

# Barchester Healthcare Homes Limited

## Mallard Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 and 18 October 2018 and was unannounced.

Mallard Court is a care home that provides both nursing and personal care and is situated in the town of Bridlington. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. The home is registered to provide personal care and accommodation for up to 70 older people, including those with dementia related conditions or a physical disability. At the time of our inspection 59 people were receiving a service.

The service had a manager in place who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A caring culture was demonstrated by some staff throughout the inspection. However, this was not always consistent. At times we observed that not all people were treated with dignity and people were left waiting for their basic needs to be met. Some people, their relatives and professionals felt that whilst most staff were kind and caring some staff members were not. This was observed by inspectors during the inspection and discussed with the registered manager and senior management team.

We identified that one person's risks in relation to pressure area care had not been addressed in line with risk assessments and best practice. This led to the development of a pressure sore. The registered manager was in the process of completing an internal investigation into this matter.

Some people's records indicated delays in access to services such as chiropodists and GP advice. Whilst no impact to people was noted, these observations were shared with the registered manager and we were given assurances this would be closely monitored in the future.

There was a complaints policy and procedure made available to people who received a service and their relatives. We received mixed feedback from people and relatives regarding how the service addressed concerns and complaints. Our observations and findings during the inspection demonstrated that some ongoing concerns regarding the provision of care were justified.

People's wider support needs were catered for through the provision of activities provided by dedicated activity workers and visiting entertainers. However, some people felt this provision wasn't accessible for all.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. We found staff had been recruited safely and training was provided to meet the needs

of people. Staff received regular supervision and appraisal and told us they felt supported in their roles.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Accidents and incidents were responded to and monitored by the management team. The service was clean and infection control measures were in place.

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

People's nutrition and hydration needs were catered for. A choice of meals was offered and drinks and snacks were made readily available throughout the day.

There was a range of quality audits in place completed by the management team. These were completed on a regular basis. Some audits had failed to identify our concerns. We received mixed feedback in relation to whether people and their relatives felt the service was well-led and about the culture of the service. Staff told us that they felt supported and the manager was approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Measures to reduce risk were not always implemented.

Staff were not always deployed effectively to enable them to meet people's needs.

Recruitment and medicines policies and procedures were robust and had been followed.

### Is the service effective?

**Good** ●

The service was effective.

Care plans and staff practice reflected the principles of the Mental Capacity Act.

People's nutrition and hydration needs were met.

Staff received an induction and training programme which meant they could meet people's needs.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

We observed minimal interaction with people during certain times of the day.

People's dignity was not always respected.

We received mixed feedback regarding open and trusting relationships between the service and family members.

### Is the service responsive?

**Good** ●

The service was responsive.

A complaints policy and a record of complaints was in place.

Care plans reflected person-centred care.

People had access to activities to meet their wider needs. Some relatives felt that this was restricted.

**Is the service well-led?**

The service was not always well-led.

There were mixed opinions from people, their relatives and professionals regarding the running of the service.

The quality assurance systems in place had failed to identify concerns we found during the inspection.

The senior management team provided assurances that the concerns would be addressed.

The service had a registered manager that staff felt supported by.

**Requires Improvement** 

# Mallard Court

## 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 11 and 18 October 2018 and was unannounced. The inspection was carried out by three inspectors, one specialist nurse and one Expert by Experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included information we received from the local authority safeguarding team and statutory notifications since the last inspection. We sought feedback from the commissioners of the service prior to our visit.

The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection, we spoke with the registered manager, area manager, two nurses, three care staff, one domestic, one activities worker, the chef and the maintenance officer. We spoke with eight people who used the service, 12 of their relatives and six visiting healthcare professionals.

We looked at four people's care records in full, three people's care records in part, four staff recruitment files, staff training and supervision records. We also looked at records in relation to the management of the service, including quality audits, surveys and development plans.

