

Ideal Carehomes Limited

Mountview Care Home

Inspection report

1093 Loughborough Road
Rothley
Leicester
Leicestershire
LE7 7NL

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24 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Mountview Care Home is a residential care home providing personal care and accommodation for up to 66 people, some of whom have dementia. There were 27 people living at the service at the time of our inspection.

People's experience of using this service:

People told us there were not always enough staff to meet their needs in a timely manner. The staff team agreed and explained that as more people moved into the service more staff were needed. This had already been recognised by the management team and actions were being taken during our visit to address the staffing numbers.

The risks associated with people's care and support had been assessed, though guidance within people's risk assessments had not always been followed. The staff team had received training in infection control though the provider's policy had not always been followed.

People told us they felt safe living at the service. They told us the staff team were kind and caring and they treated them in a considerate and respectful manner. Observations made during our visit confirmed this.

Plans of care had been developed with the people using the service and the staff team knew the individual care and support needs of the people they were supporting.

People received their medicines in a safe way and were supported to access healthcare services when they needed them.

Appropriate checks had been carried out on new members of staff to make sure they were suitable to work at the service, and relevant training and support had been provided. The staff team felt supported by the management team and involved in how the service was run.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve safety across the service.

People were provided with a comfortable and homely place to live. There were appropriate spaces throughout the service to enable people to spend time with others, and to spend time on their own.

The staff team supported people to make decisions about their day to day care and support and always obtained people's consent to their care. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.

People were supported to attend a wide range of activities and were encouraged and supported to be

involved in how the service was run.

The staff team had received training on end of life care to enable them to support people at the end of their life with dignity and compassion.

A formal complaints process was in place. People knew who to talk too should they have a concern about their care or support and the manager made sure complaints were handled appropriately.

The manager and management team worked in partnership with other agencies so that people received care and support that was consistent with their assessed needs.

There were comprehensive systems in place to monitor the quality and safety of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

More information is in the detailed findings below.

Rating at last inspection: This is our first inspection of Mountview Care Home.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mountview Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type:

Mountview Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, however they had left the service the week prior to our inspection. The service's care manager was covering the role of manager and had begun the process to be registered with us. We will refer to this person as the manager within this report. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The Inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our

inspection.

During inspection: We spoke with nine people living there and nine visitors. We also spoke with the manager, the deputy manager, a member of the senior management team and 12 members of the staff team. A visiting professional also gave their views of the service. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for new staff employed at the service. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

Is the service safe?

Our findings

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

Requires Improvement - Some aspects of the service were not always safe.

Staffing and recruitment

- People told us there weren't always enough staff on duty to meet their needs in a timely way. One person explained, "When I get up in the morning there are only two staff on and because carers have to get people's breakfast, they come in turn the bell off and say, 'I'll find someone and come back'. I have to wait a long time. I queried if my bell was working because I ring and ring and they don't come." Another told us, "I need certain help, it happens for say two days then they forget. I ring my bell, they say, 'I will go and get somebody' and they turn my bell off, then it might be another twenty minutes. I had to wait so long once, I wet myself."
- Staff members thoughts of the staffing levels varied. One explained, "We could do with three [staff] up here now, one person came in yesterday and another three days ago. Before they came in it was manageable." Another told us, "We [staff] try and respond as soon as we can. It's difficult when you are both with someone. We try and acknowledge them [people] and tell them we will be back to help."
- Due to vacancies within the kitchen staff team, a kitchen assistant was not always available to support the chef. This meant they were required to carry out both roles which they explained was stressful and hard work.
- On the first day of our visit the rotas showed four staff and a senior were rostered on during the day, and two staff and a senior rostered on at night. We were told there were five people who permanently required the support of two staff and one person who occasionally required the support of two staff. This meant when these people were being supported, there were limited staff available to support the other people living at the service. It was evident during our visit there were not always sufficient numbers of staff available to support people in a timely manner.
- We discussed the staffing levels with the manager. They acknowledged more staff were needed and were in the process of recruiting more staff. The Nominated Individual had spoken to the provider's board on the same day as our visit, and on day two of our visit staffing levels had increased. Whilst we acknowledged this increase, it was evident through talking to people and observations on day one of our visit, limited numbers of staff had been made available prior to this.
- Appropriate checks had been carried out on new staff members to make sure they were safe and suitable to work at the service.

