Mountdale Limited

Mountdale Nursing Home

Inspection report

59 Mountdale Gardens
Leigh On Sea
Essex
SS9 4AP

Date of inspection visit:
14 November 2017
16 November 2017

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11 December 2017

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

Mountdale Nursing Home provides accommodation, personal care and nursing for up to 22 people some of whom may be living with dementia. At the time of our inspection 21 people were living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse, tissue viability nurse and palliative care nurse. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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

This inspection took place on the 14 and 16 November 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with nine people, three relatives, the registered manager, deputy manager, two nurses, two care staff and the chef. We reviewed four care files, four staff recruitment files and their support records, audits and policies held at the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "The staff are all very good they do their best." A relative told us, "I feel really reassured that [relative name] is here."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "If I had a concern I would get all the information and inform the manager, or follow the policy to refer to the local authority. I would make sure the person and family had proper feedback throughout." The registered manager worked with the local authority to fully investigate any concerns and protect people. In addition the registered manager ensured staff learned lessons from investigations and implemented changes to policies and procedures to ensure people remained safe.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A member of staff told us, "I rang up to see if there were any vacancies as I saw the home when I was passing. I then came in for an interview with the manager and was offered a job."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. The registered manager was very proud of their ability to prevent pressure sores and when people were admitted with sores for these to be healed. Staff closely monitored people each day and were proactive in treatment and prevention of sores. One person told us, "When I came here I had ulcers and sores that would not go, the nurses here have been wonderful in getting rid of them, they are really small now."

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The registered manager employed a general maintenance person for the day to day up keep of the service. For more specialised work the registered manager employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. There was a fire plan in place and each person had a fire evacuation plan completed. Regular fire evacuation drills were completed by the manager and they reviewed staff response and actions during drills for any improvements needed. In addition we saw the registered manager had policies in place should there need to be an emergency evacuation and business contingency plans were in place.

There were sufficient staff to meet people's needs. The registered manager told us they had sufficient staff and did not need to use any agency. This meant people were being looked after consistently by staff who

knew them well. Staff told us that there was enough of them and that they worked well as a team. In addition to the core staff there was also cleaning and cooking staff and the registered manager and deputy manager were not included in the core numbers. People and relatives told us that there were always staff available, one person said, "If I need any help there is always a member of staff around and if I use my buzzer they come quickly." A relative told us, "There are always staff around topping up people's drinks or having a chat."

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. Regular audits of medication were completed and policies and procedures were up to date.

Good

Is the service effective?

Our findings

The registered manager was very keen for staff to develop the knowledge they needed to perform their role. Some training was delivered on site by the registered manager and deputy manager; whom had both attained a certificate in training to ensure they had the skills they needed to deliver training effectively. Staff told us that they were supported to achieve nationally recognised qualifications. One member of staff said, "I have been supported to complete an NVQ level 2, this has really given me more confidence in my work." Staff told us that they were up to date with mandatory training and that they regularly had additional training. Another member of staff said, "We had training from a dietician, how to correctly use thickeners in people's drinks. Then two weeks later they came back to check we understood the training and were doing it okay." The registered manager told us that they liaised with the local authority to access training days that they also provided for services.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. A new staff member said, "I had never worked in care before so when I started I did a lot of shadowing, then I worked with other staff until my confidence improved." The registered manager told us that all staff that were new to care completed the Care Certificate. This is industry recognised good practice training for staff new to care that equips them with the knowledge and skills they need to safely support people. Staff told us that they had regular staff meetings and supervision with the registered manager to discuss the running of the service and their performance. From records we reviewed we saw this was a two way process for staff to receive support and updates on best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. The registered manager kept themselves up to date with latest legislation and accessed training through the local authority. This told us people's rights were being safeguarded.

People were very complimentary of the food and cook, and said that they had enough food and choice about what they liked to eat. One person told us, "The food is very good; it's excellent, if you don't want what everyone is having you can choose something else." Another person said, "My favourite is a roast dinner on Sunday." The cook went around each morning to see what people would like to eat for the day.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where

appropriate to the GP for dietician input. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain.

People were supported to access healthcare. The service had good links with other healthcare professionals, such as, chiropodist, opticians, district nurses, dementia nurses and GPs. The registered manager had arrangements with a local GP that they visited the service as a minimum weekly to review people's care. One person said, "The doctor comes every week if I need to see them." We saw from records that people had been supported to have flu injections in preparation for the winter.

The environment was appropriately designed and adapted to support people. The service was spacious and most people had their own room which was personalised to their choice. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration program. They had also recently added a conservatory overlooking the garden to add additional space privacy and alternative sitting for people. The conservatory led to a covered decking area that opened out onto the garden which had undergone landscaping to provide a very relaxing outside space for people to use. In addition to this they had access to a front garden via a ramp leading out from the lounge. The registered manager told us that people liked to have the lounge doors open in the summer so that they could freely access this safe outside space and seating areas. We noted there was good signage throughout the building and that there were no unpleasant odours.

