Mountfield Care Home Limited

The Mount Residential Home

Inspection report

226 Brettell Lane
Amblecote
Stourbridge
West Midlands
DY8 4BQ

Tel: 01384265955

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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 15 December 2016 and was unannounced. At our last inspection in January 2016, the provider was rated as Requires Improvement. This was due to concerns around staff understanding of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, a lack of activities being available for people and quality assurance audits being ineffective in identifying areas for improvement. At this inspection, we saw that these concerns had been addressed.

The Mount Residential Home is registered to provide accommodation and personal care to a maximum of 18 older people who may have a diagnosis of Dementia. At the time of the inspection there were 18 people living at the home.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were given their medications in a safe way but there were errors found in the recording of medications. People were supported by staff who knew how to identify abuse and manage risks to keep people safe. Staff were recruited safely and there were sufficient numbers of staff available to support people.

Staff received appropriate training and support to enable them to support people effectively. People's rights had been upheld in line with Mental Capacity Act 2005. People were supported to have choices at mealtimes and access healthcare services where required.

People were supported by staff who were kind and treated them with dignity. People were supported to make their own choices and maintain their independence where possible. There were no restrictions on family visiting people.

People were involved in their care and staff knew their care needs well. There were activities available for people and the complaints procedure was clearly displayed should they wish to complain.

People and staff both spoke positively about the leadership at the home. There were systems in place to monitor the quality of the service. People were asked to feedback on their experience of the service. The provider had displayed their previous ratings and had returned their Provider Information Return (PIR) within the timescales given.

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 always safe.

There were errors in the recording of medications and these could not always be accounted for.

Staff knew how to report concerns and manage risks to keep people safe.

Staff were recruited safely and there were sufficient numbers available to support people.

Is the service effective?

Good

The service was effective.

Staff received supervision and training to enable them to support people effectively.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported to have sufficient amounts to eat and drink and had access to healthcare services where required.

Is the service caring?

Good

The service was caring.

People felt that staff were kind, caring and treated them with dignity.

People were supported to be involved in their care and maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning for their care and were supported by staff who knew them well.

There were activities available for people that they were supported to choose based on their interests.

There was a complaints procedure on display to support people to make complaints if needed.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality of the service and actions recorded where areas for improvement were identified.

People and staff spoke positively about the leadership at the home.

People were supported to provide feedback on their experience of the service.

The Mount Residential 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 15 December 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for a person who uses this type of service.

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 the information we held about the home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority commissioning team to obtain their views about the home. We used the information provided to help plan areas to focus on during the inspection.

We spoke with five people living at the home. As some people were unable to tell us their views of the service, we used a 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. We also spoke with four relatives, a visiting health professional, three members of care staff, the cook, the deputy manager and the registered manager.

We looked at three people's care records and nine medication records. We also looked at records kept in relation to staff recruitment and training, accidents and incidents, complaints and quality assurance audits completed.

Requires Improvement

Is the service safe?

Our findings

People received support with their medications and were happy with how staff provided this support. Staff we spoke with told us they had received training in how to give medication before being allowed to do this and we saw that staff supported people safely. For example, we saw staff tell one person that it was time for their medication and then stay with them while they took these.

We saw that temperatures in the areas that medication had been stored were not consistently checked. We saw that in the previous month, temperatures had not been checked on six occasions. This meant that the provider could not ensure that medications would not be adversely affected by any fluctuations in the temperature where they were stored. Where people had medication on an 'as required' basis, there was not always guidance available for staff advising on when these should be given. This meant that there was a risk that people may not receive these medications in a consistent way. We spoke with staff who were aware of when these medications should be given and the deputy manager later showed us some completed protocols that had been misplaced with old medication records.

We looked at Medication Administration Records (MAR) completed and saw that the number of medications available did not always match what had been recorded as administered on the MAR. We found that some of these were due to errors in recording the amounts of medications available at the start of the current cycle; however some of the errors in the recording meant that there was no way of knowing if people had received all of their medications as prescribed. We saw that one person who had medication on an 'as and when required' basis, did not have a MAR chart in place. We checked with staff and found that they were aware of the medication prescribed for this person, however, without the MAR chart being available, the provider could not ensure that staff were aware that this medication was prescribed and when this should be offered. We spoke with the registered manager about this who advised that the errors identified would be addressed.

Staff we spoke with told us that they had received training to support them to identify types of abuse and could explain the actions they should take if they suspected someone was at risk of harm. One staff member told us, "I would go to the manager and raise any concerns".

