

Mr Ahmed Rashid Holmes

Mount Vernon Terrace

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection took place on 7 March 2017.

Mount Vernon is registered to accommodate up to 16 people and specialises in providing care and support for people who live with a mental health condition. At the time of the inspection there were 15 people using the service.

On the day of our inspection there was a registered manager in place. 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.

At the previous inspection on 26 May 2016 we asked the provider to take action to improve the way the prevention and control of the spread of infection was managed at the service. At this inspection we found improvements had been made in this area and concerns dealt with appropriately.

People's medicines were not always managed safely. Records showed one person had not received their medicine as prescribed. A weekly medicine audit did not identify this concern. Three members of staff had not completed medicine refresher training.

People were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

Staff had opportunity to meet with the registered manager to review their work, training and development needs. The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People received sufficient to eat and drink and they were involved in the planning of their meals however, we saw that their choices were limited on a day to day basis. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind, caring and respectful towards the people they supported. Staff were aware of people's support needs and their personal preferences. Information was available for people about how to access and receive support from an independent advocate. People were encouraged to be independent and make individual choices. People's independence privacy and dignity were promoted and respected by staff.

People received care and support that was personalised and responsive to their individual needs. Regular reviews of people's care and support needs took place. People were supported to participate in a variety of

activities. The complaints policy was accessible for everyone.

The registered manager understood the responsibilities of their registration with the CQC. People were involved or had opportunities to be involved in the development of the service. Quality assurance and auditing processes were not always in place to ensure people who used the service, their relatives, staff and visitors were safe. However, the registered manager took action to ensure that these were implemented.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's medicines were not always managed safely.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Staffing levels were adequate to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had opportunity to meet with the registered manager to review their work, training and development needs.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink and they were involved in the planning of their meals however, we saw that their choices were limited on a day to day basis.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and respectful towards the people they supported.

Staff were aware of people's support needs and their personal preferences.

Information was available for people about how to access and

receive support from an independent advocate.

People were encouraged to be independent and make individual choices and their privacy and dignity were promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

Regular reviews of people's care and support needs took place. People were supported to participate in a variety of activities.

The complaints policy was accessible for everyone.

Is the service well-led?

Good ●

The service was well-led.

The registered manager understood the responsibilities of their registration with the CQC.

People were involved or had opportunities to be involved in the development of the service.

Quality assurance and auditing processes were not always in place however, the registered manager took action to ensure that these were implemented.

Mount Vernon Terrace

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 7 March and was announced. The provider was given 24 hours' notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with nine people using the service. We also spoke one member of the care staff, the cook who was also a member of the care staff, the registered manager and one health care professional. After the inspection we spoke with one relative.

We looked at the relevant parts of the care plans of five people who used the service, five staff files and other records relating to the management of the home.

Is the service safe?

Our findings

During our previous inspection on 26 May 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified some concerns with the way the prevention and control of the spread of infection was managed at the service.

At this inspection we found improvements had been made in this area. A new chip fryer was in place and the seal on the chest freezer had been cleaned. All the hand gels in the toilets were full. The toilet used by the staff had a sink in place. We saw people's laundry was now hung outside to dry. Due to the majority of people living at the service smoking, most parts of the environment still smelt of nicotine. Records showed the domestic staff had a cleaning schedule to work to which resulted in the home being clean.

People or relatives did not raise any concerns about how they or their relation were supported with their medicines. A health care professional told us the person they support received their medicines appropriately.

People's medicines were not always managed safely. We checked the Medication Administration Record (MAR) charts for six people. Five of the records were accurately completed. Information about each person contained in the medicine file included; details of the medicine they had been prescribed, their photo, the way they liked to take it and whether they had any allergies. However, one person's MAR chart showed they had not been given their medicine as prescribed. Staff had documented the person was absent from the service in the evening four days in a row. However, there was no record to show it had been offered to them when they returned later on in the evening. A weekly medicine audit did not identify the concerns we found. We spoke to the registered manager about our concerns. They felt confident staff would have offered the person their medicine but forgot to sign they had done so. However, we could not be confident that the person had been offered or received their medicines as prescribed. The medicine was to support the person's mental health and could have a detrimental impact on their well-being if not taken. The registered manager immediately contacted the person's GP for a review of their mental health. They also told us they would amend the medication audit so that all MAR charts would be checked for the foreseeable future.

Staff told us, and records confirmed, that they received a yearly medicine competency check. However, records showed that three members of staff medicine refresher training was out of date. This training is essential to ensure that staff's knowledge and practice in relation to the safe management of medicines is kept up to date. The registered manager acknowledged that all staff needed up to date medicine refresher training. After the inspection the registered manager sent us confirmation that staff had been booked onto the training.

