

Lansglade Homes Limited

The Mallards

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Mallards is a residential care home providing personal care and accommodation for up to 23 people aged 65 and over. At the time of the inspection 20 people were using the service.

Accommodation is provided over the ground and first floors with various lounges a dining room and an accessible garden.

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

People received safe care and were protected against avoidable harm, neglect, and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice. Infection control measures were robustly followed, and staff had access to sufficient PPE.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough, and people told us they enjoyed the meals provided. Staff supported people to live healthier lives and access healthcare services.

The premises was homely and adapted to meet the needs of people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a very caring and meaningful way. They knew people well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

An activities programme was in place, and care plans were personalised to each individual detailing their likes, dislikes, and personal preferences. A complaints system was in place and was used effectively.

The service was well managed. People, relatives, and staff were very positive about the leadership of the service and praised the management team. There were systems in place to monitor the quality of the service; actions were taken, and improvements were made when required. Staff felt well supported and said

the registered manager was open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 24 September 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mallards on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

The Mallards

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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.

Service and service type

The Mallards is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mallards is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people using the service and 3 relatives to gain their view of the service. We spoke with 9 staff including the registered manager, the operational manager, and the deputy manager. We had discussions with the chef, 2 housekeeping staff and 3 care and support staff. We also spoke with a visiting health professional.

We reviewed a range of records. This included 3 people's care records and 8 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not consistently ensured that care and treatment was provided in a safe way and had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks. There were poor hygiene and infection control practices at the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored, and managed. Care plans and risks assessments were in place and had been reviewed regularly or when there were changes. For example, we saw risk management plans in place for people who had been assessed to be at risk from falls or if they were at risk of pressure sores.
- One person's relative told us they were happy with how staff managed risks. They commented, "My [family member] is at risk of falls. The staff make sure they always walk with a staff member to make sure the risk of falls is minimised."
- Staff were aware of people's risk assessments, felt they could confidently support people safely and the risk assessments accurately reflected people's needs, and the way they should be supported.
- Risks in the environment were managed through health and safety risk assessments and routine safety checks and maintenance of all equipment used. A fire risk assessment had been completed and staff had information about what action to take in the event of a fire or emergency.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- At the time of our inspection there were no restrictions on visiting.

At our last inspection there were insufficient numbers of staff to fully meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- There were enough skilled and competent staff to ensure they could safely support people who used the service. One person told us, "Look around you, there are always staff about."
- Staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their care was not rushed. One staff member commented, "There are enough staff, there is no rushing, we work as a team."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis.
- Safe recruitment practices were in place to ensure only staff suitable to work with vulnerable people were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe in this place. I feel safe and free to do whatever I want to do."
- Systems and processes were in place to help staff identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns. One staff member commented, "Safeguarding, this is preventing adults from abuse and neglect. We need to protect residents, if we notice something happening, we must speak out."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Using medicines safely

- Clear and robust arrangements were in place to ensure staff supported people to take their medication consistently and safely. One person said, "I do sometimes ask for something to help with pain so I can sleep. I sleep well here."
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed.
- Robust systems were in place to check medicine administration records to ensure people received their medicines safely. Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Learning lessons when things go wrong

- There were systems in place to record and monitor any accidents and incidents that occurred, so that lessons were learned when things went wrong.
- Lessons learnt and themes from incidents were shared and discussed at staff meetings. A staff member told us, "Someone had a fall. I was not there but we got guidance from our manager about what to do to

prevent people having falls."□

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs was completed before they went to live at the service. The initial assessment was used as a foundation for people's plan of care. Care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- People's needs in relation to equality and diversity were considered during the care planning process, such as age, disability, and religion. Care plans included information about people's preferences and choices, and we saw when a person's needs changed their care plan was updated.

Staff support: induction, training, skills and experience

- Staff were supported and trained to ensure they had the skills and experience to support people and meet their needs. One person told us, "I would say that all my needs are covered to the best standards." A relative said, "Some of carers have a special role like keyworkers and I was really impressed when we had a meeting with 2 carers who were able to help me understand a lot about my [family members] condition. I felt that with these professionals my relative is in good hands."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. One staff member commented, "My training is up to date. I do training every 6 months. The training is very good."
- New staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- Staff told us, and records showed they received supervision meetings and annual appraisals from their line managers.

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

- People were positive about the food and the dining experience. One person said, "The food is good, and I enjoy the meals here. Chef comes and asks me directly what I want. There are plenty of choices."
- We saw alternatives available from the main choices if required. For example, we saw the chef cooked a traditional meal for 1 person from their native country. The chef said they visited everyone in the morning and again in the afternoon to seek their choice of meal for that day.
- Staff knew about people's individual nutritional requirements and preferences, including their cultural dietary needs. This ensured cultural diversity was recognised and respected.
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and worked collaboratively with the Speech and Language Team (SALT) and a dietitian when people had been assessed as being at risk. Staff

followed guidance from health professionals to ensure people were able to have adequate food and drink safely.

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

- People had access to the healthcare services they required.
- Staff worked with GPs, district nurses and other health and social care professionals to ensure people had access to local services whenever necessary.
- Information about people's specific medical conditions were included in their care plans. This supported staff to understand people's healthcare needs and to promote healthier lifestyles.
- A visiting healthcare professional told us the staff were knowledgeable about people and their conditions and were quick to put into practice advice provided.

Adapting service, design, decoration to meet people's

- The home environment supported people's well-being. It was pleasantly decorated and well maintained. There were several communal areas where people could choose to spend time if they wished. One person commented, "My room is lovely, very spacious and tidy. I have here everything I need."
- People's rooms were personalised, and they were encouraged to have their own belongings where they could, to make them feel more at home.
- Garden space was available and accessible to people. One person told us, "I always ask to go in the garden if it's a nice day, being in the fresh air is so nice."

