

# 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 

### Overall summary

The Mallards is registered to provide accommodation and support for up to 23 people who require personal care and may have a range of social, physical and dementia care needs. On the day of our visit, there were 23 people living in the home.

The inspection was unannounced and took place on 11 December 2014.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People who used the service and their relatives told us that they were happy with the care they received from staff, and felt that they were involved in decisions about their care and day to day choices.

We found that safeguarding procedures had been followed and that action was taken to keep people safe,

# Summary of findings

minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

Our observations confirmed that there was sufficient on duty staff to meet people's needs and keep them safe. Staff numbers were based upon people's dependency levels and were flexible if they changed. We found that staff had been recruited using a robust process, with effective recruitment checks completed so that people were kept safe and free from harm.

Systems were in place to ensure that medicines were stored, administered and handled safely. Staffing arrangements meant there were enough staff to manage medicines appropriately and to meet people's needs safely.

Staff were knowledgeable about the specific needs of the people in their care, so that the service was effective in meeting people's individual needs. People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the

MCA and DoLS to ensure that people who could make decisions for themselves were protected. Records we looked at that confirmed that where people lacked the capacity to make decisions about something, best interest meetings were held.

People could make choices about their food and drink and were provided with a choice of food and refreshments, with support to eat and drink where this was needed.

People had access to health and social care professionals as and when they needed, and we saw that prompt action was taken in response to illness or changes in people's physical and mental health.

The home had an effective complaints procedure in place. People and relatives told us that the staff were responsive to their concerns and that when issues were raised these were acted upon promptly.

We found that the service was well-led and that staff were well supported and consequently motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns to ensure that people were protected.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Risks had been assessed so that people received care safely.

Safe systems were in place for the management and storage of medicines.

Good



### Is the service effective?

This service was effective.

Staff were knowledgeable about the specific needs of the people in their care.

People could make choices about their food and drink and were provided with a choice of food and refreshments. They were supported to eat and drink where this was needed.

Arrangements were in place for people to have access to external health, social and medical support to help keep people well.

Good



### Is the service caring?

This service was caring.

People told us the staff were kind in the way they spoke to them and supported them with genuine care.

Staff spoke about people who used the service in a respectful manner and we observed that interactions between staff and residents were kind and caring.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

Good



### Is the service responsive?

This service was responsive.

People and their relatives were involved in decisions about their care.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

Family members and friends were supported to hold an important role in people's lives and to spend quality time with them.

Good



### Is the service well-led?

This service was well led.

Good



# Summary of findings

The service was well led by a registered manager, who was supported by a deputy manager.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider had internal systems in place that monitored the quality and safety of the service.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

# 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 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 December 2014 and was unannounced. The inspection was undertaken by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and found 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 with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with seven people who used the service, five relatives and three visitors. We also spoke with the registered manager, six members of care staff and one member of kitchen staff.

We looked at six people's care records to see if their records were accurate and up to date. We looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe living at The Mallards. One person told us, “Yes, I feel very safe living here.” We asked them why this was and were told that the staff kept them safe and made them feel looked after. Another person said, “It’s homely and I know all the other people, the staff are friendly to me. That’s why I feel safe.” This person told us that the whole ethos of the home made them feel safe and secure. This view was also expressed by the relatives of people living at The Mallards, who told us they felt that their family members were safe.

Staff told us that they had received safeguarding training in how to maintain the safety of people who lived in the home. One member of staff was able to explain to us what they considered to be abuse, for example neglect of care or physical abuse; they explained what action they would take if the suspected abuse. All staff were aware of the reporting process that should be used and were confident that any allegations would be fully investigated by the registered manager and the provider. Staff also told us that where required they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC.)

The registered manager told us how they had established links with the local authority safeguarding team. They said that they used them as a resource to ensure that staff had access to up to date information and to discuss issues of concern. We looked at records which showed that safeguarding concerns had been recorded within people’s care plans and were referred to the local authority for investigation. This demonstrated that the home had effective systems for ensuring concerns about people’s safety were managed appropriately.

We found that information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff told us that if they had a concern they would, “Report to management or higher up.” Another told us that they would, “Report to the Police if necessary.” It was evident that staff were aware of the systems in place to assist them in keeping people safe. Staff we spoke with were able to tell us who they would escalate their concerns to and said that they would not hesitate to use this process if they felt it appropriate.

