

B & M Hemel LLP

Montrose Care Home

Inspection report

95 Langley Road
Watford
Hertfordshire
WD17 4PE

Tel: 01923804337

Date of inspection visit:
26 October 2018

Date of publication:
03 December 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out a comprehensive unannounced inspection at Montrose Care Home on 26 October 2018. At our last inspection on 16 May 2018 we found that there were serious failings from management and staff to ensure people received care and support in a safe and effective way. We found breaches of Regulation 12, 13, 9, 14 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider was in breach Regulation 18 of The Care Quality Commission (Registration) Regulations 2009 because they did not let us know about incidents that happened at the service as they are required to do by law.

Following the inspection on 16 May 2018 we imposed a condition on the provider's registration preventing them from admitting new people into the home without the written permission from us (CQC). This was to ensure that the provider had time to make the necessary improvements. We also placed the service in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Montrose Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Montrose Care Home is registered to provide accommodation and personal care to 50 older people some of whom may live with dementia. At the time of the inspection there were 46 people living in the home. The home is spread across four levels, one of which is below the ground floor and accommodates the kitchen, chapel, an activity room and a dining area for people. The ground floor and two upper floors accommodate 50 bedrooms, lounges and storage facilities.

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

People told us they felt safe. Staffing levels had increased since our last inspection and staff were deployed effectively to ensure people's needs could be met promptly. Call bells were answered in a prompt way to ensure people were safe and had their needs met.

Incidents and accidents had reduced significantly since the new manager was appointed. These were effectively analysed and actions were taken to reduce the risks. Risks to people's well-being and health were assessed and risk assessments were in place to detail the measures taken to mitigate the risk. The

number of falls people had reduced by more than half since our previous inspection and this was due to effective risk management and appropriate equipment use.

Care plans were developed and gave clear guidance to staff on how to effectively meet people`s health and care needs. Staff knew people well and took account of people`s likes, dislikes and preferences when supporting them.

People told us staff were kind and caring and protected their dignity and privacy when dealing with their personal care needs.

Staff had training and support to help them understand and carry out their roles and responsibilities effectively. Staff told us they felt supported by the management in the home and they had regular supervisions and staff meetings where they discussed any issues concerning them or the people they supported.

People told us their meal time experience and choices in regard to the food they received improved and they were happy with the menu. People who were found to be at risk of malnutrition or dehydration had their food and fluid intake monitored effectively and actions were taken by involving the GP and dietician in people`s care.

Appropriate safeguarding referrals were made to local safeguarding authorities by the manager and CQC had been notified as required. Lessons were learnt when things went wrong and ways to improve the service were discussed with staff and people.

People received their medicines safely from appropriately trained staff who had their competencies checked. Where required people had their capacity assessed to take certain decisions and restrictions to people`s freedom were taken following a best interest process.

After the previous inspection the provider reviewed their governance systems and implemented new processes and quality assurance audits to ensure that they could effectively monitor and assess the quality of the care provided to people.

People, relatives and staff were complimentary about the manager and the support received from the provider to improve the overall service. This included extra resources to improve the environment and increase staffing.

The manager carried out daily, weekly and monthly audits looking at all aspects of the care delivery and where actions were needed to improve any areas these were recorded with clear time frames and signed off when completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were sufficient numbers of staff effectively recruited and deployed to meet people`s needs in a timely way.

Risks to people`s wellbeing were assessed and plans were in place to mitigate these and keep people safe.

People were protected from the risk of abuse by staff who were appropriately trained and knew how to report their concerns.

People were protected from the risk of infections and their medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff received training in areas considered mandatory by the provider, and they felt supported by their managers to carry out their role effectively.

Staff were observed to gain people`s consent prior to them providing any aspect of care. Where people lacked capacity to make certain decisions assessments were carried out in line with the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts.

People had access to a range of healthcare professionals to support their needs when needed.

Is the service caring?

