

Keychange Charity

# Keychange Charity The Mount Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of the service (known as 'the Mount') took place on 14 and 15 June 2016 and was unannounced.

The Mount can accommodate a maximum of 28 older people who may be living with dementia. The service provides residential care without nursing. Nursing care is provided by the community nursing team. When we visited, 18 people were living at the service.

A registered manager had not been in post since November 2015. However, a manager was employed and had submitted applications to us to become the registered manager for the Mount. 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 our previous comprehensive inspection on 13, 14 and 15 October 2015 we judged the service to be inadequate, it was placed into special measures, and we told the provider to take action to make improvements to people's care and treatment and governance of the service. On 1 March 2016 we completed a focused inspection to check action had been taken in relation to these aspects and found improvements had been made.

This inspection was a comprehensive inspection and reviewed the service in full, including those areas where we had asked the provider to take action following our inspection in October 2015. Namely, person centred care, the need to ensure people's consent was sought in line with the Mental Capacity Act 2005 (MCA), safeguarding service users from abuse and improper treatment, staffing, ensuring fit and proper persons were employed and telling us of specific incidents required by law. The provider had sent us an action plan which said all these areas would be put right by the end of February 2016 and these actions have been completed. This inspection found there were sufficient improvements made to take the provider out of special measures.

People told us they felt their needs were being met by staff. People's needs were being assessed to ensure they were personalised and reflected people's current needs. However, the records were not always updated or recorded how people's needs were being met. People had risk assessments in place to mitigate risks associated with living at the service. However, associated care plans required more information to give staff clear guidance regarding how to meet people's needs. People's risk of falls were being reviewed on an individual basis. People's end of life and future wishes were not always recorded however, staff were doing this on a person by person basis to help people discuss the topic when they felt comfortable with doing so.

The administration of medicines was safe. The provider had reviewed their quality assurance processes since the inspection in October 2015. The service had a new local management team in place. Several

temporary managers from the company had supported staff make the required changes to the service over recent months. Staff and people spoke well of the new management team and were hopeful this would be a positive time for the Mount. The new manager had a clear vision about the quality of care people should experience. Systems had been put in place to measure the quality of the service.

People were looked after by staff who treated them with kindness and respect. There were sufficient staff to meet people's needs safely. Staff were recruited safely and understood how to recognise abuse. Staff felt confident in raising safeguarding concerns and felt they would be listened to and action taken. Staff understood how to whistle blow if their concerns were not heeded. Staff had undertaken training in many areas and a system of supervision and appraisal introduced. Staff felt they had the training necessary for their role. Staff said they could approach the new manager and deputy as needed if they required support and guidance.

People were asked for their consent before care was given. The manager was aware of their responsibilities in respect of the MCA. Staff responsible for assessing people had received training in the MCA. People were asked for their consent by staff before commencing any care task.

People's health needs were being met. People saw their GP or district nurse as needed. People were supported to ensure they had regular health assessments and saw the optician, dentist and chiropodist as required. Where the person needed further assessment this was discussed with the person and their GP.

People liked the meals provided and had enough to eat and drink. People were spoken with and their GP contacted if people presented with any concerns related to their diet or weight. Kitchen staff were knowledgeable of people's likes, dislikes and health needs. Creative ways were considered to support people to eat who had poor appetites.

People's complaints and concerns were picked up early and reviewed to resolve the issues involved. Activities were provided to keep people physically, cognitively and socially active. Staff were looking for other ways to encourage people to be active while living at the service. Staff were keen to ensure people in their rooms were not isolated.

We found a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

## 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. People had risk assessments in place to mitigate risks associated with living at the service but associated care plans required more information to give staff clear guidance regarding how to meet people's needs.

People had their medicines administered safely.

Systems to check infection control were in place. Staff followed safe infection control procedures.

People told us they felt safe living at the service.

There were sufficient staff to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

### Is the service effective?

Good ●

The service was effective.

People were looked after/cared for by staff who were trained to meet their needs.

People were asked for their consent before treatment was given and people's human rights were respected.

