

ADASS EAST Accommodation Services (OP) for The Mallards



Overall Rating



Involvement and Information

Respecting and Involving Service Users

Standard Rating

Good



A01 The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- The Mallards is a residential care home for older people with dementia and associated needs. The home is registered for twenty three service users, at the time of my visit twenty one service users were living at the home. The Mallards is set over three floors with bedrooms across each of these as well as a communal lounge, dining room and large conservatory on the ground floor. The homes garden is well maintained with full access for all service users. Three service user electronic care plans were reviewed prior to the assessment visit with each service users additional reference paper files being reviewed during my visit. Two out of the three service users were subject to a Deprivation of Liberty authorisation (DoLs) Care plans were personalised, including a photograph as well as individual likes, dislikes, hobbies and interests. A separate recording sheet detailed "My Life History" which provided information around each service users early life including information about previous employment and family including holidays and family pets. Pre admissions assessments were in place for each of the three service users with clear and comprehensive information . Pre assessments included information provided by families with one service users daughter writing a full supporting document of preferred daily routines and key support needs for their mother. Details included dietary requirements such as the service user preferred foods such as having mashed soft foods and having a "sweet tooth" liking trifles, jelly , custard and ice cream. Each electronic care plan was clearly written with sub headings such as Communication, Night needs, personal care, foot / nail care, health care and medication, lifestyle and relationships, mental health, mobility and falls , nutritional needs and weight, and skin care. Daily records were completed electronically using the providers Person Centred Software (PCS). Care notes included details of personal care support provided and individual needs around pressure care monitoring and turning .Details of activities being offered along with daily choices of foods and drinks were also recorded.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Good



What We Found

- Electronic Care plans have recently been put in place and are located with the providers "Person Centred Software (PCS) computer systems . The manager at the time of my visit provided evidence of electronic care plans being printed and signed by service users next of kin / families involved in their care. Service user guides had recently been updated and were evident in each service users bedroom . Service User guides were detailed including pictures which were relevant. Care plans and service user guides were completed in standard text formats, however it was confirmed that documents could be adapted in other forms to meet any individual needs when required.

B01 Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

- From observations carried out of staff supporting service users over a lunch time period it was evident staff were addressing each service user in a respectful manner as well as offering choices. Care staff were calm and relaxed around service users and their was a friendly and positive atmosphere within the main lounge

and dining room areas where service users were choosing to eat their lunch. Carers were also observed offering service users a choice of an alcoholic beverage, water or juice with their lunch. Carers were also observed assisting a number of service users with moving and handling transfers from their wheelchairs into a lounge/ dining chair during lunch time. Carers were observed engaging with service users throughout any transfers checking service users were ok and ensuring they were seated comfortably before they left.

B02 Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Good
★★★★★

What We Found

- Two service users spoken to both confirmed they are happy with staff, with one service user confirming "whenever they need something staff are always there to help and support them". Another service user shared "they like all the staff adding they are all nice and friendly and nothing is too much trouble". Observations confirmed care staff were attentive and supportive to service user needs throughout the day.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Good
★★★★★

What We Found

- Service users confirmed within the Bedford Borough surveys that they were asked about the quality of the service they receive and how it could improve from the providers own satisfaction surveys . The manager also provided copies of recent residents meeting minutes which contained evidence of service users participation and discussion regarding the care and support they receive and any suggestions of any improvements requested.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Good
★★★★★

What We Found

- Two service users spoken to confirm their family visit them on a regular basis with one service user sharing they have their own telephone and call their family whenever they wish to do so . One service user spoken to confirmed that their family and grand children visit them on a regular basis. One service user spoken to confirmed they had just returned to the home from going out with staff in the morning to have their hair cut and lunch out. Another service user confirmed they prefer to stay inside at present but added when the weather is warmer they enjoy spending time sitting and relaxing the garden.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Good
★★★★★

What We Found

- Two service users spoken to confirmed they can join in with the homes daily activities if they wish to do so. One service user shared they are currently knitting a large blanket. The same service user confirmed they were looking forward to the homes annual Grand National sweepstake which was being planned at the time of my visit. Within the main lounge area a weekly activities timetable was displayed, and during my visit the activity co-ordinator was present supporting service users with Easter decorations.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★★

