

Progress Pathways Limited

Mandalay

Inspection report

Mandalay
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Mandalay is a residential care home that was providing accommodation and personal care to six people at the time of the inspection.

People's experience of using this service:

Mandalay has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

All staff interacted inclusively and engagingly with people. The culture of the service was completely focussed on people's individualities and their contribution. The service worked flexibly and innovatively to ensure people who used the service felt at home. Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

The risks to the quality and safety of the service were identified and acted on. There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. People were supported to take their medicines in a safe way.

Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with professionals, which promoted well-being for them.

Staff were motivated and enjoyed strong team work. The register manager had extensive experience and knowledge in supporting people with complex needs. Staff saw the registered manager as inspirational and a role model to develop their own practice. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Published September 2017)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Mandalay

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Mandalay is a residential care home that was providing personal care for up to seven people living with severe learning disabilities, autism spectrum disorder and behaviour that challenges. The home has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The service is required to have a manager registered with the Care Quality Commission. 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 announced. We gave the service 24 hours' notice of our inspection so that people living at Mandalay knew to expect our arrival and to reduce the impact of our presence. Inspection site visit activity took place on Friday 8 February 2019.

What we did:

- ☐ We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- ☐ We spoke with relatives of one person who uses the service.

- We also spoke with four members of staff including the registered manager, who is also the managing director for the provider, and care staff.
- We observed how people received their care in communal areas of the service.
- We looked at records in relation to people who used the service.
- We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- Relatives we spoke with told us they felt their family member was safe.

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with behaviours that may challenge others, health conditions and nutrition.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, one person enjoyed accessing local cafes but needed detailed arrangements to be in place so they did not become distressed. Staff ensured these trips were researched, planned and carried out so the person could safely enjoy the activity.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Due to the very high level of support needed by people, they were supported by at least one member of staff during the waking day. Additional staff were available to support people when accessing the community.
- Retention of staff was high; the registered manager saw consistent and familiar staffing as a vital part of supporting people safely.
- Relatives felt there were enough staff to meet people's needs in a timely way. On the day of the inspection we saw that staff were quick to respond to people's needs. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us

how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. This process was a cornerstone of the service provided by Mandalay and helped to ensure that peoples changing needs or routines continued to be met by staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective and enhanced peoples well-being.

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

Good: ☐ People's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the home. The registered manager used recognised models of research and principles of good practice in the assessment of people's needs.
- Care plans were extremely detailed for each identified need people had. Staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed, this helped ensure that staff could continue to meet people's changing needs. Guidance for staff in these plans reflected the recognised best practice for health and social care and the British Institute for Learning Disabilities. Plans also referred to relevant legislation including the Health and Social Care Act.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. The registered manager was extensively experienced as a trainer in the field of learning disabilities. Staff told us that they found the training and ongoing support from them as a vital part of providing effective care at Mandalay.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People had a good choice of food and drinks provided. Specialist diets were catered for. People could put together their own menus and cook for themselves with support.
- Staff monitored people's intake where required. People identified as at risk of malnutrition or dehydration were referred to their GP or dietician.

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

- Staff working at the home were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice. Detailed records and monitoring of people's welfare was used to inform community healthcare professionals so timely and effective action could be taken.
- Staff worked in partnership with health and social care organisations appropriately sharing information

about people to ensure that the care and support provided was effective and in people`s best interest.

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

- There were large comfortable communal spaces with ample seating for everyone to use. People could choose whether they wished to spend time alone or with others.
- The home had been regularly updated and modernised, and kept in good decorative order. Any damage or wear and tear had been quickly repaired. The registered manager used a decorator who was familiar to people living at the home, and only carried out work at a time which suited people and caused minimal impact.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people`s liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of drinks and asked where they wanted to spend their time and what they wanted to wear. Staff gave us examples of how they offered choices to people who could not hear or speak. We observed staff using sign language or objects to promote better understanding.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw very caring interactions between care staff and people in the home. Staff greeted people when they saw them, offering support and reassurance where necessary.
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions.
- Relatives told us that staff were kind and caring. One told us, "He seems very happy living there, staff are very good with us, and at supporting [family member]."