People liked the food and had enough to eat and drink.

People had their health needs met.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who treated them with kindness and respect. People spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity. People's religious needs were met.

Staff sought people's advance choices and planned their end of life with them.

### **Is the service responsive?**

The service was not always responsive.

People's care plans were personalised but did not always record how people's needs were being met. People told us they felt their needs were being met by staff.

Activities were provided to keep people physically, cognitively and socially active.

People's complaints and concerns were picked up early and reviewed to resolve the issues involved.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led. The service has gone through a change in leadership three times since the last comprehensive inspection. A dedicated, permanent team to run the service had only recently been employed.

The provider had a monitoring system in place to ensure the quality and safety of the service and make improvements..

People and staff felt the manager was approachable. The manager had introduced a culture which was open and inclusive and this was developing. People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was requested.

People and staff said the service was now in a better position to be well-led.

There were contracts in place to ensure the equipment and building were maintained.

**Requires Improvement** ●

# Keychange Charity The Mount Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 14 and 15 June 2016 and was unannounced.

The inspection was completed by three inspectors.

Prior to the inspection we reviewed the action plan provided by the provider and any notifications we had received. Notifications are details of specific incidents registered persons have to tell us about by law. We also received a Provider Information Return (PIR) the day before the inspection started. 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 PIR following the inspection.

During the inspection we spoke with 15 people and observed how staff related to people. We reviewed the care of six people in detail and spoke with them where this was possible. This was to seek their view on how they felt their care needs were being met.

We spoke with eight staff during the inspection and reviewed three staff personnel records. We also reviewed all the training records for staff.

Since the inspection in October 2015 we have had regular contact with the commissioners from the local authority. On inspection we spoke with two health care professionals working as community nurses. Following the inspection we spoke with the commissioners to seek their feedback on certain areas of the service.

# Is the service safe?

## Our findings

When we inspected on 13, 14 and 15 October 2015 we found people's medicines were not administered safely; people were not protected from abuse; staffing levels meant people's needs were not met safely and all staff did not have the necessary checks in place to ensure they were safe to work with vulnerable people. People's risk assessments were not updated to mitigate potential risks people faced living at the service and people's care plans were not always related to their risks. People's falls were not being reviewed to reduce the likelihood of them happening. There was no contingency plan and personal emergency evacuation plans (PEEPs) were not in place for everyone to guide staff in the event the service needed evacuation. Staff were not always following safe infection control procedures. On this inspection we found improvements had been made.

People's medicines were administered by staff who were trained to carry out this task and they had their competency checked. Where medicine errors had occurred action had been taken. For example, people's GP had been contacted to ensure there were no adverse effects and to seek advice on future administration of that medicine.

Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed.

Care plans gave staff some guidance regarding people's needs but required more information to be more comprehensive. For example, care plans informed staff how to move people safely and the numbers of staff required for transferring people, but lacked clear information regarding how staff should care for people at risk of skin damage or those with behaviour which sometimes challenged staff. Staff we spoke with knew how to care for people with these needs but people's records did not always provide clear instruction. This would provide clear guidance for all staff.

People's risk of falls were being reviewed on an individual basis. A falls audit to consider trends was to be developed. Risk assessments were in place to help minimise possible risks and provide guidance and direction for staff. Staff told us that when people were assessed as at risk of skin damage or falls, they sought advice. The health professionals we spoke with confirmed staff contacted them promptly and said staff were good at recognising issues affecting people.

Staff were aware how to keep people safe and told us they monitored the environment for trip hazards, checked visitors before they entered the home and requested they sign in, ensured there was good signage in place, and people had the right equipment. For example, one person was being assessed for a new wheelchair during the inspection. This would support them to mobilise independently and safely in the

home.

Staff were knowledgeable about people's risks and triggers, for example those at risk of falls if they were rushing to the bathroom. People had call bells nearby and staff kept a close eye on people in communal areas.