What We Found

- From staff completed Bedford Borough surveys staff were able to confirm how they treat service users with respect and dignity by giving the following examples. This included: Offering choices Explaining what you are intending to do before doing it Respecting service users opinions and choices Understanding service user individual needs and preferences when delivering any personal care Ensuring privacy and dignity is maintained for service users when carrying any personal care. Listening to what the service user is saying , not taking over and answering questions for them unless they require support Promoting independence

Involvement and Information

Standard Rating

Consent

Good



A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Good



What We Found

- Electronic care plans under Mental Health section recorded service users level of understanding including if they were subject to a Deprivation of Liberty authorisation. These were also held in paper format along with MCA's and Best Interest decisions. The manager keeps a tracker for all DoLS that have been granted. Best Interest plans evidenced the appropriate person/s had been involved with these decisions.
- During the assessment the manager confirmed Powher were contacted on the 02.02.22 and had advised the home needed to wait for the outcome of the DoLS application, as they would normally only get involved if the resident is deemed to lack capacity. The manager has now confirmed that on 14.06.22 the home contacted Powher who were made aware of the DoLS authorisation and the resident has been assigned an IMCA. Information has been added to all the MCAs. The manager has also confirmed this will be reflected in any MCAs going forward where this information would be required.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good



What We Found

- From staff observations carried out during a lunch time period, staff were seen gaining consent for administering medication and carrying out moving and handling transfers. Several staff were also observed supporting a number of service users with feeding and were gaining consent throughout.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good



What We Found

- From Bedford Borough staff surveys the following examples of their understanding of the principles of MCA and how they demonstrate this within their daily work practice included, Presuming someone has capacity unless assessed otherwise. A decision can be unwise but does not mean the person lacks capacity. Any restrictions imposed are least restrictive and evidenced based. To provide a person information to allow them to make their own choices and decisions. Supporting a person to make best interest decisions if they are deemed as lacking capacity. Decisions made should be decision specific. Always provide the person with choices and an opportunity to respond. Respect a persons choices, if a choice is seen as an unwise decision seek advice and support from the manager. Offering a range of choices and promoting a persons independence whenever possible

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good



A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

Good



What We Found

- There was some evidence of service users signing areas of their care plans. There was evidence of family involvement in pre admissions assessments and care plans with, the manager evidencing how they are now printing off care plans to be agreed and signed by the most appropriate person.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

Good



What We Found

- Each service users bedroom had photos of their Keyworkers displayed. Each service user has two Keyworkers to support them with daily care and support needs. Evidence was also seen in service users paper reference files of their allocated Keyworkers.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

Good
★★★★★

What We Found

- Each service user had been provided with the latest version of the providers Service User Guide which contained clear details of the home and all services provided along with contact details for making a complaint or raising concerns. Contact details included local Safeguarding Team and CQC ,as well as the manager and Operations manager for the service.

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good
★★★★★

What We Found

- Care assessments were comprehensive with person centred details for each service user of tasks they manage independently as well as details of support required. Care plans contained details of next of Kin and family contact details as well as evidence of family visits being recorded within daily logs. Assessments also included preferred communication , personal care, health care ,diet and nutrition, pressure care and mental health. Pre admissions assessment key details and person centred information for their daily care and support needs was then captured within each service users care plan.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

- Service user care plans reviewed contained MUST and Waterlow plans being reviewed on a monthly basis. Identified risks from pre admissions assessments carried out were in place as part of the service users care plan . Examples seen on file were falls risk assessments and manual handling risk assessments with detailed information for each identified transfer. PEEPS emergency evacuation plans were in place for service users with identified colour coded rag ratings.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good
★★★★★

What We Found

- Service user care plans were being reviewed on a monthly basis which was recorded on a paper format until April 2023, these are now recorded electronically. Electronic service user care plans reviewed all contained monthly review dates . Risk assessments were in place located on each service users paper reference file and reviewed monthly, no gaps were seen in these.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

- Daily records were reviewed for three service users and all contained evidence of key checks and monitoring being carried out by care staff in line with their care needs. Daily care notes included person centred individual support such as daily monitoring of pressure areas as well as details of choices offered and service user involvement. Evidence was seen of encouraging service users to make their own choices. Food and fluid intake was also detailed along with any personal care provided. Some evidence of activities being offered and undertaken by service users was also being recorded. All entries recorded were electronic using the providers PCS systems.