Assessing risk, safety monitoring and management

- Risk assessments had not always been followed or acted on. The risks associated with people's care and support had been assessed when they had first moved to the service. Risks assessed included those associated with the moving and handling of people, the risk of falls and people's nutrition and hydration.
- One person had been assessed by the speech and language team and deemed to require thickened fluids and a fork mashable diet to reduce the risk of choking. On the first day of our visit we saw them being assisted by a staff member to eat a normal diet of gammon and vegetables. The person's risk assessments

were conflicting in detail with some stating the person required their fluids thickened to stage two level and others to stage three level. The consistency of the fluids was important to ensure the risk of choking was reduced. We shared our findings with the manager. They immediately looked into this and on day two of our visit the person was provided with a fork mashable meal and the correctly thickened fluids.

- This person's malnutrition universal screening tool (MUST) had not been accurately completed. A MUST assessment is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. Their weight was being monitored as part of their nutritional screening. We found they had lost 7.7kg in a four-day period. This had not been reported to the management team. We shared this with the management team and the deputy manager immediately referred them to their GP for intervention and advice.
- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used. Personal emergency evacuation plans were in place and these showed how everyone must be assisted in the event of an emergency.

Preventing and controlling infection

- Whilst the staff team had received training on the prevention and control of infection they hadn't always followed the provider's infection control policy. On day two of our visit a soiled continence pad was found in a person's waste paper basket. There was no lid on the waste paper basket and the pad had not been bagged or removed.
- Personal protective equipment (PPE) such as gloves and aprons were readily available.
- Audits were carried out on the environment to ensure people were provided with a clean place to live.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person explained, "I am safe, there's no worries on that front."
- People were safeguarded by the systems and processes in place.
- The staff team had received training in the safeguarding of adults and knew what to do if they felt someone was at risk of avoidable harm. One explained, "I would tell my senior or the deputy or the manager. They would act."

Using medicines safely

- People's medicines had been appropriately managed. Records were completed to show medicines were administered regularly. Protocols were in place for people prescribed medicines 'as and when required' such as for pain relief, and these gave clear instructions about when and why the medicines were to be given.
- People were provided with their medicines in a safe way. Staff members had received training in medicine management and their competency was regularly checked.
- Medicines were stored securely and monitored regularly. Staff recorded the temperature of the fridge where medicines were stored to make sure they were held in line with manufacturers guidelines.
- People were given time to take their medicine at their own pace, being provided with a drink and explanation.

Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the manager ensured lessons were learned and improvements were made when things went wrong. For example, concerns with regards to the recording and reporting of falls had been identified by the management team. To address this, the incident form used was revised, ensuring all the relevant information was recorded. The staff team were also reminded of the importance of completing the record and passing it to the management team for their information and action.

Is the service effective?

Our findings

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual, cultural and diverse needs had been assessed prior to them moving into the service. This ensured their needs could be effectively met by the staff team. Expected outcomes had been identified and these were being monitored. A relative explained, "We [family] came around and did our own little inspection and brought [person] who had an assessment."
- The staff team were supported by a range of health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines.
- People were supported to make choices on a daily basis. One person explained, "I can choose what I do, they are very good like that." A staff member explained, "People can choose when to get up, what to wear and where to sit for their meals." This was observed during our visit.

Staff support: induction, training, skills and experience

- People received care and support from a staff team that had the skills and knowledge to meet people's individual needs. The staff team had received an induction into the service when they first started working there and relevant training had been provided. One staff member explained, "I had an induction then moving and handling and I've done all my eLearning."
- Further training arranged for February 2019 included, end of life care and pressure care awareness.
- The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "I feel 100% supported, definitely, there is always someone to talk too. The senior, or [deputy manager] or [manager]."