Staff told us that possible risks to people’s health and safety had been identified within their care plans as part of pre assessments prior to admission or during reviews of care needs. For example, we were told that risk assessments guided staff as to the support people needed if they had an increased risk of falls, experienced reduced mobility or dietary intake or were likely to develop a pressure ulcer. The staff we spoke with demonstrated they were aware of these assessed risks and the associated management plans within people’s care records and told us how they used this information on a day to day basis to keep people safe. We found that risk assessments were in place and had been reviewed on a regular basis and amendments made to record people’s needs when their care needs changed. This meant that risk assessments were reflective of people’s care needs and could be used to support staff to reduce risks and keep people safe.

Staff discussed their awareness of the reporting process for any accidents or incidents that occurred within the service. They told us that accidents were reported directly to the registered manager so that appropriate action could be taken. For example, we were told about one incident where a person had fallen and another where someone had sustained a small skin tear. Staff felt that the system of reporting any accidents or incidents, however small, helped to keep people safe.

People who lived in the home and their relatives confirmed that there was enough staff to meet their needs. One person told us, “I know that people will come if I need them.” Another person said, “I always see staff about the home, I should say there are plenty of them about as we all get what we need.” Staff also told us that there were enough staff on duty at all times and that staffing had recently been reviewed. One member of staff told us, “We do have enough staff on duty and we know that if more are needed, that we can get them.” We asked the registered manager how they managed the staffing levels within the home. They told us that staffing levels were reviewed regularly and adjusted when people’s needs changed. We were told that staff numbers had recently increased to five carers on duty during the day because of an increase in the dependency levels of the people who lived in the service. We spoke with care staff who confirmed that this happened. We found that there were sufficient numbers of staff available to keep people safe.

## Is the service safe?

Staff told us that they had all been through a robust recruitment process before they started work at the home. We discussed the staff recruitment process with the registered manager and found that it included completion of an application form, a formal interview, two valid references, personal identity checks and a disclosure and barring (DBS) check. This demonstrates that staff that were employed to work at The Mallards were safe to provide care and support to people.

People told us that they received their medication on time and understood why they needed to take them. One person said that staff always gave them their medicine on time, which they valued because it gave them some reassurance. We observed staff administer medicines throughout our inspection and saw that they took time to explain to people what each medicine was, what it was for and offered to get more information for the person if they wanted it. They remained with people whilst they took their medicine and gave reassurance when people were uncertain if they should take their medicine. Staff signed the medication administration records (MAR) afterwards so

that if the medication was not taken, the correct code could be documented on the MAR chart. We looked at five MAR charts for people who lived in the home and noted that there were no gaps. Although there was nobody that self-administered medication, we spoke with staff about the systems in place to support someone should they wish to be independent with their medicines. We found that there were processes in place to support this, should it be required. This demonstrated that people received their medicine when they should and were kept safe and protected by the safe administration of medicines.

We saw medicines were stored safely in a locked room. The registered manager and senior staff were responsible for ordering, receipt, disposal of medicines and stock rotation and balance. We saw records which confirmed that medicines were checked on a monthly basis and that there had been a recent external audit from a visiting pharmacist. These checks demonstrated that the provider had processes in place so that people received their medicines safely.

# Is the service effective?

## Our findings

People who lived in the home told us that they received good care and were supported by well trained staff. One person told us, “They always know what I want and need.” People told us that staff looked after them properly, in the way they liked and they were satisfied with the care provided as this met their assessed needs. They also said staff spent time talking and listening to them.

Staff told us they had received training which had benefitted them because it was relevant to the needs of the people who lived at The Mallards. One staff member said, “We have a lot of training which really does help us. Training is what we need to continue improving.” We observed through their actions that staff had understood the training they had received. For example, in respect of manual handling where full explanations were given to people when supporting them to transfer and for those people living with dementia, where we observed that reassurance and distraction were used to support people.

Staff told us about their induction which allowed them to get to know the people who used the service before working independently. We were told that the induction programme supported staff to understand people’s needs and gain experience in a safe environment. In addition staff explained to us that they had a range of training to support people and keep them safe, including safeguarding, moving and handling, first aid and mental capacity. Staff also told us that they have annual refresher training to update their skills and knowledge and are encouraged to complete further qualifications such as QCF Level 2 and 3. We found that staff working in the home received additional training on how to support people with dementia and they told us that this was very useful in helping them to meet people’s needs. This meant that staff were appropriately trained and supported to meet people’s individual needs.

We saw evidence that staff received regular supervision and an annual review of their performance. We spoke with the registered manager who told us how staff received supervision every two months. The supervision sessions included themed sessions, on subjects including DoLS, safeguarding and dignity. Staff we spoke with told us that they found these sessions helpful and that they helped them to develop their skills and also to feel valued and

supported. The staff members we spoke to also told us that if they had any problems or questions between supervisions they could always go to the registered manager who, “Always had an open door.”