A11	Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.	Good ★★★★★
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What We Found

- Care plans detailed service users likes, dislikes, hobbies and interests. These also reflected tasks service users manage independently such as as choosing their daily meal preferences, choosing their clothing and taking part in daily activities. Care plans contained separate goals in relation to maintaining their current life skills and being supported to maintain their independence whenever possible.

B07	Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.	Good ★★★★★
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What We Found

- Two service users spoken to confirmed they were aware of their care plan and their families supporting them with providing information . Bedford Borough service user surveys confirmed that service users are involved in creating their care plans with several service users detailing staff also read them through to them to make them aware of care and support recorded. A number of service users recorded that the deputy manager has sat with them to review their care plan and make them aware of any changes required. Evidence of monthly care plans being reviewed was seen for each of the three care plans reviewed. Goals are recorded at the top of each care plan section .

B08	If a key worker system is in place then service users are aware of who their named care worker is.	Good ★★★★★
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What We Found

- All service users have photos of their allocated keyworkers displayed on their bedroom walls. Most service users confirmed within their Bedford Borough surveys that they were aware they have a keyworker stating they may forget the names on occasions.

B09	Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.	Good ★★★★★
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What We Found

- A number of observations were carried out including staff supporting two service users with their moving and handling transfers wheelchair to a chair using a hoist. Staff carried out the transfer in a safe manner ensuring they were aware of space as well as speaking with the service user throughout. A number of staff were observed assisting service users during meal times with eating and drinking. Again this was done in a respectful manner.

C03	Staff understand and can explain the role of the keyworker if used in the service.	Good ★★★★★
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What We Found

- A keyworker system is in operation, photographs of two allocated Keyworkers for each service user were seen on the bedroom walls. Within the main office there are details of the Keyworker system and role and responsibilities for each staff member allocated as a Keyworker. Within staff Bedford Brough surveys returned staff were able to provide examples of Keyworker role which included spending any spare time with the service user , supporting with any tasks they may need such as purchasing cards and presents for family birthdays ,and providing regular communication with the service users family.

Personalised Care and Support	Standard Rating
Meeting Nutritional Needs	Good ★★★★★

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good
★★★★★

What We Found

- Three service users care plans reviewed detailed their food likes and dislikes. An example given for one service user as having a sweet tooth particularly enjoying soft sweet foods such as jelly, ice cream and trifle's . Their care plan also stated they required a soft diet with meat being pureed as they were unable to chew foods very well. Care plans contained a specific heading of "Nutritional needs and weight" which records each service users dietary needs. The manager confirmed all staff as part of their induction complete the IDDSI framework for understanding dietary needs and food consistency . Care plans also contained details of any known allergies .

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good
★★★★★

What We Found

- MUST care plans were viewed along with monthly recording of MUST scores, with any required actions.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Good
★★★★★

What We Found

- Of the three care plans viewed support from additional services such a Speech and Language Therapist (SALT) was not required. The manager evidenced how referrals were made when required.

B10 Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Good
★★★★★

What We Found

- From completed service user Bedford Borough surveys, service users commented that they are offered daily meal choices and meals are served to their satisfaction. From observations made over lunch time during my visit meals looked balanced with fresh fruit and vegetables along with a range of drinks. The main meal was homemade chicken and leek pie, jacket potatoes were offered as an alternative with various fillings.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Good
★★★★★

What We Found

- During mealtime observations it was noted that choice of both food and drinks were being offered.

B12 Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.

Good
★★★★★

What We Found

- From discussion with a number of service users and discussion with the team leader it was apparent service users made their own choices of where they wanted to eat their lunch. The dining room was fairly small in size with most service users choosing to remain in the main lounge area to eat. Other service users were choosing to eat their lunch in the dining room or conservatory. Some chose to remain in their rooms to eat. For those that chose to remain in their rooms, staff ensured their call bells were in reach should they require assistance. Signage was viewed encouraging service users to request fluids throughout the day. The Service User Guide which each service user had a copy of within their own bedrooms also confirmed details stating meals, drinks and snacks are available at any time of the day.