People's skin care needs were monitored. Body maps were completed for example if someone had an ulcer or red area. Staff sought advice if they were concerned and took preventative action to reduce the risk of skin damage, for example considering repositioning, protective equipment and skin creams.

A traffic light system was in place to prioritise actions needed to keep people safe, for example if someone had a skin tear this was a red alert and meant staff needed to take action and contact the district nurses immediately.

There was an untoward incident chart accessible to staff in the event of an accident, injury or emergency situation within the home. This gave staff the guidance and numbers they required to seek help promptly.

The service looked clean but some people told us their room had not been cleaned thoroughly. People told us, "The laundry lady is doing the cleaning but they haven't been into my room this week apart from collecting the rubbish" and, "We used to have three cleaners and my room used to be cleaned every other week, now I might as well do it myself." This person told us their room had not been cleaned since January; we informed the manager who intended to investigate. We spoke to the manager about people's comments and were advised cleaning vacancies were being advertised at the time of the inspection. In the interim period the laundry assistant was cleaning the home. We found three rooms had an unpleasant odour. The manager was aware of this and looking to replace the carpets and furniture in bedrooms where people had continence needs. This would make these rooms easier to clean.

Staff followed good infection control practices. New systems had been put in place in the laundry and an auditing process was being used to monitor infection control practices. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques. There were clear policies and practices in place and the provider ensured appropriate contracts were in place to remove clinical and domestic waste.

People were protected from abuse. People told us they felt safe, comments included, "I'm as safe as I think you can be"; "Call bells are usually answered within five minutes". Staff received training, understood the different types of abuse which could occur and were confident about the action they would take if they suspected someone was being abused, mistreated or neglected. For example, contacting the local authority or police. Safeguarding posters and flow charts were visible and accessible to staff so staff could be reminded how to raise concerns.

Safe recruitment practices were in place and records showed checks were undertaken, this helped to ensure the right staff were employed to keep people safe.

People were supported by sufficient numbers of staff to meet their needs. Staff told us there were usually five staff on in the morning and four in the afternoon. The manager told us staffing levels were currently based upon occupancy but people's dependency was considered. The current vacancies were out to advert. Staff told us that staffing had improved and work load was manageable. They said the atmosphere was calmer now.



# Is the service effective?

## Our findings

At our inspection on 13, 14 and 15 October 2015 we found people's consent was not always sought in line with the Mental Capacity Act 2005 (MCA). People's need for adequate nutrition and hydration was not always met. The recording of how staff met people's health needs was inconsistent, which made it very difficult to see that people were having their health needs met. Staff training was not always up to date. Records of staff supervision and appraisal were sparse and the content of those available had little detail in them. At this inspection we found improvements had been made.

People's consent was obtained prior to staff assisting them or before receiving care and treatment. One person said, "They leave me to make my own decisions which I like". One member of staff told us, if people refused they would encourage them, but explained if people said "no" their wishes were respected.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager was aware of their responsibilities in respect of the MCA. Assessing people's mental capacity had improved but some assessments were outstanding or needed updating. The manager was aware of those people who might not have the ability to make their own decisions and steps were being taken to consider these people's needs. Before the inspection was completed, the manager and deputy manager had put in place a list of people to review. Decisions had been made in people's best interests, with the involvement of their family or other professionals.

People who may be deprived of their liberty had been referred to the local authority. Some Deprivation of Liberty applications were awaiting approval by the local authority and copies were held within people's care plans. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and this is legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were trained to carry out their role effectively. A new online staff training programme was being set up. Some staff had started working through some of the modules. Modules included person centred care, the care certificate, skin care, equality and diversity, dementia, first aid, nutrition and more.

The Care Certificate was one of the new online training courses but new staff had not yet started this. The Care Certificate is a national training course for all staff new to care to ensure a national standard of induction training. Sixteen staff had completed safeguarding training and the manager told us the local authority training would be booked for staff who still required updating. Staff confirmed they had completed moving and handling training (April 2016) and were confident supporting people to use their frames, wheelchairs and they know how to use the hoist. Further moving and handling training was booked for June

2015. Fire training had taken place with a refresher date already booked. Some staff had training in the MCA and DoLS, but staff understanding was mixed. The manager advised further training was being arranged for staff to improve their understanding the MCA and the impact this had on their role.