We observed a member of staff administering medicines safely to people. They washed their hands, put the medication in a pot, offered a drink and stayed with the person to ensure they had taken their medicines safely. The member of staff checked medicines against the medication administration record (MAR) chart and signed the MAR chart when the person had taken the medicine. We completed a sample stock check of four people's medicines and found these to be correct. Processes were in place to ensure that when people

were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are not administered as part of a regular daily dose or at specific times.

People and relatives we spoke with told us without exception, that they or their relations felt safe living at the service. One person said, "I am definitely safe here". Another person said, "Nothing makes me feel unsafe." A third person said, "I feel 99% safe living here." A relative said, "They [relation] always feel safe and protected."

Staff told us they had received safeguarding adults training and demonstrated an awareness of their role and responsibilities regarding protecting people from avoidable harm. They knew the different types of harm people could experience and told us they would report any concerns to the registered manager or the CQC. Staff were confident the registered manager would deal with any concerns they may raise.

People were provided with user friendly information within their service user guide which explained to them who they could contact if they had any concerns about their safety or the safety of others. Contact details for external agencies such as the CQC or Local Authority were included.

The provider had a business continuity plan in place and it was available for staff advising them of the action to take in the event of an incident affecting the service, such as power failure, flooding and gas leak. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw regular checks on emergency lighting and fire alarms took place. For example, weekly testing of fire alarms, monthly testing of legionella and a six monthly fire evacuation drill were completed. Records showed that services to fire safety equipment had been completed appropriately. We saw parts of the building looked tired and worn and in need of decoration such as bedrooms needed painting, cracks in walls and ceilings needed filling, wallpaper needed replacing and carpets needed cleaning. We spoke to the registered manager who acknowledged areas of the service needed decorating. They showed us areas of the service that had been recently decorated. After the inspection the registered manager sent us an improvement plan which identified this and other work to the building that would be completed by 1 October 2017. For example, replacing chairs in the dining and lounge area and flooring in a person's bedroom.

We saw examples where risks to people had been assessed and plans were in place to inform staff of how to reduce and manage known risks. For example, risks associated with nutrition, oral health, weight loss, mental health and smoking. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs.

Staff records showed there had been no new staff starting at the home for over 6 years. A relative told us that it was positive that their relation had been supported by the, "Same staff the whole time [relation] has been there." This meant people were provided with a consistent staffing team who understood their needs.

All the people we spoke with, and relatives confirmed, there were enough staff and they were visible. A social care professional told us when they visit there are enough staff available for people.

All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. One member of staff said, "Yes absolutely. If we are short staffed we always get cover."

The manager told us that staffing levels were based on dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointments or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at two staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

Is the service effective?

Our findings

People told us that staff knew what they were doing when supporting them. One person said, "If I need any support they help me." Another person said, "Staff are professional they are a good bunch." A health care professional told us staff knew how to support people. Relatives told us staff knew their relations well. A relative told us, "Same staff the whole time [relation] has been there." This meant people were provided with a consistent staffing team who understood their needs.

Staff told us they had received a variety of training which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to further understand their roles and responsibilities. A variety of training had taken place which included but was not limited to, first aid and infection control. We saw training was not up to date for three members of staff in safeguarding adults. After the inspection the registered manager sent us confirmation that staff had been booked onto the training.

Staff were positive about the support they received from the registered manager and said they had opportunities to meet with them to review their work, training and development needs. They told us and records confirmed they received regular supervision and an annual appraisal of their work. One member of staff said the registered manager, "Gives me advice" when needed.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. Staff had an understanding about their duties under the MCA and how to support people with decision making. People's care plans contained clear information about whether people had the capacity to make their own decisions. We saw consideration had taken place about people's capacity in relation to specific decisions, such as medication, to participate in the planning of their care plans and involving health care professionals. Staff told us that most people made a choice about smoking that was not thought to be in their best interest. They told us that people were able to make an unwise decision and their choice was respected.

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 are called the Deprivation of Liberty Safeguards (DoLS). We observed that no DoLS applications had been made. The registered manager told us that they would continue to review this area to ensure that DoLS applications were made if needed.

We received mixed comments about the food and drink. One person said, "Food is very good. You cannot fault it. Roast dinner on a Sunday." Another person said, "The food is ok, we get enough". Two people disagreed. One person told us there was not enough choice. They said, "We get chips all the time, 4 times a week". A relative told us, "[Relation] likes the food."