What We Found

- Staff supporting service users over lunch time were observed wearing aprons, face masks and disposable gloves . Staff were observed clearing away service user plates when they had finished their meal.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good

★★★★★

- A15** Where the responsibility for the service user's care and support is shared with other providers, the care and support plans should evidence this co-operation. Where a named service user is transferred to one or more services, records should reflect this appropriately.

Good

★★★★★

What We Found

- Service Users PCS electronic support plans contained personal details which included all health professionals involved along with their contact details. Various health checks and appointments attended were recorded within each of the three service users care plans reviewed.

- B14** Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

Good

★★★★★

What We Found

- The three service users care plans viewed evidenced them being supported with health checks which included appointments with their GP and medication reviews. Several service users spoken to confirmed they keep in contact with their families by phone, staff will support them with this if they require any help.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good

★★★★★

- A17** Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible).

Good

★★★★★

What We Found

- Risk assessments were in place for service users care plans reviewed . These included moving and handling ,falls risk assessments, which were reviewed on a monthly basis in line with the overall care plan monitoring. Each section of the care plan contained details of highlighted support needs and staff requirements to reduce risks to service users. Deprivation of Liberty Safeguards (Dols) plans in place for service users for those that had an authorisation in place. Documentation of best interest decisions were viewed, these encouraged service users to maintain independence where possible.

- B21** Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good

★★★★★

What We Found

- From service user Bedford Borough surveys completed service users confirmed they did feel safe and supported by care staff. Observations carried out confirmed staff were attentive to service user needs and staff were seen reacting to service user requests in a prompt manner.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good
★★★★★

What We Found

- From staff Bedford Borough surveys returned staff gave some examples of how they would look for suspected abuse which included: Changes in the service users behaviours, A service user having an unexplained bruise, as well as examples of abuse such as Physical, Sexual, Financial, verbal, Mental , and modern day slavery. Staff also provided details of what they would do if they suspected abuse has occurred by , informing the manager, Deputy manager , team leader on shift, documenting their concerns. Some staff also recorded they would contact the local authorities Safeguarding team, and the companies Operations manager . Staff also recorded their understanding of Whistleblowing procedures by recording they are obligated to report any other workers who they suspect is or could be abusing a service user. Some staff also recorded that the staff member raising the Whistleblowing concern should be protected to raise their concerns without reprisals.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.

Good
★★★★★

What We Found

- Staff confirmed within their completed Bedford Borough surveys that they have completed Safeguarding, MCA and DoLs training and Whistleblowing training . The manager provided evidence of their staff training matrix which confirmed this appropriate training was completed for staff.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

- A Safeguarding poster was on display within the homes main entrance hall. This displayed appropriate contact details.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Good
★★★★★

What We Found

- The manager provided their Safeguarding file for review which contained an up to date copy of the multi agency Safeguarding policy at the front of the file. The most recent SV1 alert raised on file was dated 31.03.23, there was evidence of outcomes relating to these. A range of other SV1 alerts were on file. Details of follow up actions being taken were recorded with most having improved specialist equipment put in place to reduce risks and improve pressure wounds for service users , evidence of regular District nurse visits and guidance was also documented along with recommendations made by Safeguarding team.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good
★★★★★

What We Found

- Staff were observed wearing PPE equipment including aprons, gloves and face masks .

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good
★★★★★

What We Found

- Staff confirmed within their completed Bedford Borough surveys that they have completed infection control training and this was confirmed up by the managers staff training matrix. Staff gave the following examples of how they prevent infection by wearing PPE equipment to avoid any cross contamination , and having regular

cleaning schedules in place for each area of the home. Staff also gave other examples of how they reduce risk of infection by regular hand washing , use of hand sanitizers.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good
★★★★★

What We Found

- Observations of the home environment were carried out during two separate visits , observations confirmed the home was clean and tidy throughout, this included all communal areas and individual bedrooms. Bathrooms and corridor areas seen were all clean and tidy and were well maintained being decorated to a good standard. Bathrooms contained liquid dispensed soap and had a good supply of paper towels available. Staff were observed wearing appropriate PPE equipment including use of face masks throughout my visits. Daily infection control "environment" audits were in place which were reviewed monthly along with separate kitchen infection control audits, these had been signed off by the appropriate person.