Staff told us that they always sought people’s consent before assisting them with personal care and that people had the right to refuse or accept their support. We observed this in practice on the day of our inspection. In the care plans we examined we found that people or their relatives had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

We spoke with the registered manager and staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that they had an awareness of the act and what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty was lawful. We were told that no-one who currently lived in the home was being deprived of their liberty or had any restrictions in place. The registered manager told us that applications would be considered for people in order of priority and based upon their needs. The service was therefore meeting the requirements of the DoLS.

Staff we spoke with confirmed that training in the MCA 2005 had taken place within the last year and that further training sessions were planned to update staff about what steps needed to be followed to protect people. The registered manager also told us that this would be discussed again in supervision sessions to ensure that staff awareness was maintained.

People were keen to tell us about the food they received at the service. One person told us, “I really enjoy the food here. It is so nice.” Another person said, “I always get a choice, I have a cooked breakfast and hot lunch and then if I want to I can have a hot dinner as well.” Relatives were also complimentary about the food saying, “They get plenty of choice about meals, if they don’t want what is on offer then they can have something else. It is never too much for the kitchen staff.”

We observed people having breakfast and lunch and found that the meal time was relaxed as the majority of people who lived in the home came to the dining room. People could eat in their own bedroom if they wished to do. We



## Is the service effective?

observed people chatting with each other and people were encouraged to eat at their own pace. For example, one person did not want their breakfast at their normal time and staff supported them to eat at a later time when they were hungry. Staff also supported and assisted people where required to eat their meal. For example, cutting up a food for people and staying with them whilst they ate their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request.

We spoke with staff and asked them what action they would take if they had concerns that a person was not eating well. They told us how they would offer alternatives which included supplements and that they would inform a senior member of care staff or the registered manager. Staff demonstrated through our discussions that they had a good understanding of the nutritional needs of the people they cared for.

People we spoke with, and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. One person told us that if they needed to they would visit their own doctor and the home would provide staff to support them. The registered manager told us that GPs would attend the home when required and also described a system in place which provided daily access to a healthcare professional who could prescribe medication to people if required. We spoke with two healthcare professionals who were visiting the home at the time of our inspection. Both told us that they had no concerns about the care that people received.

They told us that they received appropriate referrals which helped to ensure that people were looked after well. Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists.

# Is the service caring?

## Our findings

People, who lived at the home, and their relatives, told us they were very happy with the care provided. One person said, “Staff are friendly.” Another person told us that staff were, “Kind and really good.” One person told us that at one point there was a chance they could move away from The Mallards but that they did not want to go anywhere else.” They confirmed that this was because they liked the environment and that staff were friendly, kind and compassionate. Everyone we spoke with said that staff were kind and caring.

Relatives we spoke with told us, “I looked at a lot of places before placing [my relative] here. This is definitely the best. I always recommend it to people.” Other relatives shared this view, telling us that people were, “Cared for well” and that staff were, “Brilliant.” One relative told us that they “Wouldn’t want [their relative] to be anywhere else.”

There was a really homely and welcoming atmosphere within the home during our visit. This was as a result of the positive ethos that staff exhibited towards people when supporting them and in carrying out their roles. One person told us, “It really is just like a home from home here, they have items just like I would have in my house.” Staff took time to greet people and engage with them on each occasion that they entered the communal areas. One person commented that this helped them to feel like they should be in the home; they said they felt involved and included in everything that went on and this helped them to feel “loved.”

We observed the relationships between people who lived there and saw that staff were positive and caring, greeting people with genuine warmth and affection. For example, we noted that one person was anxious and saw that a member of staff took time to get down on the same level as the person and maintain eye contact, whilst holding their hand to offer reassurance. This person told us, “That really did mean a lot to me, just having someone hold your hand really does help.” One person told us that staff would go out and get things from the shops for them if there were unable to get out, which meant a great deal to them and made them feel that staff cared for them. We also saw staff supporting people in a patient and encouraging manner when they were moving around the home. Before staff provided assistance to people their permission was sought and staff explained how they would assist them in a caring

manner. Staff described to us how they adapt their communication for different people to help them understand what was being said to them. It was evident that staff were aware of how to approach people to ensure they felt valued and cared for.

Staff were knowledgeable about the people they supported and were very aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people’s needs were passed on to care staff through communication books, daily handovers and supervisions. This enabled them to provide an individual service.