People told us that they felt safe at the home. One person told us, "I feel safe; they [staff] pop their head in and check I'm safe". Another person said, "We all seem alright, everything is okay or we would make a fuss". This was confirmed by relatives who were also confident that their loved ones were safe. One relative explained, "I feel [person's name] is safe and well cared for here".

People and their relatives told us that staff understood the risks posed to them and how they could manage these risks to keep people safe. One relative told us how their family member had been at risk previously due to poor diet and that staff had worked with the person to improve this and reduce the risk. The relative said, "[Person's name] eating has vastly improved since being here and that is because of the staff". We saw that staff had a good understanding of risk and could explain how they kept people safe. For example, some people had pressure areas on their skin that required staff input. All of the staff spoken with understood the

risks to the person if the pressure area was not cared for and could explain what action they should take to reduce the risk to the person. One staff member told us, "We make sure we follow the guidance". Risk assessments had been completed that gave staff information on the risks posed to each person and what action they should take to support the person. These risk assessments were individual to the person and we saw that staff knowledge reflected what was on the risk assessments. We saw that a log of accidents and incidents that occur at the service had been kept. These detailed the actions taken following an incident to ensure the person was safe and reduce the risk of reoccurrence.

The provider told us in their Provider Information Return (PIR) that they had robust recruitment systems in place and we saw that this was the case. Staff told us that prior to starting work, they had been required to provide a full employment history, references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with adults. Recruitment records we looked at confirmed that these checks took place.

People told us that there were enough staff available to meet their needs. One relative told us, "As far as I know, there are enough staff". Staff we spoke with confirmed this and said there were always enough staff to support people and they did not feel rushed in their work. One member of staff told us, "I think there is enough staff as it is quite a small home". We saw that staff were visible around the home throughout the day and that where people had required support, this had been provided in a timely way.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the skills and knowledge needed to support people effectively. One person told us, "It is not an easy job looking after people, we are all different but well looked after". A relative we spoke with said, "The staff are really good. You don't have to tell them anything as they all know what to do".

Staff confirmed that when they started work, they had been required to complete an induction to introduce them to the role. This induction had included completing training and shadowing a more experienced member of staff. All the staff spoken with confirmed that the induction had equipped them with the knowledge they required to support people. One member of staff told us, "The induction was good. I shadowed staff on both early and late shifts. I felt ready to start work then". Staff told us they had access to ongoing training to ensure they remained competent in their role. One member of staff told us, "We do go on training, I have been on everything. The training does prepare you for the role". Records we looked at showed that staff had received training relevant to their role. All staff spoken with had regular supervisions with their manager to discuss their performance and request extra training if needed. One member of staff told us they had requested further training to support them in their role and that this had been sourced for them.

All staff told us that communication was effective and that they were given all of the information they required to support people at the start of each shift. One member of staff told us, "We have handover at the start of a shift and everything is said there so we have all of the information we need". We saw that communication systems were effective and that information about people had been shared with staff to ensure they could support people. For example, we saw senior care staff hand over information to care staff about a person's GP visit that morning and reminded staff to read the communication book to get further information. This meant the person would be supported effectively as staff had shared information about their GP visit and changes to their care needs.

At the last inspection we found that staff were not always aware of who had a DoLS authorisation in place or how to support people in line with these. At this inspection we found that improvemenents had been made .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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before providing them with support and we saw this in practice. Staff supported people to make their own decisions and asked people before completing any tasks if the person was happy for them to continue. For example, we saw staff offer to support people to use the toilet. Staff did this

discreetly and respected the person's decision to refuse support if they wished . All the staff spoken with understood the importance of ensuring people were able to make their own decisions and could explain how they do this. One staff member told us, "I gain permission by approaching the person and asking them. If the person says no, we will leave them and try again later". We saw that applications to deprive people of their liberty had been made appropriately and that staff were aware of why these applications had been made. Staff understood the importance of not restricting people unlawfully and could give examples of what a deprivation could entail.

People spoke positively about meals and told us they had been given choices of what they would like to eat and drink. One person told us, "Meals are not too bad at all and there are plenty of drinks". Another person said, "There is a choice of meals and I enjoy them". We spoke with the cook who showed us a menu that ensured people were given two choices at mealtimes. The cook explained that if people did not want what was on the menu, then they could request an alternative and we saw that this was the case. For example, we saw that one person had changed their mind about what meal they would like. The staff respected the person's change of heart and gave them further options of what they could have to eat. There was information displayed in the kitchen about people's dietary requirements so that meals could be prepared that met people's specific needs. The information recorded also gave staff guidance on how people like their meals to be prepared. For example, we saw that some people had requested smaller portions and that this had been recorded for kitchen staff to ensure this preference was met. We saw that mealtimes were relaxed and that people were given a choice of where to eat and were provided with the equipment they needed to support them to eat independently. Where people required support to eat, this was provided by staff who gave this support in a sensitive way. The provider told us in their Provider Information Return (PIR) that drinks and snacks were available for people throughout the day and we saw that this was the case.