E02 There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Good
★★★★★

What We Found

- Effective infection control and hand washing posters were on display around the home including bathrooms and toilet areas to remind all staff and visitors of the need to carry out effective hand hygiene and infection control measures overall.

Safeguarding and Safety

Management of Medicines

Standard Rating

Good
★★★★★

B16 Staff are observed to handle medicines safely, securely and appropriately.

Good
★★★★★

What We Found

- The team leader on shift was observed carrying out the lunch time medication round. The team leader confirmed they had worked at the home for the past eighteen years having gained extensive knowledge and experience of the service including supporting service users with their medications and administration. The team leader ensured when they were administering medications to service users in the lounge and dining room areas that they kept the medication trolley locked . They were observed gaining consent before administering their prescribed medication. A drink of choice was offered to each service user to support them in taking their medication.

B17 Service users confirm that they are involved in decisions regarding their medication.

Good
★★★★★

What We Found

- Two service users care plans reviewed confirmed they were subject to a DoLs authorisation and required full support with managing their medication. Service users confirmed within their Bedford Borough surveys that are supported by staff with their medication. Evidence was seen of medication reviews taking place for service users within their care plan.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good
★★★★★

What We Found

- Staff confirmed within their Bedford Borough surveys that they have completed the providers medication training as part of their initial induction training and that they do receive annual medication refresher training. From observations carried out during my visit one team leader who was carrying out a lunch time medication round was very experienced and knowledgeable carrying out correct medication practices. The managers staff training matrix also evidenced a total of ten staff are trained

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

- The home had one medication trolley which was stored in the main office when not in use. The trolley was tethered to the office wall when not in use. The service users medication stocks were stored in a large locked cabinet within the main office and a fridge for medication storage was also present in the office . Daily fridge temperatures were being recorded . The fridge was not over stocked and was clean and tidy. The main medication storage cabinet was labelled into sections for safe storage of each service users medication stocks. A controlled drugs cabinet was bolted to the office wall and was locked at all times when not in use. Bottled and boxed medications that had been opened and in use stored within the medication trolley had been signed and dated by staff opening them . No covert medications were in place for service users as confirmed by the home manager. Homely remedies were in place and each homely remedy medication in use had their own separate recording book , the manager provided a copy of the providers homely remedies policy. A team leader was observed carrying out their lunch time medication round during my visit and the team leader ensured they locked the medication trolley when it was not in use .

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Requires Improvement
★★★☆☆

What We Found

- Medication reviews were documented within service user health appointments which included changes to service users medications from staff discussions with service users GP. Daily CD medication was checked and double signed for by staff , weekly CD medication audits were carried out and highlighted within the CD stock recording book. Additional monthly medication audits are carried out by the deputy manager. Staff who are trained to administer medication to service users receive medication annual competencies training as well as three yearly update medication training. Service user MAR sheets were reviewed. One service user MAR sheet checked contained no details of any allergies with the box being left blank. In addition the same service users MAR sheet for a prescribed tea time medication was left blank not signed by staff on the 28.03.23. The manager was made aware of both of these issues and checked the service users blister pack for their tea time medication and confirmed the medication had been dispensed just not signed for. The manager confirmed they would follow up on both issues. MAR sheets were colour coded with details of service users PRN medication. One service user who's MAR sheet recorded they had two separate PRN medications prescribed only had one PRN protocol in place . PRN protocol's reviewed contained no details of their next review date.

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

- Two service users care files viewed who were subject to a DoLS authorisation required full support with their medication management. Service users care plans contained detailed and comprehensive information under "Medication and Health" of all medications prescribed to them along with the reason each medication has been prescribed. The team leader on shift carrying out the lunch time medication round confirmed no covert medication is in place for any service users as not required.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good
★★★★★

E04 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good
★★★★★

What We Found

- Entry key pad systems were in place for the main front door and all staff were observed wearing name badges. From observations carried out during a "walk about "of the home fire exits seen were also free from hazards and fire doors were being maintained without use of door wedges.