We used the Short Observational Framework for Inspection 2 (SOFI 2). SOFI 2 is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People's care plans included detailed risk assessments to identify and reduce risks to people. Documents were individualised and provided staff with clear guidance.

We identified one person who had developed a pressure sore whilst in the home. A risk assessment was in place which identified this person was at high risk. Staff had failed to monitor this person's skin integrity, despite a concern being highlighted to the home by a healthcare professional that the skin had started to break down. Action taken once the pressure sore had been identified was not sufficient to reduce the risk of further damage. The service introduced four hourly turns which was insufficient to reduce the risk of further pressure damage. The pressure sore deteriorated further until two hourly turns were introduced by the service. We found the development of this pressure sore had been documented in incidents records and was awaiting an incident analysis to be completed by the registered manager. The registered manager told us they would complete an investigation into this matter and share the outcome with CQC and the local authority safeguarding team.

Staff were not always effectively deployed to meet the needs of people. We received mixed opinions from people and relatives regarding staffing levels. A relative told us, "I think they're all safe here, there's always staff around." One person told us, "I think they're a bit short of staff from time to time, but yes they do sometimes have time to stop for a chat." Another person told us, "Sometimes staff come when I use my call bell, other times I have to wait."

We discussed staffing levels with the registered manager who advised that they are staffed to the organisation's dependency tool. The registered manager advised they would review the deployment of staff and allocation of staff breaks to ensure sufficient staffing levels were available throughout the day.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. We identified incidents had been referred to the local safeguarding authority when required. We found one example when information submitted by the provider in relation to a safeguarding incident was not sufficient. Full information that was known by the provider had not been fully disclosed. We highlighted this to the registered manager and action was taken to immediately address this.

People told us that they felt safe, one person told us, "I feel quite safe yes, that's because of the surroundings and there's people about." Relatives told us, "[Name of person] is very safe here. They sometimes have trips and falls but that's because they try to stay independent. The risk is managed well."

The provider had systems in place that ensured people's medicines were managed consistently and safely by competent staff. Medicine information had been included in people's plan of care and each person had a medication administration record (MAR) that staff signed each time they administered a medicine.

We looked at the recruitment records for four new members of staff. These records evidenced an application

form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check to help employers make safe recruitment decisions. The provider had a system in place to monitor nurses' registration.

The implementation of infection control procedures ensured people and staff were protected from the risk of infection. Staff had access to personal protective equipment (PPE). Regular audits and environmental checks were in place. One relative told us, "There are never any bad smells here."

Accidents and incidents were monitored to ensure staff followed the provider's policies and procedures and to identify any patterns that might be emerging or improvements that needed to be made.



## Is the service effective?

### Our findings

Care plans showed people's needs were assessed and evaluated on a regular basis. Plans gave information about people's diverse needs including their health needs and how they were to be addressed. Records detailed community health professional's involvement. One person told us, "They're very good with the doctors if we want one."

We identified large delays in relation to some people's chiropody appointments. The registered manager assured us that this would be immediately addressed. We also identified some delays in sending stool samples to GPs. No impact to people was noted due to this delay. This observation was shared with the registered manager and they advised that this would be addressed with the staff team.

Lunch time was observed to be a pleasant experience. People had choice in what they wanted to eat and these choices were accommodated. Most people told us they were happy with the food. One person said, "I think the food is quite good on the whole." People who required support with their meals were observed to receive appropriate and dignified support from staff. The chef had good knowledge and an understanding of people's dietary needs and requirements. There were systems in place to support staff in meeting people's nutritional needs, including the use of monitoring charts and weight records.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records we examined showed that any restrictions were deemed to be in the person's best interests and the least restrictive option. Staff had good knowledge and understanding of MCA and best interest meeting records evidenced that the decisions were made in consultation with staff and relatives.

New staff were supported to understand their role through a structured induction. Following induction, all staff entered into an on-going programme of training which provided them with skills to meet the needs of people. The staff we spoke with were positive about the training provided and they felt supported by management. Records showed staff received regular supervision and annual appraisals. A staff member told us, "The manager has made sure I have had all the support I need in my job role and I'm now completing additional training to become a care practitioner at Barchester."