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

- The registered manager and staff ensured that people were involved in making decisions about their care where they could. This was recorded and noted as such in daily records and care plans. Staff used different methods of communication to support this such as people's preferred styles of sign language.
- Where people were not able to express their views, and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living at Mandalay had a wide range of complex needs. However, they were all supported to live their life how they wanted and their care and support was designed to support this. This care was regularly reviewed and the registered manager ensured there was a flexible approach and constant culture of reviewing and learning. The registered manager and staff approached any change in need or potential challenge with an open mind and were focussed on finding solutions. For example, one person who regularly enjoyed going out had become anxious when using the car belonging to the service. To find a solution, the registered manager had rented different cars each week, collecting them and returning them, until they had found a car that the person was comfortable to use. This meant the person could start going out once more.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. The home had their own vehicles which enabled people to access their community individually and regularly, and not having to rely on activities in groups. Staff were meticulous in planning activities for people who found aspects of this challenging so that they could enjoy them. For example, one person liked to eat out, but found waiting to be distressing. Staff had collated menus from the places they liked to eat and explained to the restaurant the importance of the meal being available for the person when they arrived. The person chose where and what they wanted to eat, and staff called ahead with the order and the arrival time. This meant the person could enjoy their meal in the way that suited them.
- People's communication needs were well known and understood by staff and this was enhanced using intensive interaction. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. This included a description of signs and gestures and their known meanings. For example, we saw staff signing a person's favourite songs to them, whilst using the persons preferred individual sign language to reinforce the communication. We also saw staff engage in conversations with people about their hobbies and interests, using a reference book and pointing at pictures to establish conversations.
- People received very personalised care and support specific to their needs and preferences. The registered manager emphasised the importance in helping people design their own routines to eat when they want to, or choose when they have a bath and what time they go to bed. Each person was seen as an individual by staff, who knew their aspirations, hopes and desires. We observed that staff knew people very well, with comprehensive knowledge about how a person wished to receive interaction. Staff gave constant praise to people who were promoting their independence by completing daily tasks, saying "Well done, you did a good job of that".
- People's care plans were very detailed and contained extremely clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Care plans

also contained extensive information about how people could achieve these outcomes with the intensive support from staff that we observed to be provided. These outcomes had been arrived at by an extensive process of trial and error, and review of this to find what worked for people. For example, we saw that for one person who liked to complete puzzles but needed support. Their care plan detailed the process of how staff should start the puzzle by completing the first corner, and the maximum amount of pieces the puzzle should have. It then detailed the way in which staff should start to prompt the person in taking over the completion.

- The registered manager ensured that staff had the time and support to form relationships with people and understand their support needs in the finest of details. Staff felt they had the confidence and abilities to deliver this support, despite this being difficult at times in community settings that would find this challenging. Staff told us that the registered manager saw training and development as vital in providing high quality care. One staff member told us, "[Registered manager] makes training a number one priority, she sent me on a specialist course to Birmingham because I'm interested in learning about behaviour." Another told us, "[Registered manager] is very supportive, she's fantastic, I have learned everything I know from her. Her knowledge of people's behaviours and needs is incredible."
- The registered manager regularly visited people's provision of day services away from the care home to observe people in different settings. This information was used to review people's support being delivered by Mandalay's own staff. The registered manager used their own substantial experience and skills to use these observations and integrate changes to further fine tune and find solutions for people to have care, support and routines in daily living that worked for them, delivered by staff who had been trained and supported to do so.
- The care plans reflected and referenced best practice guidance and research evidence in supporting people with complex emotional and behavioural needs. For example, guidance issued by the British Institute for Learning Disabilities, a recognised body which promotes the best practice in community support for people with a learning disability. The registered manager had extensive knowledge of the work and values of this body, and ensured that its principles were used daily by staff to ensure care was person centred and people remained in control of their lives.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved

Improving care quality in response to complaints or concerns

- There had not been any complaints. A concerns, complaints and compliments procedure was in place for relatives and visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to. People would not be able to make a complaint following a process therefore staff were observant and used interactions with people to identify if they were happy with their care and support. The registered manager told us that they would involve advocates if needed. Relatives told us they felt able to speak to the registered manager at any time.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were available to people's families for completion should they chose to do so.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager could respond immediately to any questions we raised and demonstrated an in-depth knowledge in all areas. The registered manager was also the providers managing director and had established the service several years ago. They had extensive experience as a registered learning disabilities nurse, and had continued to study and achieve academic qualifications in this field as well as challenging behaviour support.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible. For example, they tracked and analysed behaviour records to reduce incidents.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had highly effective oversight of what was happening in the service. Risks were identified and acted on promptly to monitor the safety and quality of the service people received. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.
- Staff consistently spoke highly about the registered manager and that leadership was open, transparent and always available to them when needed. Staff told us they felt supported to gain qualifications and develop their skills. Staff could raise any matters with the registered manager and felt they would be listened to and acted on. One staff member said, "[Registered manager] is a good manager, very good, you can go to her with anything, the seniors are good too. They can always answer a question or find out."
- There was an experienced, consistent staff team, most of which had worked at the home for many years. Staff were knowledgeable in all aspects of their role and responsibilities and were well supported by the registered manager to continually develop.
- The services quality assurance systems enabled the registered manager to monitor and identify any shortfalls in the quality of the service people received. They continued to audit all aspects of care such as medication, finances and health and safety.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Relatives told us the registered manager available to talk with

them whenever they wished. Surveys were sent out annually to relatives, to gather feedback about the quality of the service provided.

- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, and dieticians, to ensure people's needs were met in a timely way.