Good 

The service was caring.

People's dignity and privacy was protected and promoted.

Staff spoke with people in a kind and sensitive manner, and knew people's needs well.

People were involved in planning and reviewing the care and support they received.

Confidential information was kept secure.

Is the service responsive?

Good ●

The service was responsive.

People`s care plans were accurately reflected people`s current needs and were developing further to capture people`s preferences, likes and dislikes.

People were happy with the activities provided in the home.

People's end of life wishes were known to staff who delivered care and support to meet these.

People were aware of how to make a complaint or raise concerns and complaints were addressed and responded to in line with the provider`s policy.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the service was well-led and the manager was responsive to their needs.

The provider`s governance systems were effectively used by the manager to constantly improve the service people received.

Actions resulting from various audits carried out by the manager and the provider were addressed and completed in a timely way.

Staff were aware of their roles and responsibilities and felt listened and valued by the manager and provider.

Montrose Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 26 October 2018 by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspection was unannounced.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with nine people who used the service, two relatives, six care staff members, the chef, the deputy manager and the manager.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us. We also looked at other care records relating to the management of the home including medicine administration records and audits.

Is the service safe?

Our findings

When we previously inspected the home, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient staff deployed to meet people's needs safely, risks to people's well-being were not sufficiently mitigated to protect them from harm and people's medicines were not managed safely.

At this inspection we found that the provider made the improvements needed and people had their needs met safely and in a timely way.

People told us they felt safe. One person said, "Yes, I feel safe." Another person told us they felt safe with staff, however at times they felt anxious because some people in the home were walking about and could enter their bedroom. We asked the manager about this and they told us they were already aware of this issue and were talking to the person to find a way to resolve this. A relative told us, "It is so much better now. It's safe."

People told us there was enough staff to meet their needs and their call bells were answered in a timely way. One person said, "There are enough staff now. There is always somebody about and in the lounge with residents." Another person said, "It hasn't occurred since the new manager has been here [long waiting times for bells to be answered]. It could be due to them or because of complaints."

We observed staff being allocated to communal lounge areas throughout the day to support people promptly. Staff told us and we saw evidence that this had contributed to a reduction in the number of falls people had. Staffing numbers had been increased by the manager following the previous inspection and staff were deployed effectively.

Where potential risks to people's health, well-being or safety had been found, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as falls, mobility, skin integrity and bruising. This meant that staff could provide care and support safely. For example, we found that a person had been falling in their bedroom. Their risk assessment had been reviewed and an alarm mat had been put in place. This alerted staff when they got up and needed help. Their number of falls had reduced.

People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

There were regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. Staff we spoke with understood that elderly people were at greater risk of infection, and recognised the importance of regular hand washing. Gloves and aprons were readily available

and staff knew to change these between each person when giving personal care. We observed staff washing their hands after disposing of rubbish and before preparing drinks or serving food.

When we inspected previously we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safeguarding processes and systems were not developed or used effectively to protect people from abuse.

At this inspection we found that there were systems and processes for staff to follow and report their concerns. These were recorded and where needed referrals were made to local safeguarding authorities to ensure that protection plans could be developed to safeguard people from potential abuse.

Staff received refresher training in safeguarding since our previous inspection and the manager was constantly reminding staff about the importance of caring for people the right way. One staff member said, "The manager is very supportive and hands on so we learned the right way about how to prevent and identify abuse." All staff we spoke with understood how to report abuse and had no concerns about raising this internally or externally to local authority and CQC.

Following incidents, we found that actions were put in place to minimise further harm to people. For example, where people had unexplained bruises or unwitnessed falls their care plans were reviewed and equipment was sourced like alarm mats and bed sensors to alert staff in case people needed help. Lessons were also learnt and shared across the staff team in the form of training and meetings.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character, physically and mentally fit for the roles they performed and relevant checks were in place such as verifying references. Staff told us before they started working at the service they went through a thorough recruitment process where their employment history was explored, references were requested from their previous employers and a criminal records check (CRB) was done to help ensure they were suitable for the roles they had to perform.

