

Mostyn Lodge Keynsham Limited

Mostyn Lodge Residential Home

Inspection report

2 Kelston Road
Keynsham
Bristol
BS31 2JH

Tel: 01179864297

Date of inspection visit:
03 August 2021

Date of publication:
31 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mostyn Lodge Residential Home is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

People's experience of using this service and what we found

People were happy and settled at Mostyn Lodge. We observed people to be comfortable and relaxed with staff, interactions between people and members of staff were warm and friendly. Both people and their relatives were positive about the care at the service. Relatives were confident their loved ones were safe and received the care and support they needed. Staff had been recruited safely and received regular training. The environment was clean throughout; both people living at the service and their relatives commented favourably about the standards of hygiene.

The provider had systems in place to manage and assess the quality and effectiveness of the service. Currently there was no registered manager in post but suitable arrangements were in place for the day to day running of the service. People and their relatives told us the service was well-run and they felt able to raise any concerns or make requests for changes to care and support. Staff told us they felt supported and that the team worked well together. Staff at the service worked with a range of professionals to manage people's health needs. The provider had systems in place to monitor the service and took action when shortfalls were identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mostyn Lodge Residential Home on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mostyn Lodge Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an assistant inspector who spoke with relatives by telephone following our visit.

Service and service type

Care home name Mostyn Lodge Residential 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the provider, quality consultant and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "Oh definitely I feel safe."
- Relatives told us they were confident their loved ones were safe, a typical comment was, "I'm more than happy [Person's name] is safe there."
- The provider had systems in place to protect people from the risk of abuse.
- Staff had received training in safeguarding and told us they would report any concerns. One member of staff said, "If we see anything, we report it." Another member of staff said, "We've done safeguarding on the training system] and we know how to report safeguarding if we need to."
- The provider's records showed they responded to and investigated any concerns. Action had been taken to prevent reoccurrence. The local authority safeguarding team had been notified by staff of any concerns.
- People were relaxed and confident with staff, we observed warm and friendly interactions.

Assessing risk, safety monitoring and management

- One relative told us, "Brilliant, I'm so happy [Person's name] there, they're just so good nothings ever too much trouble, [Person's name] has dementia but they're really settled in and really happy and [Person's name] sometimes says to me 'I like it here', I can't fault them."
- Risks to people such as falls, pressure damage, nutritional and mobility had been identified and plans implemented to reduce these risks. Records showed that these risks were reviewed regularly and updated if needed.
- The provider had a comprehensive system of checks to manage the safety of the environment. The provider checked gas, electricity, Legionella, fire and lifting equipment regularly. Any identified shortfalls were rectified. Whilst water temperatures were checked to minimise the risk of scalding these had not been recorded. The provider addressed this immediately and these temperatures will now be recorded.

Staffing and recruitment

- The provider had deployed sufficient numbers of staff to meet people's care needs. However, staffing levels had fluctuated since the start of the pandemic.
- People told us, "They come if I call. They are all smashing."
- One member of staff told us, "It has been quite hard. The last year has been very tough", whilst another member of staff said, "Two new staff have started and that has made a difference."
- Staff had been recruited safely. The provider had effective recruitment systems in place to check the suitability of new employees.

Using medicines safely

- Medicines were managed safely. Medicines were stored safely in a locked cabinet secured to the wall

when not in use. Medicines which required additional security were stored in line with legal requirements. Medicines were stored at the correct temperature, the fridge and room temperatures were checked daily.

- There was a system in place to order all medicines on a monthly basis. Medicines stock was checked regularly. The controlled drugs book, to record administration of medicines with legal requirements, was completed in a clear and legible manner. It was straightforward to track the amounts in stock, received and destroyed.
- Staff signed to confirm medicines had been administered. However, on two occasions one person's chart had not been signed. Peoples' medicine records contained information for staff on how and when to deliver 'as required' medicines.
- A senior member of staff carried out monthly audits to check on the safety of medicines storage and administration.

Preventing and controlling infection

- All the relatives we spoke with commented positively on cleanliness within the service. Comments included, "It's always nice and clean", and "It's spotlessly clean always."
- The home was clean and smelt fresh throughout. The provider deployed sufficient cleaning staff to keep the home clean throughout the day. One person said, "It is so clean here."
- The environment was maintained in good condition which meant surfaces, fixtures and fittings could be easily cleaned. Bathrooms and toilets had flooring in good condition and had been fitted with wall panels which could be wiped clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff reported accidents and incidents. For example, one person had fallen three times; analysis of their falls revealed these took place at night. Staff contacted the GP about this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person told us, "Staff definitely respect what you want." We observed people were relaxed with the staff team and supported, for example, to go into the garden. Relatives we spoke with were satisfied with the service. Typical comments included, "They are helpful and approachable," and, "I'm just so pleased [Name] is there, they're a lovely team, it's a lovely home and it is like home from home."
- People's care records contained information about their individual needs and preferences. Care plans identified areas in which people were independent and aimed to maintain this. Records showed people's identified care needs were assessed and action taken to meet these. One relative said, "[Name] has reengaged with life, they chat and walk around of their own accord."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff at Mostyn Lodge understood their obligations under Duty of Candour. Records showed relatives were informed when an incident occurred and updated about any outcome. One relative told us, "Oh yes we were informed promptly [about a loved one falling]."

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

- There was no registered manager at the service. The provider told us they had been trying to recruit but had not yet identified a suitable candidate.
- The provider had a range of service and provider level audits in operation. These audits had been completed at their prescribed intervals. The provider was able to demonstrate a range of systems were in place and to produce all the information we requested in relation to governance and quality assurance.
- Audits of care records had identified any shortfalls and action had been taken to remedy these.
- There were comprehensive systems in place to manage the risk of COVID-19 with regular infection control audits and updates to the infection control policy.
- The provider had a system in place to monitor staff training and supervision.
- The Care Quality Commission had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with were positive about working at Mostyn Lodge. They told us the team was supportive and they could approach senior staff if they needed advice. Staff told us, "We work really well as a team." Staff said they were able to contribute towards people's care plans. A member of staff said if there was a problem they could go straight to the provider or quality consultant.
- Relatives told us they were kept informed. Comments included, "Yes they are very good and keep us informed by phone." Another relative said, "My relative spoke to the owner because she said some of the women didn't want to be dressed by men, the night staff there were two men, so she spoke to the owner and I think there's a lady now that will do the getting ready for bed."

Continuous learning and improving care

- The provider had a service improvement plan. This identified action to be taken regarding any shortfalls identified by audits. Additionally, the service had developed a clear criteria for new admissions to ensure they were appropriate for the service.

Working in partnership with others

- Staff at the service worked with other professionals. The GP attended the home weekly. People were visited by district nurses and a chiropodist. One relative told us, "Doctors, the hairdresser goes in, they were taken to the dentist, and I think they had a nurse, the nurse came in for their leg, and they were taken for appointment about their eyes to a clinic."