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

- People's thoughts varied on the food offered. Whilst some people told us they enjoyed the food offered, others didn't. One person told us, "The lunches are very good." Another explained, "The only thing wrong with this place is the food, it is indescribably bad." We discussed people's thoughts on the food. The manager explained they were aware of this. They had recently met with the people using the service to discuss the meals offered to improve choice and variety. They were also in the process of developing a 'Mountview Cook book' to include people's favourite recipes. On the day of our visit we observed the lifestyle manager discussing favourite recipes with people.
- For people identified at risk of not having enough to eat or drink, monitoring charts were used to document their food and drink intake.
- Choices were offered at each mealtime and drinks and snacks were offered throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked efficiently within the service and with external agencies to provide effective care.

This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.

Supporting people to live healthier lives, access healthcare services and support

- People had access to external healthcare services and received on-going healthcare support. The staff team recognised changes in people's health and when concerns had been raised, support from the relevant healthcare professionals such as the GP and community nurse had been sought. A visiting healthcare professional explained, "I think they [staff team] are thorough and people are well looked after here."

Adapting service, design, decoration to meet people's needs

- People's needs were met by the adaptation, design and decoration of the premises. The environment was purpose built and tastefully decorated. Each bedroom had an en-suite bathroom with a shower and each floor had a communal bathroom. Each floor had a lounge/diner area and there was a cinema room, garden room, library room and a café available for people to use. There was signage on the doors, both written and pictorial. There were areas available where people could spend time together or privately with their visitors. A relative told us, "They [staff] encourage us to take over the cinema – bring in a takeaway etc."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were.
- The manager and the staff team were working within the principles of the MCA. Training in MCA and DoLS had been provided and they understood their responsibilities within this. People's consent to their care and support was always obtained.

Is the service caring?

Our findings

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

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff team were kind and caring and they looked after them well. One person explained, "The staff are generally very good." Another told us, "They are kind, they do their best."
- The staff team were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called.
- Staff understood the importance of respecting people's religious beliefs, and their personal preferences and choices. The cinema room was open daily for hymns and prayers and Songs of Praise was aired every Sunday. One person explained, "We have a church group that meet here once a month and people who want communion can have one once a month."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner.
- The staff we spoke with enjoyed working at the service. One explained, "I love my job, I feel I make a difference."

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

- People were supported to make decisions about their care and support on a daily basis. We observed people deciding how to spend their day, whether to join in the activities offered and where to take their meals.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.
- For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their privacy and dignity were promoted. One person explained, "Initially I was uncomfortable with having male carers at the home. However, due to how much dignity and respect staff showed in carrying out their duties, I now don't mind being supported by the male carers."
- The staff team gave us examples of how they promoted people's privacy and dignity. One explained, "I always close the curtains and the door and cover with a towel when doing personal care."
- We observed support being provided throughout our visit. We saw the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- People were supported to maintain relationships with those who were important to them. Relatives and

visitors could visit at any time. A relative explained, "We can visit at any time and we are always made welcome."