Staff had started to receive supervision and annual appraisals were planned for the forthcoming year. Supervision sessions discussed how staff were enjoying their work, their role and ongoing development. Staff confirmed they felt well supported. The manager advised all staff would have a one to one meeting by the end of July.

People had their requirement for food and drink met. Where someone's weight was causing a concern, people's weight was monitored and external professionals were consulted when necessary. Staff tried to encourage people when they did not want to eat, and alternatives were offered when staff recognised people did not like something. Action was taken if staff thought people were not drinking enough fluid. Kitchen staff were creative in order to provide a good, balanced diet and were flexible in meeting needs. Kitchen staff were kept up to date about people's condition and how this might affect their diet. Time was taken to find out what they would like to eat or drink and this was provided. For example, one person had a specific cereal brought in by the kitchen staff who made a special trip to the local supermarket to buy this.

People told us they enjoyed the choice and quality of meals. Comments included, "All the meals are very nice; they bring all my food up to me which I like"; "If there is nothing I like or want in the home, they will go out and buy me a lasagne, pizza, whatever I want" and, "They've got a decent chef on board, food is good." People's likes, dislikes and health conditions were recorded so people's individual needs were known and could be met. Meals were presented in a manner which was attractive and appealing in terms of texture, flavour and appearance in order to maintain people's appetite and nutrition.

People had their health needs met. People's changing care needs were referred to relevant health services. People's care records demonstrated a variety of health care professionals were contacted as necessary. For example, community nurses, opticians and chiropodists. People were offered the opportunity to be registered with a GP. Healthcare professionals were positive about the service and told us communication was good and staff always acted on advice given.

## Is the service caring?

### Our findings

At our previous inspection on 13, 14 and 15 October 2015, people did not have end of life care plans in place. People did not always feel in control of their care. People were not having their social and emotional needs thought of as part of their basic care needs. At this inspection we found improvements had been made.

On this inspection, we observed people were happier. The service felt more like a home and the lounge a place where people could relax, watch television and spend time together. Not everyone used the lounge, but three people in particular had developed friendships and greeted each other warmly when they came down to the lounge in the morning. People were able to choose what they wanted to watch on the television in rotation and staff were observed sitting with people and spending time talking about life together. When a film was chosen people had popcorn to eat as a snack. More people were observed using the dining room for meals and the atmosphere was warmer. The manager told us some wanted and liked music or the radio on during lunch but others did not. A compromise was being sought so everyone's wishes were respected. Staff talked about the efforts being made to encourage people to socialise if they wanted to; staff also visited people in their rooms more often to check they were alright and pass the time of day with them. All staff saw this as a work in progress which they were all committed to continue to improve.

People's privacy and dignity were promoted, and people confirmed staff were always respectful. We observed staff treating people with appropriate humour and respect. People had positive relationships with staff and told us, "All the staff are very nice" and, "Staff are great; nothing is too much trouble." Staff knocked on people's bedroom doors prior to entering and called people by their preferred name. People's personal care and support needs were discussed privately and people's care records were stored securely to ensure confidentiality was maintained.

People's friends and families were welcome to visit at any time of the day. People's religious and spiritual needs were respected and people who wanted to attend church, but required assistance, were supported to achieve this. In house communion was available monthly for those unable to attend church.

People living at the service were supported by staff to feel special. Staff were aware some people may have become isolated due to the way the service was running before and also because they had no one to visit them. Staff were addressing these people's needs. For example, one person was being supported to talk about their interest in football with special time put aside with a member of staff with similar interests.