Good

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. We frequently saw staff making time to stop what they were doing and talk with people and check if they needed anything. People and their relatives were very complimentary of staff, one relative told us, "This is the best home around here, we were at another one first and this home beats it all day long. The staff here are fantastic always have time for a chat and a laugh." Another person said, "The staff are always smiling I am very happy here." The service received many compliments one said, "The care and compassion shown to our mum was absolutely outstanding."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw that people were treated as individuals with staff supporting them to receive the care they requested. We saw some people were supported with the routines they chose; to spend some time in the main lounge with everyone else and some time in their room. One relative told us, "Staff know what time [my relative] likes to get up and they come to the lounge for a few hours before going back to bed." People and their relatives were actively involved in planning their care and support to ensure they received the care the required. A relative told us, "I have been involved with reviewing the care with the manager and social services."

People told us that staff respected their privacy and promoted their dignity. Some people shared rooms at the service, this was done with their agreement. Privacy curtains were in place to separate the rooms where required. Some people we spoke with told us that they preferred to stay in their rooms, one person said, "I would rather stay in my room, I get lots of visitors, in the afternoon I go back into bed." They went on to say, "All the staff are very good and come quickly if I press my buzzer." People had access to religious support should they require this, one person said, "I have visitors all the time from my group and Kingdom Hall." In addition advocacy services were available should people need support in making decisions about their care. People were encouraged to maintain contact with friends and relatives and they could visit people at any time.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carer's to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. Care plans were then reviewed with people and updated at least monthly to ensure all care needs were kept up to date. Before people made a decision about coming to live at the service they or their relatives could look around the service to see if they thought it would meet their needs. One person told us, "My daughter came for a look around and said she thought it was the best one for me. We also got about three recommendations from other people."

The service was responsive to people's needs. Some people told us how when they first came to the service that they had problems walking and with the staff's help they could now mobilise freely. One person said, "I can now walk with a frame, it gives me a bit of freedom." Staff told us that where necessary they referred people to an occupational therapist to assess their needs and to ensure they had the correct equipment. The service worked closely with the tissue viability nurse (TVN) to ensure any people coming to the service with open wounds were receiving the correct treatment. A member of staff told us, "If a person is admitted and they have sores we will continue to use the dressings they come in with and refer to the TVN for them to assess this is still working for them or for them to prescribe a different treatment." The registered manager had purchased profiling beds for people's comfort and supplied all their own pressure relieving equipment so that it was available for people's immediate use. To assist people with their personal care the registered manager also had a new wet room and adjustable bath upgraded for people's use and comfort.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed an activities person to support people with social activities and hobbies. One person told us, "There is always plenty to do like bingo, or ball games, or things you do with your hands like craft." Some people told us that they enjoyed the external entertainers and singers that came in. The registered manager told us that they would also be employing a second activity person to assist people with following their hobbies.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However people told us they generally did not have any complaints. One relative told us that when they had raised concerns about missing clothing items these were replaced.

The registered manager told us that some people came to the service for end of life care and that they took referrals from the hospital and local hospice. The registered manager worked closely with the palliative care nurses and the GP to ensure people had everything in place at the end of their life. One member of staff said, "It is important to us people are pain free and happy at the end of their life." The registered manager told us that they worked closely with people's families to support them and to ensure they had everything they needed at the end of their life.

Good

Is the service well-led?

Our findings

The service had a registered manager who was very visible within the service. 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. The registered manager had a very good knowledge of all the people living there and their relatives.

Staff shared the registered manager's vision and values at the service, one member of staff told us, "We want to make people feel happy and comfortable, make them all smile, feel safe and happy." Another member of staff said, "We want people to have quality care, with privacy and dignity, self-respect and choice." One person told us, "Since I came here I have got better and better the manager runs it well they are really good."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work well together as a team everyone knows what they are doing and we support each other." Staff felt the registered manager was very supportive to their roles. One member of staff said, "You can approach the manager at any time, they are very available and open minded." Staff felt very supported by the management team and there was a system in place for staff to contact management out of hours if they needed advice or support. Staff told us that they had regular staff meetings and supervision, staff felt they could discuss anything in these and that their ideas would be listened to. Staff also told us that they had a handover meeting every shift to have updates on any changes to people's care needs. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. The deputy manager also held regular meetings with people and their relatives to get feedback on how the service is running and to ask for their opinions. We saw from minutes they discussed general care, cleanliness of the service, food and activities, people fed back what they had enjoyed and which entertainers they would like to see again. The registered manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors, staff and other healthcare professionals. We saw from feedback that actions taken from the survey were fed back to people with the progress made for example on the redecoration of the service. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice. We noted that

there was a low incidence of falls at the service, the registered manager attributed this to staff being trained to immediately respond to people's needs or call bells so that they did not unsafely try to mobilise independently if they were unable to. One person told us, "I had a couple of falls, now the minute I try and walk there is a member of staff at my back making sure I am alright." We saw that learning from safeguarding's had also been implemented with a new ordering and monitoring system put in place for catheter use. This showed the registered manager used the information to improve care for people.