Is the service effective?

Our findings

When we previously inspected the service, we found that the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's nutrition and hydration needs were not always met.

At this inspection we found that people's nutrition and hydration needs were met.

People told us that they were happy with the food provided and that the menu choices had improved since our last inspection. One person said, "It's normal home food. The kitchen will give me something I like if I don't fancy the menu." A relative told us, "It's lovely, it really is. Delicious. There are more choices recently; residents are offered plated choices. If there is nothing [person] fancies they can have an omelette or something. It's better than what I get at home."

We observed lunch time meal service in three different areas in the home. Dining areas had been given a purpose with nicely laid tables, condiments and cutlery and at meal times the atmosphere was relaxed and pleasant. People were supported to eat in a calm and patient way.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. Food and fluid intake was recorded by staff for people who were at risk of malnutrition or dehydration and appropriate referrals were made to the GP or dietician if people were losing weight. Nutritional care plans were developed and detailed what type of diet people had and if there were any guidance given by external professionals. For example, if people were on soft or pureed diet there was guidance for staff how to assist these people to eat safely.

The Chef was knowledgeable about people who required specialist diets to meet their dietary or cultural needs. Food provided was home cooked and presented nicely. The manager told us they were still working to improve people's meal time experiences further and were purchasing a new hot trolley to ensure that the food when transported from the kitchen to the top floor was still hot for people to enjoy.

Staff told us they received more face to face training since our last inspection which they appreciated. One staff member told us, "We have either DVD training or work through workbooks we also have discussions. A [manager] from head office comes and talks through things with us like seminars, we do activities together. We have had dementia simulation training, we went into a huge lorry that had been set up in a way that looked like a room and we were given things that made it feel like we had dementia and afterwards we had a discussion around how to help people do those tasks easier and make things less scary for them. I did falls prevention training recently which was quite interesting also first aid. I have been asked to do NVQ 3 (national vocational qualification). I have level 2."

Staff told us they felt supported by the manager and had regular supervisions where they could discuss their personal development. One staff member told us, "Yes [regular supervisions], and then we have our

appraisals yearly, you can bring up things and you are told in advance so that you have time to bring up anything you want to talk about."

Training for staff included dementia awareness, medicines, health and safety, infection control, moving and handling and others. There were some additional improvements the manager was implementing. These included sending staff on `train the trainer` courses so they could train staff face to face in the home and also sourcing more training for staff to understand people`s needs better.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were able to make decisions regarding their care and staff asked for their consent before they delivered any aspects of their care and support. We observed staff being respectful and asking people for their consent throughout the inspection. We found that mental capacity assessments were completed based on the principles of the MCA. Best interest decisions were taken following the right process. For example, where people needed covert medicines to be administered to them staff contacted their GP, relative if appropriate and the pharmacist so the least restrictive option was considered for the person`s best interest.

Since our previous inspection the provider improved the environment in the home. There were newly decorated corridors following best practice recommendation for creating a dementia friendly environment. There were tactile objects on the wall for people to take an interest in when they were walking around. Corridors were also themed and followed different colour scheme to help people`s orientation.

People`s health care needs were met by involving health care professionals in their care when needed. One relative said, "If [person] is not well the GP comes the same day. There is good care and [staff] let me know. The optician comes and they are very good. Also, the chiropodist and hairdresser. All needs are catered for." Staff kept appropriate records of visiting professionals and recommendations they made.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "Yes, I would say they are kind and caring. They do things in a gentle way, including with residents with dementia." A relative told us, "Yes, always been treated well. When [person] first came in they were agitated and difficult but staff were always kind."