E05	The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.	Good ★★★★★
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What We Found

- The manager was able to provide risk assessments for the safe storage and use of oxygen required for one service user. Another risk assessment was in place for the homes lift along with safety and maintenance checks. These are carried out by external contractors. Safety inspection certificates were also seen within the providers Service agreement file.

E06	There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.	Good ★★★★★
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What We Found

- The home operates key pad entry systems and doors are alarmed to reduce the risk of a service user leaving the home without staff awareness. A visitors signing in / out book was in place and staff did check my ID badge before entering on the first day of my visit.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Good



C08	Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.	Good ★★★★★
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What We Found

- Staff recorded within their Bedford Borough surveys that they did have specialist moving and handling equipment in place which included hoists, slings, handling belts, rotary stands and sliding sheets. Staff confirmed they had received training which was confirmed within the managers staff training matrix.

E07	Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.	Good ★★★★★
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What We Found

- Specialist maintenance equipment checks were in place under LOLER for hoists and separate bath hoists which were completed every six months via an external contractor. From observations carried out hoists were being stored safely within service user bedrooms and staff were observed transferring service users in the dining / lounge areas of the home over one lunch time and were being careful and respectful to service users when they were being transferred in communal areas.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Requires Improvement



D01	Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.	Good ★★★★★
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What We Found

- Three staff files were reviewed as part of the assessment process . All three staff files contained two reference checks , interview information and relevant job offer letters. DBS checks with an additional managers spreadsheet for all staff to evidence dates of each staff members DBS checks being completed. The manager confirmed that the provider only completes an initial DBS check prior to starting in post and that the company employee a discussion based annual review within one of the staff 1-1 meetings to evidence they have had a discussion with each staff member annually regarding any further criminal convictions to declare. A recommendation would be for the provider to encourage staff to sign up to the DBS update service. Photo ID evidence was seen on each staff members file along with government right to work details with dates of work permit expiry dates. Other forms on file included terms of employment ,interview record sheets, health

questionnaires, training and induction details, details of previous work experience within health and social care and details of any previous qualifications gained or details of the staff member being new to care and having started or completed the care certificate. Details of new staff observation training was recorded along with signed agreements for staff supervisions.

- D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

None

What We Found

- No agency staff are currently used by the provider as confirmed by the home manager so no agency staff details were reviewed. No voluntary staff were being used by the home at the time of the assessment visit.

- D03** Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Requires Improvement
★ ★ ★ ★

What We Found

- A total of three visiting professionals were confirmed by the manager with DBS checks being carried out for each of the three visitors. The visitors were a Chiropodist, Fitness instructor and hairdresser dates of each of there DBS checks were checked and confirmed at the time of my visit. Two of the professionals visitors DBS checks had been completed within the last twelve months with the visiting Chiropodists DBS being issued on 30.09.19. The manager confirmed their head office are responsible for updating DBS checks every three years along with annual public liability insurance documents for each visiting professional . The manager also provided copy of their risk assessment for visiting professionals which stated staff would lease with each professional person visiting the home and monitor each visit . Copies of DBS checks and insurance documentation were seen for each of the three visiting professionals.

- D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★ ★ ★ ★ ★

What We Found

- At the time of my assessment visit the manager confirmed they did not have any agency staff , students or volunteers working within the home so no induction information was seen .However the manager confirmed they could provide an adapted induction package to support if any students or volunteers were being considered to work within the home.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good
★ ★ ★ ★ ★

- B18** Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Good
★ ★ ★ ★ ★

What We Found

- From observations made and review of the homes staff rota over two separate days it was noted that there were sufficient numbers of staff on duty with the appropriate skills to meet the needs of the service. The manager confirmed they operate with a minimum of 5 staff on each AM/PM shift, this was reflected in the rota. The manager confirmed they and the deputy manager are supernumerary and are therefore available to support in the event of staff shortages. Staff were observed talking to service users in an appropriate manner and spending time listening to what service users were saying . On discussion with several service users they confirmed that staff were kind and always offering support when requested.

