

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Mallards is located in Bedford and provides personal care and accommodation for up to 23 older people who may also have dementia care needs. The service is situated over three floors and has communal areas which include a lounge, dining room and conservatory. On the day of our inspection there were 21 people living in the service.

At the last inspection, the service was rated Good.

The inspection was undertaken as part of our routine re-inspection programme, to review the rating from the first comprehensive inspection completed on 11 November 2014. At this inspection we found the service remained Good.

People told us that the service was extremely caring and that staff consistently went the extra mile in ensuring they received support that was kind, courteous and always considerate. People and their relatives were forthright in their praise for the gentle and empathetic care provided at the service. They told us that people's individual needs were considered to be supremely important by staff and that each member of staff supported people in a dignified and gracious manner. People said that without fail, staff went above and beyond to ensure that they received care that was right for them.

Staff had nurtured meaningful and trusting relationships with people which had a significant impact upon their health and well-being. People were exceptionally happy and we observed that they spent large parts of the day with big smiles on their faces, laughing and engaging with staff and each other in a really sincere and positive manner. People were valued for their contribution towards the service and their involvement was never forgotten, even when they had left.

People were inspired and empowered to be as independent as possible and made to feel as though their contribution was extremely important. Staff enabled people to take on small, but valuable roles and people were supported by exceedingly dedicated staff that were very knowledgeable about how to meet their needs. Staff instinctively knew how people preferred to be supported, and were skilled in communicating with them and facilitating them to make as many decisions for themselves as possible. People were fervent in their belief about the positive impact that staff had made to their lives and how much their support had changed their lives for the better. People told us they could always rely upon staff to be there for them and provide support, affirmation and a friendly, caring face at all times. People and their relatives were placed firmly at the heart of the service, with all aspects of care being focused on them.

People felt safe in the service. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated to ensure they had as much independence as possible. Staff were recruited using a robust process and numbers of staff were appropriate to meet people's needs. There were safe systems in place for the administration, disposal, storage and recording of medicines.

Staff received an appropriate induction and regular refresher training to make it possible for them to perform their roles appropriately. People were supported to have choice and control and staff cared for them in the least restrictive way possible; the policies and systems in the service support this practice. Where appropriate people living at the service had their freedom lawfully restricted under a Deprivation of Liberty Safeguard (DoLS) authorisation. People enjoyed a choice of dietary intake and were able to access healthcare professionals, such as their GP and dentist to maintain their health and well-being.

People received person-centred care, based on their likes, dislikes and individual preferences and care staff were guided in the delivery of care through robust care records. People's hobbies and interests had been identified and were supported by staff in a way which involved people to prevent them from becoming socially isolated. The registered manager attended to complaints and concerns in accordance with the formal complaints policy.

The service had a clear ethos and a positive culture. Staff members were motivated to perform their roles and meet people's needs. The registered manager was known to people, relatives and staff members and was approachable to all. They, and the provider, carried out regular quality assurance processes to help the service develop and improve.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was extremely caring.

People had developed strong and positive relationships with the staff that worked within the service. They told us that the care and support they received was exemplary.

People's care was provided with warmth and compassion and in a way which respected their independence and empowered them to retain a variety of skills.

Staff supported people in an encouraging and collaborative manner and we found there were positive interactions taking place. People were at the heart of the service delivery with staff consistently going above and beyond to ensure that people received the right care.

Staff had an in-depth knowledge and understanding of people's needs and what was important to them. People felt they had been listened to and their views and feelings respected.

People's privacy and dignity was maintained by staff who worked hard to promote this at all times.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains good.

The Mallards

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This contained information about the service and how the provider planned to develop it. We reviewed the PIR along with other information we held, including statutory notifications which the provider had sent us. We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven people who used the service and three relatives. We also spoke with two health and social care professionals who were visiting the service.

To ensure we took into account staff's perception of the delivery of care, we also spoke with the registered manager and provider, the operational manager, two senior carers, three members of care staff and one member of kitchen staff.

We reviewed the care records for eight people living at the service to see if they were up-to-date and reflective of the care which people received. We also looked at staff recruitment records for five members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the

service was run.

Is the service safe?