The atmosphere in the home was calm and welcoming. People were smiling and looking at ease around staff. We saw people walking about like they were looking for something and staff stopped and asked how they could help them. Staff sensibly helped people to do what they wanted to ensure they were safe but made no attempt to stop them in any way. For example, we saw a person standing and starting to walk unsteadily. A staff member gently asked where they would like to go and then helped them to choose a different chair, then the person changed their mind and wanted to return to the original chair. The person had difficulty turning to sit safely and was encouraged and assisted by two staff.

Staff were present in communal areas where people were spending their day and we heard pleasant conversations full of laughter and joy. Relatives told us they were happy with the changes and the fact that staff were visible and spent time with people in communal areas.

People told us their dignity and privacy was respected. One person said, "they [staff] are very good like that. They knock on the door." We observed staff knocking on people's doors before entering, asking if it was okay to go in and explaining to people what they were doing. Also, asking people what they wanted or where they would like to sit. One person was a little agitated and staff asked them if they needed to go to the toilet. This was done quietly and gently.

People told us they were involved in their care. "Yes, (I have a care plan) and I have contributed to it a certain amount. I reviewed it a few months ago." Another person said, "[Staff] talk to us about our lives, ask questions." This meant that people were listened to and included in the planning and reviewing their care they received.

People and visitors told us that there were no restrictions on visiting times and staff were always welcoming towards them. One relative told us, "I visit every day. I'm always welcome, there's never any restriction. There's a kitchen on every floor and I can make myself a drink. The staff are very supportive."

Is the service responsive?

Our findings

When we last inspected the home we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people`s needs and preferences were not always assessed and care plans were not developed to meet all their needs in a personalised way.

At this inspection we found that people received care and support in a personalised way, care plans were developed for each individual need people had and activities were regularly offered.

People had mixed views on the type of activities on offer. Some people told us they did not like to mix with everyone in the home and it was their choice to spend time only in the company of people they got on well with. We saw people spending time in different areas of the home and knitting, chatting, listening to music or joining in the activities.

We observed a seated exercise class which was led by a professional instructor from an outside company. There were 18 people present and they were fully engaged in the activity. There were three care staff present, assisting and encouraging people. The trainer spoke clearly and encouragingly, gave clear instructions and demonstrations of the exercises, and spoke to people about why particular movements were important and beneficial for them. We also saw a staff member playing skittles with people.

People were encouraged to do what they liked. For example, a person clearly enjoyed sweeping the dining room floor after breakfast and lunch. They were smiling and joking with staff. They told us, "I like to keep busy. This is my job. I will collect my wages later."

People`s care plans were developed and kept in electronic format. Each care plan contained personal information about people, information on next of kin, risk assessments and information for staff on how to meet people`s needs safely and effectively. Staff had hand held devices which they used to record what support people received and this was available in real time for the manager to monitor. The electronic care planning system was used effectively both by staff and by the manager to ensure that these were regularly updated and people`s support needs were met.

The manager told us and records confirmed that they completed the care plans shortly after our previous inspection and reviewed these at least monthly or more often if people`s needs changed. The manager was working to personalise the care plans even further and ensure that people`s preferences, likes and dislikes were incorporated throughout the care plan.

The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

People told us they had regular meetings with the manager where they could provide feedback about the service. People told us they were confident to complain and their complaint was listened and acted on. One person said, "We complained about the food. The food now improved. Plenty of choices." A relative told us, "I am happy with how the home is moving forward. We [relatives] had meetings with the manager and [provider] where we discussed things and they listened. It`s good now."

Complaints were recorded and responded to following the provider`s policy. Very proactive action was being taken by the manager with full detailed records and auditable trail of evidence of actions taken to resolve the complaint. For example, one person complained that the food was not to their taste. The manager arranged for the chef to visit them and discussed preferences and options the following day.

Is the service well-led?

Our findings

When we inspected previously we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as their governance systems were not effectively used to ensure the quality and the safety of the care people received was monitored and improved. Following our last inspection, the provider needed to send monthly information to CQC updating us on actions taken to meet the regulations. They sent the information to us as required.

