identified for the key worker to complete and we saw that this had been undertaken in a timely fashion. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. We saw that there was a passenger lift in place and this had been checked as part of the maintenance routines within the home.

We saw the provider had won several awards including a re-accreditation of Investors in people, a regional winner of a Great British care award and had also achieved beacon status in the gold standard framework for their work in end of life care. The provider also presented annual awards to staff across the company. This demonstrated a commitment from the provider to drive improvements.