Our findings

People were protected from harm and abuse. One person said, "I couldn't feel safer." Relatives also confirmed that their loved ones were safe and secure within the service. Staff had a good understanding of abuse and how to report it and had received training to guide them in the correct processes. One staff member told us, "I want everybody to be safe here; if I needed to I would report anything to the manager." Records showed that incidents and accidents, including safeguarding concerns, were reported to the relevant agencies and that appropriate action was taken to manage them.

People had risk assessments in place and we found that risks were managed appropriately. Staff felt able to ensure people's safety because they had appropriate guidance in place. One staff member said, "We make sure risks are assessed so that people can try and have as much independence as possible." We saw that there were individualised risk assessments in people's care plan, as well as generic ones for environmental risks which affected the whole service.

There was enough staff working at the service. One person said, "I always see lots of them, each day. I think there are plenty of them." Staff said that staffing levels were good, and that the registered manager would help out with care when the staff team were particularly busy. Staff rotas confirmed the staffing levels were consistent with the amount of staff on shift during our visit.

Staff were recruited safely into the service. The registered manager confirmed that all staff went through robust pre-employment checks before starting work and records showed that the provider carried out sufficient checks to ensure staff were of good character. These checks included Disclosure and Barring Service (DBS) criminal record checks and previous employment references.

People were safely supported with their medication. One person said, "I always get my tablets on time, like clockwork." Medication was administered safely and stored securely in a locked trolley, with appropriate temperature control checks in place. Medication Administration Records (MAR) were present and accurate in all the records we reviewed. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present. Medicine audits had taken place regularly.

Is the service effective?

Our findings

People felt that all the staff were well trained and understood what they had to do to meet people's needs. One person said, "I watch them doing things and think to myself; they know what they are doing." Staff members received the training and support they needed to meet people's needs. One staff member said, "The training here is very good, we get refresher training and can request additional training as well. It all helps us to give the best possible care."

New staff members received induction training and spent time shadowing experienced staff to get to know the people they would be supporting and the service. All staff received regular training and refresher sessions to maintain and develop their skills. There was also regular supervision for staff to ensure they were able to discuss any concerns or development needs. Records showed us that induction; regular training and supervisions had taken place.

Staff always gained consent from people before attempting to provide care. One person said, "They never start without asking me and they always respect my decision." Staff told us that they would always ask people before providing any form of care. During our inspection, we saw staff gain consent from people on a number of occasions.

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). Where people lacked the mental capacity to make their own decisions, the service took followed the principles of the MCA to and made best interest's decisions on their behalf.

People were supported to maintain a healthy and nutritious diet. One person said, "The food is always lovely, we have lots of choice and if we don't want something then the chef will always find something we like." People's specific nutritional needs were recorded in their care plans and the kitchen staff were aware of people's different needs, including any cultural needs, which may affect their diet.

People had support to access health services. One person said, "If I need the doctor they would call them for me." Staff provided support to attend appointments, but ensured that healthcare professionals also came in to the service. One healthcare professional told us, "I have no concerns at all about how people are treated here; if they need to go to an appointment or see someone then staff make sure it happens." People's healthcare appointments were recorded in their files and staff ensured the guidance given was followed.

Is the service caring?

Our findings

People and their relatives were incredibly keen to tell us how delighted they were with the care and support they received. One person said, "The staff have been marvellous; I can't fault them at all." Another person told us, "They have truly saved my life. If I hadn't have come here I don't know where I would be. They are all so friendly and kind, always smiling and always willing to help. They always do more than they need to without thinking anything of it." Everyone we spoke with stressed how staff consistently went the extra mile for people to ensure their needs were fully met.

One person wanted to advocate on behalf of the service and to tell us how good they thought it was. They said, "It's never what you want, to have to come in somewhere like this. Since I've been here, they have helped me through some tough times. I would recommend the home to anyone; as soon as I stepped through the door I knew it was for me." The general consensus from people was that the service was exceptionally homely and that all the staff were empathetic, showing consistent levels of kind-heartedness and understanding towards them.