People and relatives felt staff had the right skills and experiences to do the job. A relative told us, "The staff seem to be well trained."

The premises were well-appointed and pleasant throughout and people's bedrooms were personalised. Dementia friendly signage was used throughout the building to help people orientate themselves. People had access to a secure garden area that was pleasant and inviting. People living with dementia had easy access to items to help distract them such as twiddle mitts and rummage boxes in corridors and wall mounted activity boards. A rummage box is a container filled with familiar items as a means of reminiscence. Twiddle mitts are a knitted band with items attached for people to twiddle with, providing them with stimulation.

## Is the service caring?

### Our findings

We received mixed opinions about whether the home had built open and trusting relationships with people, their families and professionals. One relative told us, "Staff here are excellent, they are all very friendly and approachable. There is good communication between them and us." However other relatives told us that their concerns had not been addressed or they were reluctant to be open and honest about failings in people's care for fear of reprisals.

Some families raised concerns about the basic level of care provided to their relatives within the home. Observations and documentation demonstrated that a number of these concerns were justified. One relative told us, "There's not enough attention given to personal care. Sometimes when I visit [name of person] has not been cleaned after dinner, and they have not been supported to go to the toilet." Other relatives told us that they felt staff did not like them visiting the service as they complained too much. One professional told us, "I have experienced staff's unprofessional attitude towards me but I have seen them being worse towards the person's family."

We received mixed opinions from professionals regarding how they were received at the service. Two visiting professionals told us, "We are made to feel welcome when we come here, the odd time we struggle to find a staff member but usually its ok." Other professionals told us, "I have found staff to be very unprofessional in way they spoke to me" and "We felt challenged as to why we were attending the service."

We shared these concerns with the registered manager and area manager who advised this had already been identified and systems were in place to address this.

Inspectors raised concerns with the registered manager during the first day of the inspection about the unprofessional and abrupt manner in which some staff communicated with the inspection team. On the second day of inspection, this communication had improved.

We observed some staff expressed positive values and a commitment to caring for people. Relatives told us, "Staff are brilliant here" and "Staff are very caring to [name of person]. They are not afraid to show them affection." Another relative told us, "On the whole staff make people feel welcome and staff are lovely, a few are exceptional. However, there are one or two exceptions to this."

We observed a group of people sitting in the lounge after lunch. We completed a SOFI observation for a period of 50 minutes, which recorded minimal interaction from care staff and no stimulation offered. All the people were placed in front of the TV in their wheelchairs. No choice was offered to people as to where they would like to sit or what they would like to watch on the TV. The TV volume was set at silent with subtitles displayed. One person asked to go the toilet. The member of staff pleasantly advised them, "I'm not sure who can take you." This person was left to wait for 30 minutes in the reception area for staff to assist them to the toilet as staff prioritised moving people from the dining room.

One relative told us, "There is no regime for people to go to the toilet, especially after meal times, I feel they

just let people use their incontinence aids instead of taking people to the toilet."

We shared our concerns with the registered manager regarding people's access to the toilet and how this failed to uphold their dignity. The registered manager advised they would look at the deployment of staff after lunch to address this issue.

We observed at times that people's independence was promoted through the care they received. Care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence. Some relatives confirmed that staff promoted people's independence where they could.

People's cultural and religious needs as well as likes and dislikes, were considered when support plans were developed. Care plans included personal history information and cultural and religious needs. We observed a church service being held within the home during our inspection.

Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

## Is the service responsive?

### Our findings

Pre-admission assessments were completed prior to any person being offered a place to live in Mallard Court.

People and their relatives were involved in the development of their care plans. Plans contained individualised information and they complied with the accessible information standard through asking, recording and sharing communication needs people had. People's communication needs were recorded in care plans and care plans included evidence of reviews.