- C09** Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★ ★ ★ ★ ★

What We Found

- Staff confirmed within their completed Bedford Borough surveys that they do feel the home has enough staff on shift . Staff also confirmed the manager will put shifts available on the office wall for staff to pick up other shifts if they wish to do so. The manager confirmed their sister homes support each other with bank staff to avoid the use of any agency staff.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Good
★★★★★

What We Found

- Staff rotas reviewed evidenced a good mix of staff experience on each shift with a minimum of 5 staff on each AM / PM shift the manager and deputy manager were also present in the home during the day and were supernumerary but could support the home and care staff in an emergency. Team leaders are also on each shift and reflected within the rota , who also have NVQ qualifications and have extensive knowledge and awareness of service needs.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- The manager confirmed the home does not use agency staff as the company have other locally based homes that support each other with the use of bank staff . The manager provided a copy of their business continuity plan which detailed a wide range of emergency scenarios and agreed action plans for each scenario having clear details for all staff to follow.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- From completed staff Bedford Borough surveys most staff confirmed they had completed a NVQ level 2 or 3 in care with some staff confirming they have completed a level 5 NVQ qualification . One staff member did however confirm they had recently started working on their Care Certificate as they were new to care. Staff confirmed they completed an initial induction which included shadow shifts theory and practical training in line with the providers induction standards.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- The manager and Operations manager shared all staff have a minimum of 4, 1-1 supervision meetings each year which includes staff development. Group supervisions also take place as well as additional training and staff development. This was referenced by staff in their Bedford Borough surveys. Staff stated the company does not carry out staff annual appraisal staff reviews.
- During the inspection, the manager showed me how they address the staff appraisal system, which is incorporated within the homes staff supervision process. The manager confirmed how they still look at staff personal development, training and taking any personal issues into consideration as well as their mental health and wellbeing whilst in our employment. However they choose not to refer to this as an appraisal.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good
★★★★★

What We Found

- Staff detailed within their Bedford Borough surveys that as part of their initial induction training they carried out some shadow shifts with experienced staff and undertook a range of training courses including .. Moving and handling Safeguarding Fire safety Infection Control MCA & DoLs Dementia awareness Food hygiene Health & Safety Staff also mentioned they learned about the history of the company and information about the service users as part of their induction. Staff confirmed training is updated annually.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Good
★★★★★

What We Found

- The manager confirmed the home do not use agency staff as they have bank staff available to provide a more flexible and consistent approach.

C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★★★★★

What We Found

- All staff confirmed within their Bedford Borough staff surveys that they would report any concerns of staff bullying or harassment to their line manager.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- The manager provided details of the homes staff mandatory training matrix which recorded the date each staff member had completed and been signed off for their induction training . Staff Bedford Borough surveys confirmed all staff had an initial induction period with staff being consistent in the timescale of their induction being recorded as 1-2 weeks with added observations. One staff member who was new to care had also documented that they were now working on their Care Certificate . Other staff confirmed they had completed NVQ levels 2,3 and 5 in care . All three staff files reviewed contained details of staff induction training carried out and included a range of observations carried out as assessed by each allocated staff members appointed mentor. Induction sheets were signed and dated by each assessor/ mentor and staff members.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- The manager provided a copy of their staff supervision matrix where staff supervisions were recorded as being completed quarterly in line with the providers staff supervision policy. The manager and Operations manager confirmed the home do not currently have a separate appraisal process in place but confirmed they do discuss staff learning and development within each supervision 1-1 meeting.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★★★★★

What We Found

- The manager provided their staff training matrix which included mandatory training details along with a separate spreadsheet for non mandatory training which included oral health ,IDDSI and Learning disability & autism for care staff. Team leaders also had additional training records for catheter care, skin tear ,fire marshal and MUST . Two other staff which included the homes deputy manager were also listed as champions / train the trainer for MCA , DoLs, Puffin, Manual handling, falls , diabetes & dementia. All mandatory training was recorded on the training matrix. The matrix also included details of staff off long term sick or off on maternity leave. The training matrix was last reviewed and updated on 4.04.23.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good
★★★★★

C15 Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good
★★★★★

What We Found

- Staff Bedford Borough surveys did evidence staff having a good overall understanding of Whistleblowing procedures and their responsibilities to report any concerns to their line manager or external professionals such as CQC or Local Authority.