There was a three weekly menu in place and we saw copies of residents meetings where the menu was discussed and agreed. During one resident meeting a person asked for a specific meal to be added to the menu. We looked at the menu and saw their request had been added. Information on people's specific dietary needs, likes and dislikes was accessible for members of staff. We saw that there was fresh fruit available in the dining room.

We observed the lunch time meal in the main dining area. People chose where they wanted to have their meal. The menu was on the wall and condiments were available. People were not offered more of the main meal but people were given bread with their meal when requested. One person told us, "No seconds allowed, they sometimes keep the meals back to re heat for tea." We did observe two people missed their meal but they were able to have the meal when they returned later. People were not given a choice of dessert. People were given tea to drink but no alternative. We saw people were offered hot drinks throughout the day but no cold drinks or snacks. The cook told us people could ask for cold drinks if they went to the kitchen but we did not observe people doing this. However, we saw a vending machine people could use to purchase cold drinks if they wanted to. We spoke to the registered manager about our concerns. They told us people are given biscuits with their morning and evening drinks and at other times if they request them. They also told us people are given cold drinks but said people prefer a hot drink. The registered manager also told us people choose to buy their own snacks from local shops. During the inspection we saw a person who purchased a snack from the local shop and a member of staff heated the snack for them. One person told us, "If I ask for a drink I generally get one." We also saw some people had access to make hot drinks in their rooms. Care records did not indicate people were at risk of weight loss. This showed us that people received sufficient to eat and drink and they were involved in the planning of their meals however, we saw that their choices were limited on a day to day basis.

We checked the kitchen and found the temperature of the fridge and freezers were checked daily to ensure people's food and drinks were stored safely. Some food products had no labels showing when they were opened. This is required so people know if the products are still within their safe to consume date. The cook agreed to look into this immediately.

Care records contained information about the involvement of a range of external professionals such as, GP, social worker, community care officer and optician. One person had support from the community mental health team every two weeks. Some people had been given a flu vaccine. A relative told us, "[Relation] goes to the doctor regularly." A health care professional told us the, "Service was very supportive and communication was very good" between their colleagues and members of staff. They told us the person they visit has support from a variety of external professionals such as a community psychiatric nurse and psychiatrist. They also told us the staff helps the person to attend external health care appointments by making sure a member of staff takes them. This demonstrated that people had been supported appropriately with their healthcare needs.

Is the service caring?

Our findings

People and relatives we spoke with told us staff were kind and caring and they were happy with the service. One person said, "Staff are caring. They always like us and tell us so." A relative said, "Always happy with the quality of the care." A health care professional said, "Staff have always been professional, caring and very kind. They come across as patient."

We observed staff speaking to people kindly, they were patient and understanding and people responded positively to them. People were seen to be at ease with staff and they spoke openly and warmly to each other.

Staff spoke positively about working at the service. One member of staff said, "I enjoy working here." Another member of staff said, "I enjoy my job. I like caring and looking after people."

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

People's religious and cultural needs were taken into account, respected and understood by staff. Records showed they were asked whether they needed any support from staff to follow their cultural or religious beliefs. One person told us they went independently to a pray group. They said, "Every morning I go to a local prayer meeting and I have some friends at the prayer group."

Staff were aware of people's support needs and their personal preferences. When we asked two staff members to tell us about two different people, they were able to describe each person's care and health needs, likes, dislikes and activities they enjoy doing.

People told us they were supported to be independent and make choices. They told us they decided when they went to bed, what time to get up and when they went out. One person told us, "Staff encourage me to go out and see people and get myself dressed." Another person told us they managed their own finances, "I go on the tram every week to get my money." A third person told us they independently cooked some meals themselves. We saw people come and go from the home as and when they wanted to go shopping and meet friends.

Relatives told us that they felt their relation's privacy and dignity were respected. A relative told us, "Absolutely and definitely." They also told us whenever they visit they are, "Offered a separate room to see [relation] and made to feel welcome." A health care professional told us they had observed a member of staff, "Knock on a door, said who they were and asked if it was okay to come in." We observed staff knocking on people's doors before entering. We also saw that staff treated information confidentially and care records were stored securely. This meant that people's privacy, dignity and preferences were respected.

The manager told us there were no restrictions on people being able to visit their family or friends. All the

relatives told us they can visit whenever they want. One relative told us they visit, "All different times of the day."

Is the service responsive?

Our findings

People and relatives we spoke with gave positive feedback on how responsive the staff were in meeting their or their relations needs. One person said, "If I am feeling down with my nerves I speak to [staff member's name] and I feel so much stronger. [Staff member's name] motivates me." Another person told us, "I like the comfort of staff coming to medical appointments with me." One relative said that they were highly satisfied with the service their relation received. They said, [Relation] is treated like an individual."