People had been supported to access healthcare services to maintain their health and wellbeing. We saw that people were supported to see a GP where there was a concern. This was confirmed by people who told us, "If you need a doctor they get one". Other people told us they had been supported to access dentists and opticians to maintain their health. One person said, "Someone comes to look at my feet and they [staff] are pretty good at providing for teeth and eyes". Records we looked at showed that staff had referred people to other health professionals where needed. For example, we saw evidence that people had been seen by district nurses and hospital consultants where needed. We spoke with a visiting health professional who told us that staff followed their advice to support people's health and that they reported concerns about people in a timely way.

Good

Is the service caring?

Our findings

People told us that staff were kind to them. One person told us, "Care is alright, good, everything is alright, and there is nothing they could do better". Another person said, "The carers are lovely". Relatives also spoke positively about the staff and one relative told us, "What has shone through more than anything is the carers. They are so caring. I hear them singing and dancing with [person's name]" and, "I feel as though there is a genuine fondness from the staff towards [person's name]". We saw that staff had friendly relationships with people and displayed warmth when spending time with them . For example, we saw that one person was becoming upset and staff responded by stopping the task they were doing, sitting with the person, holding their hand and rubbing their back. This relaxed the person who soon began chatting happily with staff.

People told us they were involved in their care and were provided with choices. One person told us, "I usually choose when to have a wash". A relative said, "I believe [person's name] has a choice". We saw that people were offered choices by staff that included; where they would like to sit, what activities they would like to take part in and what they would like to eat and drink. Records we looked at showed that people had been consulted about their preferences and their choices had been recorded to inform staff of how people like their care to be delivered. For example, we saw that a record had been kept of the time people liked to get up each morning and what time they like to go to bed. Relatives we spoke with told us they were supported to be involved and were kept informed by staff of how their loved one was. One relative told us, "They [staff] keep me informed. [Person's name] went to hospital and they let me know straightaway".

People felt that staff treated them with dignity and staff we spoke with could provide examples of how they ensured people were treated in a dignified way. One member of staff told us, "For example I will wait outside the door when someone uses the toilet and make sure I knock before going back in". Other staff gave examples that included; covering people with a towel when supporting with personal care and knocking before entering people's rooms. We saw a number of interactions between staff and people that demonstrated that staff knew how to promote people's dignity. For example, we saw that one person was becoming very anxious. Staff we spoke with understood that the person had an anxiety related health condition and ensured that they supported the person appropriately. We saw staff speak to the person sensitively and provided the them with support for their anxiety in a sensitive way.

People had been supported to maintain their independence where possible. One staff member told us, "If people are able to do things themselves, then we do encourage it". The staff member went on to explain how they support a person to shave independently and explained, "I will just hand them the towel and sit with them while they do it". We saw that people were supported to complete tasks independently. For example, at mealtimes, we saw staff offer to cut up people's meat for them and where people declined support; staff respected this and allowed the person to attempt this task themselves.

People were encouraged to maintain relationships with family and those important to them. This was confirmed by a relative who told us there were no restrictions on visiting and said, "The carers treat this like it is my relative's home, and I am never made to feel not welcome".

The registered manager told us that they had previously supported people to access an advocate. An advocate is an independent person who can represent people's interests where they are unable to do so for themselves. The registered manager understood where an advocate would be needed and how this service could be accessed for people.

Good

Is the service responsive?

Our findings

Relatives we spoke with confirmed that prior to their family member moving into the home; an assessment took place to ensure that the provider would be able to meet the person's needs. One relative told us, "They [the registered manager] came for an assessment and to get to know [person's name]". Another relative spoke positively about the assessment process and how the registered manager involved and reassured them throughout. The relative said, "It was hard for us but staff were so good at settling [person's name] in and showed genuine warmth towards them". Records we looked at confirmed that these assessments took place and looked at areas such as the person's life history, care needs and likes and dislikes. We saw that care records were reviewed to ensure that the information held was accurate and that people's care needs continued to be met.