During this inspection we found that the provider had made significant improvements in these areas and their systems and processes were used appropriately by staff.

People and relatives told us things improved since the manager took over. One person said, "The home runs well. Staff are well chosen, training is good. With the new manager, it's improved a bit. She is approachable. I can always go straight to the manager if there's something serious." A relative said, "I got on well with the previous manager and this one is very good too. Both co-operative and you can have a chat. There have been changes since the new manager came, the home has been brightened up, it's picked up now. I'm glad I chose this home. There was very good communication with the new manager through (the change)."

During our inspection, we saw that robust auditing system was now in place. Audits varied in frequency depending upon need for example daily, weekly and monthly. We saw that audits were used as live documents regularly reviewed and updated and outcomes shared with relevant people both inside and outside of the service. We found them to be effective in immediately picking up any areas that required attention.

We saw that areas for improvement in audits were clear and acted upon, for example, purchasing new chairs and bed sensors and improving how long people had to wait for their call bells to be answered. Call bell records we looked at during this inspection showed that call bells were being answered typically in the same minute but no more than three minutes.

The manager and deputy manager were visible around the home and took time to speak with people or comfort someone who was upset. Management seemed well respected by staff and they told us they felt supported by them. One staff told us, "I think it's much better, everyone is still getting used to the changes. We had support from the manager and people from head office have been here a lot. We have been able to tell them if we need anything. Lots of things have been done like residents are safe and more equipment in place as that was quite a worry. Little changes like the bedrooms and decorations have been done as well."

The manager explained that they spent time with people and observed staff's working practices at least twice every day as a tool for improvement. They told us they were proud of the staff team for positively accepting the changes. Staff felt able to pop into the open office and chat or raise concerns. One staff told us, "[Manager's name] has patience with us even if they show us more than once [the task]." This meant that staff were receiving good support to develop their skills and knowledge.

This method of managing influenced the quality of the care people were receiving. We observed care staff always ready to help people as needed on the day of the inspection. Interactions seen were respectful, upheld people's dignity and showed that staff understood the needs of each person. For example, people were never asked to sit down if they were walking around, but instead asked, "Where would you like to go?" or "what can I help you to find?". Staff were seen to be patient and caring and never rushing anyone.

The manager had a very clear vision and a strategy in place to build on and maintain the current improvements. Staff had good knowledge of their role, what was expected of them and how they had to work promoting the provider's values and ethos in the home. One staff member said, "We had worked hard in the last couple of months and it was not easy. We are in a good place now, and we know what we need to do and how."

During our inspection we experienced a positive and calm atmosphere in the service and saw that people, staff and visitors were all comfortable to approach the management team. We saw that the manager and deputy manager worked directly with people using the service and were visible and approachable to all.

Records showed that people felt happy to make suggestions, compliments and complaints and these were acted on immediately by the new manager. We saw team meeting minutes showed that staff were involved in discussions and had input to any issues raised.

The manager and the provider was transparent and open to all stakeholders and agencies. The service worked openly with the local authority. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.

Robust systems for monitoring incidents, accidents and falls were in place and evidence showed these were effective as they had reduced the incidents, falls and safeguarding alerts by over half since the last inspection. This meant that people were receiving safer and more person-centred care where their individual needs were met.

The provider sought the views of stakeholders via surveys. Some of the comments from the annual survey included, "Montrose has a very lovely homely, friendly atmosphere, the staff are very caring and always make the time for the residents and family. They go that extra mile", "Communicating regarding medical issues could perhaps improve" and "All your staff are exceptional." We saw that actions were taken when feedback highlighted shortfalls.

Previously when we inspected we found the provider in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009 because they had not informed the Care Quality Commission, (CQC), of certain events that happen in or affect the service. However, at this inspection we found that the manager submitted such notifications in a timely way.