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Care plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences.

People's care plans were written in a person-centred way and contained information regarding their diverse needs and provided guidance for how staff could meet those needs. Discussions had taken place with people and their relatives to gain an insight into people's life histories and plans for the future. This helped in the development of the care plans. However, care plans also contained a lot of historical information which was not needed and some photos of people were old. Up to date photos are needed in case there is an event or incident that effects the service. The registered manager agreed to review people's care plans and archive any information that was no longer needed. We saw attempts had been made to involve people and their relatives where appropriate with formal reviews of their care and support needs. We looked at one person's care plan who was living with a mental condition. The care plan showed staff the behaviour the person may display when their mental health deteriorated and how to support and respond to the person when they displayed this behaviour. This meant that staff had information in support plans to support people appropriately.

People told us and records confirmed they were supported to take part in a range of activities such as trips to parks, shopping and playing pool. People told us they were encouraged to access the local community. One person said, "I go to the local shopping centre every morning." Another person told us they accessed the local community and went on trips. A third person said, "We sit indoors but it's okay." A relative told us their relation enjoys watching TV. One person disagreed. They said, "There used to be day trips because I have seen photos on the wall but I've been here a year and there haven't been." A health care professional told us the person they supported was, "Going to play crazy golf next week."

Throughout our inspection we observed people taking part in a variety of activities. We saw people going out for walks in the local community, playing pool together, socialising with each other in the games room, lounge and in bedrooms and watching TV. However, we did not observe staff engaging in activities with people and there was no planned activity programme. We spoke to the registered manager about this and they told us they would discuss whether people wanted a planned activity programme in the next residents meeting.

People had information available about how to make a complaint. Relatives knew how to make a complaint. Staff were aware of the provider's complaint procedure and were clear about their role and

responsibility with regard to responding to any concerns or complaints made to them.

The complaints record showed two complaints had been received in the last 12 months which were responded to appropriately and dealt with in a timely manner.

Is the service well-led?

Our findings

People we spoke with told us that they were happy living at the service. One person told us, "The atmosphere here is older [people] and I like it like that. It is a convenient location and I get suitable help." Another person told us, "There is nothing to improve, it all just flows well."

People, relatives, staff and professionals were positive about the registered manager. One person told us, "The manager is devoted to these people." Another person told us, "I talk to him all the time." A relative said, "[Registered manager] is calm, kind, has a real gentle manner about him and is definitely approachable." A health care professional said, "[Registered manager] is very approachable and amenable."

Staff felt able to give their views. Regular staff meetings were held and the staff spoken with felt the registered manager was approachable and willing to listen to them. Comments included, "Approachable, you can tell him anything. He makes the time to listen to you" and "He is very good, polite, kind and a good listener."

Records confirmed resident meetings took place where pertinent issues were discussed such as how to keep safe, feedback on the service and how to make a complaint. We saw minutes from resident meetings where one person wanted to change rooms and this was implemented. Another person asked for a specific meal to be added to the menu. We looked at the menu and the person's choice had been added. These processes and subsequent actions showed the registered manager and the provider welcomed people's views and acted on them.

We saw the service's policies and procedures which set out what was expected of staff when supporting people. A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff confirmed if they had any concerns they would report them to the registered manager, the CQC or the Police. This demonstrated the open and inclusive culture within the service.

The registered manager had an understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager knew the process for submitting statutory notifications to the CQC.

The registered manager contributed to the friendly and positive atmosphere through their relaxed and open approach to managing the home. They were visible throughout the inspection. We observed them engage with people in a calm and friendly way. People who used the service were seen to freely and confidently approach them to talk and ask questions.

A survey in 2016 had been completed by people who used the service. People said they were happy with the service they received, felt staff respected their privacy and dignity and there were enough staff to keep them safe. A survey in 2016 had also been completed by staff. Comments included, "I am made to feel valued",

"My work is satisfying and enjoyable" and "There's always time to deal with residents properly."

Quality assurance and auditing processes were not always in place to ensure people who used the service, their relatives, staff and visitors were safe. We reviewed some of these processes in areas such as health and safety and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion. The registered manager told us that they completed care plan audits however, nothing was documented. A training audit had not been completed which would have identified some staff needed training in medicine management. We spoke to the manager who agreed to implement care plan and training audits immediately. After the inspection the registered manager confirmed care plan and training audits had been completed and would continue to be done every month.

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