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 MCA 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. In care homes, and some hospitals, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with relatives and other professionals and kept under review.
- Staff had received training about the MCA and DoLS. Staff we spoke with were able to demonstrate their knowledge and knew how to uphold people's human rights and support people in the least restrictive way.
- We saw people being supported to make decisions throughout the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff provided good care and treated them as individuals. One person said, "They treat me with kindness and tolerate my stubbornness." They then went on to describe how staff supported them with a personal routine they carried out every evening that related to a previous place of work.
- Other comments included, "Staff are very attentive, and they learn what I like very quickly. I don't feel new anymore." And "The carers who are employed here are all fantastic at what they do. My [family member] is well cared for and we are always pleasantly surprised how well they look."
- Staff had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences. One staff member described how they supported 1 person with dementia and their approach which was in line with good dementia care.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Records included information about people's preferred name and other important details about their spiritual and cultural beliefs. We saw staff addressing people by their preferred names.

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

- We observed people's opinions being sought for day-to-day tasks. For example, staff asked people what they wanted to drink and eat or what they would like to do.
- A comment from a relative read, "The staff were always willing to go the extra mile, and nothing was too much trouble. Some staff members even learned [family members] first language to make them feel at home."
- Care plans contained information about the support people needed to make decisions. For example, they described the person's communication needs and information could be presented in a format that met those needs.
- We saw people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A comment from a relative read, "All staff are kind, caring and treated my [family member] with dignity. We are so grateful that [family member] was at The Mallards for the

last few years and the end of life care they received was so dignified."

- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. One person told us, "I like to help the staff with some health and safety checks which I do every day."
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not ensured that care and treatment was always provided in a person-centred way. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were happy with the care they received and said staff were responsive to their needs. A relative said, "I think this place provides perfect care for my [family member]. They are doing a stellar job." One person commented, "I have a lovely routine, which suits me." They then went on to describe their preferred routine which was supported and respected by staff.
- The assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle, and interests. These were reviewed regularly and updated as needed.
- Staff had built positive relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One staff member commented, "We are like a family. We get to know people well and know how they like their care to be provided."
- People received regular reviews of their care and we received positive feedback about people's involvement in their care and support. A relative commented, "If we can't come, we ring, and they tell us everything that is going on with [family member]. It is a lovely small home and when we visit, we go home knowing [family member] is well looked after and happy."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, where English was not a person's first language, staff had made a list of key words in the persons first language to help them provide effective communication.
- The registered manager was able to explain the alternative formats available for written communication,

such as large print, easy read, or pictorial. We saw the complaints procedure had been made available in 4 different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities they enjoyed and were encouraged to explore new activities if they wanted to. One person said, "There is something to do every day." Another person told us, "The entertaining lady is very resourceful, and she tries to find something for everybody."
- The provider employed an activities coordinator who arranged various activities for people to enjoy. We saw these had included a coronation party in the park, arts and crafts, bingo, and garden parties. We saw from the minutes of activities meetings that the provider group wanted to start up a choir involving all 5 of their services.
- People were encouraged to pursue their own interests and hobbies and we observed people crocheting blankets for the local neo natal service, people doing jigsaws and people watching films on mobile tablets.
- People told us they were supported to keep in touch with their friends and family. One person said, "Once a week my [relative] comes and helps me with my finances and other things." Another person told us, "My family is so happy I am near where they live."

Improving care quality in response to complaints or concerns

- A formal complaints policy and procedure was in place and openly displayed. It was also available in people's rooms. People and relatives told us they would feel comfortable raising a complaint and confident they would be listened to. One relative commented, "Yes, I feel I could say if I had a complaint, I would tell the staff, I feel they would listen."
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end-of-life care if they wished. A thinking ahead plan was completed if it was appropriate to record people's preferred preferences for end-of-life care.
- At the time of our inspection no one required end of life care, however the registered manager said they would work in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life, surrounded by their friends and family.
- Staff completed end of life care training and there was an end of life care policy to ensure staff could support people with their end of life care wishes and needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found there was a lack of effective systems to ensure quality care was always provided. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The service was led by a motivated registered manager and staff team. They demonstrated a commitment to providing a service that promoted person-centred values. People, relatives, and staff consistently expressed great confidence in how the service was managed.
- One person told us, "Beside very good staff, this place has an excellent manager, who I call my angel. The manager is a very kind person and comes several times a day to ask if I need something." A relative said, "The manager has made the team and has staff who are of excellent qualities and working standards."
- Care and support was person centred and based on people's individual needs and preferences. Staff were proud of the service and motivated to achieve good outcomes for people. One staff member told us, "They really care about the residents here. Our manager is so friendly, she is involved in personal care and the kitchen, she is everywhere."
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication is really good, we feel listened to and valued."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility or health they were monitored and referred to an appropriate health care professional.
- Systems in place to manage staff performance were very effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place and actions were set for staff at every supervision.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission

(CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to CQC.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager.
- Surveys were used to gather feedback from people and relatives. We saw these were all positive and one comment read, "Staff are a credit to their job and have an amazing work ethic."
- We saw that actions had been taken following feedback from people and relatives. For example, we observed and a relative told us, "We said at a meeting that people needed more fruit and now we have a fruit bowl in the lounge every day and everybody can enjoy it." We observed people helping themselves to fruit throughout the day.
- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in meetings and one to one supervision meetings.

Working in partnership with others

- The registered manager and staff enjoyed good working relationships with the local GP surgery, Speech and Language Therapy (SALT) and other health professionals such as chiropody and opticians who visited the service. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for medical concerns.