People and relatives told us that staff knew them well. One relative told us, "They [staff] seem to know [person's name] well and she responds well to them". We saw that staff knew people well. For example, we asked staff to tell us about one person and their needs. All staff we spoke with were able to tell us about the person's care needs and well as their life history and preferences with regards to their care. We saw that the information staff gave us reflected what was in the person's care records.

At the last inspection we found that there were a lack of activities available for people. At this inspection we saw improvements had been made .People told us that there were activities available for them to take part in if they wished. One person told us, "We play skittles which is a bit of fun". Another person said, " I enjoy singing along with stars on the radio". We saw that staff had arranged activities for people throughout the day that included making Christmas decorations and playing skittles. For those people who did not want to take part in the activities, staff offered them alternatives such as watching television or reading the newspaper or a book. We saw staff ensuring people had choices throughout the activities. For example, where songs were being played, staff would ask people what songs they would like to listen to before putting anything on. This showed that people were encouraged to be involved and choose music that was of interest to them. People responded well to this and were seen singing along throughout the time music was being played.

The provider told us in their Provider Information Return (PIR) that people are encouraged to talk to management or staff if they have any concerns and were informed complaints would be dealt with immediately and resolved to their satisfaction. People we spoke with confirmed this. One person told us, "It is fine, if I had a problem I would ask and get it sorted". A relative we spoke with told us, "[Registered manager's name] explained how to complain but I have never had a need too". We saw that information was displayed in the reception area of the home informing people of how they could make complaints. We looked at records held on complaints and saw that none had been made since our last inspection. The registered manager also confirmed that no complaints had been made but that if someone did wish to make a complaint, the concern would be investigated and resolved.

Good

Is the service well-led?

Our findings

At our last inspection in January 2016, the provider was rated as Requires Improvement due to concerns around staff knowledge of the Mental Capacity Act, concerns that people were not being involved in their care, a lack of activities available for people and quality assurance audits had not picked up the issues we had identified. At this inspection, we saw that these issues had been addressed.

People and their relatives knew who the registered manager was and spoke positively about the leadership at the home. One person told us, "It is lovely here and well run, I am well looked after". A relative we spoke with said, "I am impressed with [registered manager's name]". We saw that the registered manager had a visible presence around the home. The registered manager knew each person well and people were relaxed in her company; with many stopping in the hallway to chat with her as they walked past her office.

Staff told us they felt supported in the role and were comfortable in raising any concerns with the registered manager. One member of staff told us, "I know if I had a problem, I could always go to [registered manager's name]". Staff confirmed that they had supervisions and staff meetings to discuss the service and gain support where needed. Other staff told us that there was always a manager available outside of office hours for them to contact if needed. A staff member said, "There is a manager available all hours. I have rang before and they always answer and advise over the phone or come in if needed".

There were systems in place to monitor the quality of the service. Audits were completed monthly that looked at the home environment, medication and staff practice. Where areas for improvement had been identified, there was an action recorded to show how this would be addressed. For example, we saw that where the environment audit had found that some carpets required cleaning further, we saw that domestic staff were spoken to ensure this was completed in a timely way. However medication audits completed had not identified issues we found surrounding medication, including missing protocols for 'when required' medications and errors in recording. We spoke with the registered manager who advised that this was due to audits not being completed for this medication cycle yet and that these issues would be addressed straightaway and also picked up as part of their next audit.

We saw that people had been given opportunity to feedback on their experience of the service. Questionnaires had been sent out annually and we could see that the ones for 2016 had been sent out in December and responses had only just begun to come back in. The registered manager told us that once further responses had been received, the feedback would be analysed and shared with people. We saw that of the responses received so far, the feedback from people had been positive.

The registered manager had not always notified us of incidents that had occurred at the service. We saw that the registered manager had not notified us of one incident where a person received an injury while being supported by staff. We spoke with the registered manager about this who described to us the actions they had taken following accidents to ensure that people were safe and we could see records were kept of these incidents, but they had not notified the relevant authorities. Staff we spoke with knew how to whistleblow if needed. One member of staff told us, "To whistle blow I would call the Care Quality Commission or the

safeguarding team [at the local authority]".

Following the inspection in January 2016, the provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We could not see the latest rating displayed in the home. We spoke with the manager who was aware that the rating needed to be displayed and explained that this had fallen down that morning. Staff had placed this document on her desk and the registered manager put this back on display as soon as it was bought to her attention.

We asked the provider to complete 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. The provider had completed and returned their PIR to us within the timescale we gave and we saw that the information provided was accurate.

The registered manager told us they were supported by the provider and had clear plans for the future of the service. The registered manager told us that they intended to look at the records kept at the home and adapt these to make the recording of information more efficient.