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Good
★★★★★

What We Found

- The manager provided a copy of their service improvement plan which detailed on going actions highlighted from a wide range of sources including feedback from the providers own surveys, complaints, accidents, incidents, near miss forms, safeguarding alerts and discussions with families and service users. Five actions had been highlighted for the month of February 2023 and each action detailed target completion dates . Actions included re painting of the bannisters, new waste bins for ten service user bedrooms, Service user guides to be updated and copies added to each service users bedroom. All five actions had been signed off as completed and on checking a number of the actions during my visit I could evidence the actions had been completed.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good
★★★★★

What We Found

- Each service user has a Service User Guide plan within their bedroom the guide includes details of how service users and their families can raise a concern or complaint . The manager produced a complaints file which was kept within the main office. The manager also provided evidence of company satisfaction surveys being produced and sent out to service users and their families and friends for feedback on how the service is being run . The manager showed me the homes Service Improvement Plan and evidenced how any concerns or complaints received can be pulled across onto the service improvement plan including feedback from surveys to show how the service is continuing to develop.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Good
★★★★★

B19 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

Good
★★★★★

What We Found

- Two service users spoken to said they would talk to the manager or staff if they had any concerns or complaints. From service user completed Bedford Borough surveys all service users confirmed they knew who the home manager was and would be able to speak with the manager if they needed to do so. Each service user has a copy of the homes Service User Guide within their own bedroom which details contact details and numbers should any service users have any issues or complaints they would like to raise.

B20 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★★

What We Found

- Two service users spoken to at the time of my assessment visit both confirmed they were happy with their care and support they receive but were able to confirm if they had any concerns they would be able to talk to the home manager or staff.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

What We Found

- Staff recorded within their Bedford Borough surveys that team meeting agenda's are normally displayed in the main office around a week before the team meeting with staff encouraged to add any agenda items they wish to discuss. Evidence was seen of staff meeting minutes including staff comments and issues raised.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good
★★★★★

What We Found

- A separate complaints file was viewed with details of each concern raised . A total of four complaints were recorded on file for 2023 with one concern raised by a service users family of their bedroom radiator being cold, the manager provided evidence that this had been responded to.

F07 There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

- I found evidence of resident meetings taking place which the manager confirmed were arranged on a quarterly basis. The most recent residents meeting minutes on file were dated 7.02.23. A relatives and friends satisfaction survey had also been carried out during February 2023 .

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Good
★★★★★

What We Found

- The manager was able to evidence communication with the local authority Safeguarding Team with a number of SV1 alerts being raised. These were logged in the safeguarding file.

Quality of Management

Standard Rating

Records

Good
★★★★★

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good
★★★★★

What We Found

- Service user personal information was not seen being displayed within any communal areas of the home. All service user care plans paper files were locked in the main office and electronic care plans and additional confidential and personal information kept on the managers computer, Person Centred Software system was password protected maintaining safe access only.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLs, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good
★★★★★

What We Found

- The manager provided a copy of their DoLS tracker spreadsheet. This tracked at which stage the DoLS application was at including date applied for and date granted.

F11 **Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.**

Good
★★★★★

What We Found

- The manager was able to demonstrate the home has a Quality Assurance File in place which contains a contents sheet of the frequency of each audit which were also colour coded to make it easier to review each audit sections. Audits on file reviewed included the following: Monthly Audits included-Infection Control (environment) and a separate Kitchen infection control, Health and Safety, Care Plan, wound care, complaints and Sova, dining experience . A separate Service Agreement file was in place for fire equipment maintenance checks, Gas and electric checks, Lift , Hoists, and Air Conditioning systems. The Quality Assurance files also contained details of recorded quarterly audits completed by the Operations manager which were comprehensive and robust with evidence of actions being added to the managers service improvement plan.