One healthcare professional raised concerns about the quality of care plan reviews. They told us, "The care plan was not up to date and there were inconsistencies." They also told us that they had seen improvements had been made recently to address this. We looked at seven care plans and we could see that regular reviews were taking place.

Staff were aware of people's cultural and religious beliefs and supported them with this. A staff member described how they worked creatively with a person to continue to follow their religion whilst living with dementia. Staff took into account the person's mental capacity, choice and their personal history, working with their relatives to ensure this person's religious practices were maintained.

We received mixed opinion as to whether the service was responsive to concerns or complaints raised. Some relatives told us that they felt the registered manager responded well to their concerns and would take immediate action. We saw there was a complaints policy in place. Records of complaints were kept and responded to within appropriate timescales.

One person told us, "I think everything's okay here, I've nothing to moan about."

One staff member told us, "If a person had any worries or concerns, I would invite somebody to speak to me to try and understand what they were worried about. I would then make sure that my manager knew that the concern had been raised and get their permission to do as much as I can to resolve it."

The service continued to listen to people, through holding regular meetings for people and their relatives.

People's end of life preferences were individualised and included the person's religion and funeral preferences. Staff received training in end of life care enabling them to help facilitate these discussions with people.

People were enabled to engage in activities, both within their home and in the local community. Two activity workers delivered in house activities such as card craft, games, jigsaws, library, bingo, one to ones and knit and natter. We saw there was a weekly programme of activities in place and were told this was flexible to suit people and their choices.

People were supported to access the community and visit local places of interest and events were organised within the home such as church services, animal visits and entertainers. One person told us, "There's quite a few activities to do." Some relatives felt not everyone had equal access to activities, "There seems to be some favouritism, it's always the same people who get taken out I've noticed. They should take it in turns." Another relative said, "I do think there's some favouritism though, it's the same ones that are taken out all the time. Some never get out." We discussed this with the registered manager who told us that those who attend activities would be recorded and monitored to ensure equal access for all in the service.

## Is the service well-led?

### Our findings

We received mixed responses from people and their families regarding the management of the service. Relatives told us, "The manager is nice some days but not on others" and "I'm worried about reprisals on [name of person] if I say anything to the manager." Some relatives spoke highly of the management of the service. Relatives told us, "The manager is very approachable" and "The manager is approachable and says that they will deal with things."

One person told us, "There are a lot of good points about the service, but some not so good. For example, the organisation of the place is not top notch."

There was a culture within the service of staff communication being unprofessional and unwelcoming. The unprofessional attitude of some staff was a key theme throughout the inspection from relatives, people and professionals. This negative feedback sometimes included the registered manager. Whilst the registered manager and area manager told us they were aware of some concerns and measures were in place to address this, we found further improvements were required.

Some relatives told us they did not feel satisfied with the outcome of their complaints.

There was a quality monitoring system in place to help monitor and deliver on improvements to the care people received. The registered manager and seniors completed a number of weekly and monthly internal audits to help them understand what was happening directly with people and to establish how they could learn from any mistakes made. Some concerns we found as part of this inspection had been identified through this audit system and were being addressed by the management. However, some concerns had failed to be recognised. We discussed this with the senior management team who gave assurances that our concerns would be looked at and addressed.

The registered manager assisted us with our inspection. Records requested were produced promptly and the registered manager was open to working with us.

All of the staff we spoke with felt able to approach the registered manager and said there was an open-door culture in the service. A member of staff told us, "The manager is always so pleased to see me and is happy for me to share ideas with them. They have supported me really well." Other staff said, "I have never had any concerns about voicing anything that worried me, I can always pop in and speak to the manager at any time" and "The manager is brilliant at dealing with things."

Feedback from people, their relatives and staff was sought through meetings and surveys. Feedback from the last survey showed mainly positive responses. Information was summarised and shared with people and relatives through meetings and displays on notice boards.

The registered manager understood their relevant legal requirements and had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We saw the

ratings from the last inspection were displayed in the service and on the provider website which is a legal requirement.