In the written feedback we reviewed, we saw a significant amount of positive praise from relatives about the care people received at the service. One relative had commented, "My mother had to move to a care home following a serious fall at home in July. We chose The Mallards as it was recommended by a variety of health professionals. Everyone had mentioned how caring and friendly all the staff were. We are very satisfied with our choice. Well done to the manager and her staff! "

Healthcare professionals also discussed how people had made improvements in their health and well-being since moving to the service. One said, "Nothing is ever too much trouble, staff are always responsive and things get done when they need to. I would live here; it definitely passes the mum's test." They said that staff worked hard to provide the people with high quality care and reacted instinctively when additional support was needed.

Everyone said that staff worked hard to ensure that individual and person centred care was provided. One person told us that staff knew their favourite colour, how they liked their toast and just how they liked their morning coffee. Everyone commented on the remarkably attentive approach that staff at the service provided. One person said, "I don't even think they know they are doing it, it just comes naturally and even though the things they do sometimes are small, they really do make a huge difference." People, their relatives and professionals were hugely thankful for all the care and kindness shown.

We observed there was a relaxed atmosphere in the service, even when it was busy. Staff remained calm and prompted and supported people intuitively. The registered manager told people about the purpose of our visit and invited them, and any visitors to talk freely with us. They told us, "We tell people everything, it's their home and they should be comfortable with everything that goes on."

People's faces lit up when staff were close by. Each and every staff member, including the provider, took time to engage with each and every person. People were at ease with the staff that supported them. We saw

that staff listened to what people had to say and made them feel valued, offering words of comfort when these were required. Staff did not worry about being tactile with people, for example, offering solace to someone who was upset, using a gentle tone of voice and comforting words to enable them to feel secure.

People often reached for the hands of staff for reassurance and comfort and staff did not falter in their approach, taking time to give people a smile or a hug. We saw staff dancing with people to music, not worrying about what they looked like and creating a place of great enjoyment for people. We noted that one person was upset at the recollection of a bad memory. Staff and the registered manager were quick to react and spent time talking to and reassuring the person; who later told us how much they valued this interaction. Another person had become fixated on an item they had lost; records showed that this was a regular occurrence but staff reacted positively, searching for the item until it was found and reassuring the person that it had not been a problem. People trusted in the staff that supported them and gained relief from their presence within the service.

Staff took pride in their role; it was important to them that people were happy and had the very best quality of life. One staff member told us, "It sounds silly to say it but we are a big family, we all want the best for people and care about each other." Another staff member said, "I worry about people when I don't see them, because they are all part of my life." Staff told us they were extremely happy in their work and strived hard to ensure that people received the very best of care. This positive and motivated spirit enabled people to flourish and regain skills. It was based upon a team approach which placed people at the very heart of everything.

One staff member told us, "If it wasn't for people we wouldn't be here, we give them what they need. It's more than a job to us all." The registered manager said, "We all work hard to make this somewhere that people want to be, to give them a place where they can be safe but can enjoy their life."

People had forged close relationships with each other and staff because of this empathetic attitude. They looked out for one another, which added to the homely, family atmosphere. People told us how much they missed staff when they were not on duty and looked forward to hearing about what they had been up to. They spoke of how staff came in on their days off to see them or take them out, for example at Christmas. Relatives confirmed this and felt it showed how much staff cared and went that extra mile. One relative said, "All the staff here give 100%, more than that. You cannot fault them, they are here with a smile, and they come in to help out on days out because they want to. That really shows how much they care."

People were eager to tell us how staff supported them to remain as independent as they could be. One person explained how they wanted to be able to do things for themselves and discussed how they were could set the tables for meals and fold napkins. They also explained how they had raised concerns about accessibility to the garden area and had been involved in the process of making improvements to this so that people could access it and enjoy it on a more regular basis. Another person had a genuine desire to help children and as a result was supported to knit hats which would then be sent to other countries. People's individuality and diversity was respected and recognised by staff and consistent attempts made to provide people with everything they would have had, should they have been in their own home.

Staff communicated with people in a profound way on a regular basis, either as they entered a room or passed by someone. They always sought to ensure people were comfortable and had everything they required. Staff did not consider that they were doing anything out of the ordinary in how they communicated with people, but always made an effort and used humour as a means to support people when this was appropriate. They ensured they approached people in a way they knew they would get the best from them. Our observations confirmed that staff interacted very positively with the people they

supported. They spoke with people appropriately, using their preferred names and reinforced spoken words with non-verbal communication methods when appropriate, so that people understood what was being said to them.