- Information about people was stored securely to maintain their confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had been involved in the planning of their care with the support of their relatives. One person explained, "I was involved in [compiling] my care plan and have been asked to be part of my care plan reviews and updates."
- People received care and support based on their individual needs. Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. They covered areas such as, mobility, nutrition and personal care. The majority of plans seen had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified.
- People's plans of care were written in a way that ensured staff supported people to be as independent as possible.
- An electronic care planning system was in place enabling staff to enter the support they provided in real time. This system also prompted staff to carry out the checks required, reducing the chance of the support people required being missed.
- People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. For example, one person's plan included how much they enjoyed reading the paper and watching bowls on TV. The staff members we spoke with knew this and confirmed this was what the person liked to do.
- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The manager could access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated.
- People were supported to follow their interests and take part in activities of their choice. A lifestyle manager provided people with a wide range of activities they enjoyed. These included memory games, arts and crafts, bowls and a gardening club. On the days of our visit, people were supported to enjoy a yoga session, armchair exercises, quizzes and hand manicures. They also enjoyed a visit from the children from a nearby nursery. One person explained, "There's plenty to do. We have a programme every week which we are given. Nursery children come from across the road, because most people here are grandparents that's lovely. Animals are also brought in and talking books are being organised for people with poor eyesight."
- The lifestyle manager explained, "They [people] love to do quizzes. I help with breakfast and lunch as well so that I can interact with people. I like to sit with them [people] and chat in-between activities. We adapt the schedule if they [people] don't want to do what's arranged that day."

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and this was displayed for people's information.
- People knew who to talk to if they had a concern or complaint of any kind. One person explained, "I would talk to any of the carers or management."
- When a complaint had been received, this had been handled and investigated appropriately. The manager fed back to the complainant following each investigation, apologising where necessary and informing the complainant of the outcome of their investigation.
- Complaints were analysed to see if any action was needed to improve the service.

End of life care and support

- People had been provided with the opportunity to discuss end of life plans with the management team and professionals were involved as appropriate. The staff team had received relevant training and knew how to support people at the end of their life. An end of life care policy was in place for the staff team to follow.

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership systems did not always support the delivery of high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst there were comprehensive auditing processes in place and issues around suitable numbers of staff available had been identified through the auditing process, this had not been acted on in a timely manner.
- The risks associated with people's care and support had not always been clear within their documentation and staff had not always followed instructions within them. Inconsistent information within people's documentation had not always been identified through the auditing process.
- Monthly audits had been carried out on other areas to monitor the quality and safety of the service being provided. This included checks on medicine management, pressure ulcers, weights, falls and complaints. Records showed where issues had been identified, appropriate action had been taken.
- Regular audits to monitor the environment and equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place in which to live.
- The service's care manager was covering the role of manager and had begun the process to be registered with us as the 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 2008 and associated Regulations about how the service is run.
- People using the service spoke positively about the manager and management team and they knew who to speak with if they had any issues. They felt the manager and the staff team were friendly and approachable. One person explained, "I am very happy here, the carers are very good to me. We have a laugh." A relative told us, "She's [manager] one of those that go out of their way for you."
- Staff at all levels understood their roles and responsibilities and the manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- There were procedures in place which supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality and diversity and human rights. The supervision process and training programme in place ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring

that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The staff team understood the provider's vision for the service. This was, 'To be the best care home in Leicestershire with passion, humour, love and team work'. The staff team told us they worked as a team to deliver high standards of care and support. One explained, "We're here to make sure we give the best care that is person centred and the service is, safe, caring, effective, responsive and well led." Another told us, "We all get on really well, our aim is to offer a home from home."
- The manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and relevant stakeholders.
- The manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.

Engaging and involving people using the service, the public and staff.

- People had been given the opportunity to share their thoughts on the service being provided. This was through informal chats and regular meetings. During these meetings people were reminded of how to make a complaint and care plan reviews, activities and menus were also discussed.
- Surveys had also been used to gather people's views of the service provided.
- Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, daily handovers and day to day conversations with the management team. One staff member told us, "You can talk to all the seniors, the deputy is amazing, will always help you out. The management listen to what is needed and take on board what you say."

Continuous learning and improving care

- The manager was committed to continually improving the service. An action plan had been devised to improve the service over the next six months. Improvements included introducing champions within the staff team to lead on areas such as safeguarding, infection control, nutrition and hydration and end of life care. Additional training was being sourced to enable them to support other staff members to gain a better understanding in these areas.

Working in partnership with others

- The manager and management team worked in partnership with commissioners, the local authority quality improvement team and other healthcare professionals to ensure people received care that was consistent with their assessed needs.