People told us that they and their relatives were involved in assessing and planning for their individual care needs. We also saw that information was obtained about people’s health conditions, allergies and their level of independence was assessed so that suitable care could be delivered. People and their relatives told us that they felt involved and supported in planning and making decisions about their care and treatment. One person said, “I am always given a reason why staff need to do things.” Relatives said that they were always given explanations when they needed them and that these were expressed in a way that they could understand. Staff told us that they always tried to communicate with people in a way that they could understand; for example using simple words when people were confused and language that people could understand. This meant that people were supported to be involved in their care and treatment.

We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff told us how they would be, “Discreet” when supporting somebody to use the toilet or attend to their personal care. They said that they would try to promote people’s choices and only offer assistance if the person needed it, to help promote their independence. Staff also described the importance of confidentiality and told us that, “Information should not be passed on.” It was evident that staff respected people’s privacy and dignity and worked hard to maintain this.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for

## Is the service caring?

one person. We saw that the home had available information on how to access the services of an advocate. This meant that information on how to access the services of an advocate was accessible to people.

We asked staff and healthcare professionals about whether they would want a member of their family to live in the service. They all told us that they would. One said, “I would not work here if I did not believe in it, of course I would be happy for a member of my family to be here. We give good care.” Another told us, “There is no doubt about it, I would be happy for anyone I know to be cared for here.”

People told us that they could choose where they spent their time in the home and that this made them feel cared for. One person said, “If I was in my own home I could go where I want to, so why shouldn’t I here.” There were several communal areas within the home and people also had their own bedrooms which they were free to access at

any time. We looked at people’s bedrooms and saw that they were spacious and that people had been encouraged to bring in their own items to personalise them. There was also space within the home where people could entertain their visitors and where family members were free to eat meals with their relatives. There was a well maintained garden and access to a patio area which was easily accessible for people to use.

People told us that their relatives and friends were able to visit them without any restrictions. Relatives spoken with said that they were able to visit their family member at any time and staff always made them feel very welcome. One relative told us, “The door is always open, I’m here most days.” Another said, “I feel like part of the furniture!” It was evident that there no restrictions on visiting and family members were made to feel welcome and our observations confirmed this.

# Is the service responsive?

## Our findings

People and their relatives told us that they received the care they wanted and needed to meet their needs. One person explained how they had previously experienced an unsettled night time routine; staff had worked hard to improve this for the benefit of the person who reported now that they slept much better. Another person said that they had found the transition of moving homes difficult but that staff had helped them to settle in quickly to the home.

People and their relatives had been given the appropriate information and opportunity to see if the home was right for them before they were admitted. One relative we spoke with told us, "Before [my relative] moved in we came to have a look around and were given lots of information by the manager. That meant so much to me. I felt involved and part of the process. I knew this was the right place."

The registered manager told us that they provided people and their families with information about the service when they were admitted. This was in a format that met their communication needs and their ability to understand. The information included a welcome pack which provided information about the home, the facilities and the support offered.

On admission people told us that they were asked their views about how they wanted their support to be provided. For example, about their preference for their daily routine or the time they would like to go to bed. Staff told us that pre admission assessments of people's needs had been carried prior to people being admitted to the service and that this helped them to ensure they could meet people's needs.

People also told us that staff were aware how they wanted their care and treatment to be given to them. During our conversations with staff it was evident that they had a good

awareness of people's needs. Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed and staff told us that they were involved in these reviews along with the person and their relative.

Relatives and health care professionals told us that staff and the registered manager had kept them informed of any changes in people's wellbeing and we observed this on the day of our inspection, with visiting professionals being updated about one individual's condition.

We spoke with the registered manager who told us there was a dedicated activities person in the home who was responsible for planning activities. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they wished. We observed an activity session and found that the coordinator engaged with a group of people as a whole but made each person feel valued, with their contribution to the group being noted and respected. Conversations took place about the change in values that society now has; a subject that generated a good amount of engagement from people.

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. People told us the registered manager always listened to their views and addressed any concerns immediately. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. Records confirmed that there had been no formal complaints since our last inspection.

# Is the service well-led?

## Our findings

The home had a registered manager in post and it was evident that they offered support and advice to staff. We found that they were flexible in approach and willing to work on the floor when required as they told us that this ensured they had a good awareness of people's needs and staff abilities. The people we spoke to all knew who the registered manager was and told us that, "They are always about the building and they stop for a chat."

We found that the registered manager was supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management structure within the home and the wider service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them.

Staff told us that there was positive leadership in place, both from the registered manager and provider, which encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to review risk factors to

minimise the risk of reoccurrence. Information CQC held also showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way

The people we spoke with were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We asked the registered manager how they assessed and monitored the quality of the service provided within the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, whilst listening to people's feedback.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.