People and their relatives had been involved in the planning of care. One person said they were asked a series of questions on admission to the service which they felt was a good thing. The registered manager explained that people were involved in their care planning to ensure it was person centred. Records confirmed that care planning had involved family members and people who knew each person well, such as their social workers. Changes were incorporated into care plans to ensure that they remained reflective of current needs.

People were supported to maintain their privacy. One person said, "They are very protective of that, they never leave you in the wrong way." Another person told us, "They are very respectful, in how they speak and act, they never show you if they are upset or tired. They don't judge me and always make sure I am treated right and my decision is respected." Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They always knocked on people's doors before entering their bedrooms and made sure doors and curtains were shut during delivery of personal care. One staff member told us, "I always think of how I would want to be treated or how I would want my relative treated and work in that way." Staff worked hard to ensure that people were treated in a dignified manner, not only during personal care but also during activities where explanations were given to people in a way they could understand. The service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Is the service responsive?

Our findings

People had their needs fully assessed before moving in to the service. One person told us, "I had a really good chat with the manager before I came here, she answered all my questions and we discussed how things would work. I knew from that, that I had made the right decision." The registered manager discussed with us how individuals were initially assessed to ensure their needs could be met. As a result of this process, people received care that was really personalised to their needs.

People's care plans contained personalised information about their history, likes and dislikes. Staff told us it was important that they had this information so they could provide suitable care, which was person centred and met people's needs in the right way. Staff members recorded daily notes so that information was able to be shared with staff coming on to shift. This meant there was an up to date record of a person's care for staff to access.

Care plans were reviewed on a monthly basis and staff told us that that input from people and their family helped them ensure the content of the care plan was an accurate reflection of the care people needed. Records confirmed that this was the case.

People were able to take part in a range of activities, both in the service and in the wider community. They spoke highly of the activities on offer. One person told us, "It really is good here; we have quizzes, do arts and crafts and even get to go out for meals." We saw an activity schedule which included singing, visiting musicians, and craft and reminiscence activities. These activities were on offer for people to take part in daily. We also saw that themed events were regularly held around times of the year such as Easter and Christmas.

The service listened to people's concerns and complaints and people's feedback was welcomed. People were aware of the formal complaints procedure in the home. One person told us, "I haven't ever needed to complain but I know they would listen to me if I did have any worries." All complaints and concerns were recorded and actions and responses were carried out for each of the complaints made in accordance with the provider policy. There were systems in place to record complaints and we saw that they had been handled appropriately.

Is the service well-led?

Our findings

People were involved in the development of the service, for example in completing satisfaction surveys, attending meetings and having regular contact with the registered manager and provider. One person told us, "We have regular meetings and we see the manager every day so we can chat if we want to." We saw useful information around the building for people, staff and visitors regarding safeguarding, the complaints procedure, newsletters and meeting minutes.

The service demonstrated good management and leadership. A registered manager undertook the responsibilities of the role of manager and was further supported by a deputy manager and the provider. A registered manager is a person who has registered with the Care Quality Commission 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.

People spoke very positively about the management of the home. One relative said: "The whole service is good, from the top down; nothing is ever too much trouble. They listen and act if we make suggestions." A staff member said, "Everything here is open and transparent, we all talk and discuss things." It was evident during the inspection that all staff worked well together; the registered manager was a visible presence and provided hands on care, support and guidance as required.

Staff were motivated to achieve their roles and understood what was expected of them. One staff member told us, "I really love it here; I come to work with a smile on my face." We observed staff working together as a team throughout the inspection and found the way they communicated with one another to be respectful.

The registered manager and operational manager talked to us about the quality monitoring systems in place to check the quality of service provided. They showed us that satisfaction surveys were completed to gain feedback on how well the service was doing, and to see if there were areas that could be improved. Where suggestions for improvements had been made, we saw that these had been acted on and dated. Other audits had also taken place including medication systems, infection control, falls, care plans and complaints. Action plans had been developed to address areas identified for improvement, as a result of these audits and there was evidence that actions identified for improvement had been carried out. Arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.