Staff knew people and their relatives well, and spoke passionately about how they felt about the people they cared for. Staff told us about the small things they did to make people feel they mattered. For example, one staff member told us they gave someone a back massage as they applied the person's skin creams; the person enjoyed this and often fell asleep. Staff supported people unable to leave the home by getting them shopping they needed. Staff had supported another person to set up their IT system, so they could use the service's wifi and email people. People told us staff remembered their birthdays if they wanted them to and staff confirmed they would give people a birthday card. The chef made people's birthdays a special day for them and their family. Cakes were made which reflected their interests. For example, one person supported a local football team and had a cake made that reflected this.

People who became upset were comforted, for example staff told us of one person who was anxious and needed a lot of reassurance. Staff were patient and kind and spent time comforting them to reduce their worries.

People felt they were in control of their care and were involved in their care; staff listened and respected people's wishes. For example, staff told us they were spending time with people talking and getting to know them better so they could improve their care plans. Records emphasised, and people confirmed, staff would respect their efforts to remain as active as possible for as long as they could. Staff handovers were used to discuss each person, and reflect on whether people were being effectively involved in their care. Advocacy services were offered and arranged for people, who wanted independent advice or guidance.

Staff described how they delivered compassionate end of life care but we found care records were still in the process of being updated. Staff were addressing this sensitive topic with people on a person by person basis. Staff had also been supported to feel comfortable approaching people to talk about this area of care. We found one person's care plan said they were not to be resuscitated but this person did not have a treatment escalation plan (TEP) advising who or how this decision had been made. We spoke to the manager about this who intended to take action. The manager and another staff member had enrolled in an end of life care programme with the local hospice so they could ensure their end of life care continues to meet people's needs.

## Is the service responsive?

### Our findings

At our previous inspection on 13, 14 and 15 October 2015 we found people's pre admission paperwork was often incomplete and lacked the detail staff required to develop an initial care plan. People were not always having their needs planned for and met in a collaborative manner which meant it was not personalised. People were not being supported to remain cognitively and physically active. At this inspection we found improvements had been made.

In March 2016 we found improvements had been made in respect of developing personalised care plans. People were being actively encouraged to have a say about how they wanted their care delivered. We found the care plan improvements reflected staff knowledge of how people liked to be cared for and their particular needs. However, we found on this inspection some care records had not been updated and others lacked detail and guidance to direct staff. Also, in some records the events around people's needs were not always clearly recorded, so it was difficult to find where the event started, what action was taken or how the event was resolved for people.

One person had two main issues. One was in respect of mobilising and the other was in relation to their not being able to digest food or medicines at certain times. In respect of moving around, it was stated that a referral for physiotherapy would be made to help build their strength and confidence. No referral to physiotherapy was then noted anywhere in the records. In respect of their digestion, some staff knew of this but this had not been passed on to the new manager and deputy to ensure there was an appropriate risk assessment and care plan. No professional assessment or support had been requested. For example, a referral had not been made to speech and language services team (SALT) to ask their advice. When we spoke with the person, they were happy with how staff were supporting them and meeting their needs. However, this was not reflected in the care records which meant all staff did not have the information available to them to support the person as they desired.

Another person was identified as having an eye condition. This meant their central vision was affected, but this condition had not lead to total loss of sight and was not painful. However, there was nothing in the care record to state this or how the person experienced this condition. We spoke with the person who said everyone and everything was "fuzzy" to them. They had also recently been diagnosed with vertigo and were described as "anxious" in the care records. Neither of these assessments reflected if their eye condition was impacting on them. They had regular appointments with the Eye Care Team who had completed an advisory note for staff to review but this had not been transferred into their care plan. They had been referred to a physiotherapist but the advice given had not been including in their care plan. When we spoke with the person they were clear staff were aware of their needs and felt staff met their needs fully. They confirmed staff had not suggested support services for people with limited sight and would discuss this further with staff when they had had time to think about it.

A third person had been diagnosed with a hiatus hernia on the 19 May 2016. A letter had provided advice to the service detailing what to look out for if this strangulated but this was not built into a care plan or risk assessment so this information was available for staff.

Not keeping records of people's care which were accurate, complete and contemporaneous is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager said they would address these records and seek the people's views on how their needs should be reflected in their records. The manager told us that team and shift leaders had now been allocated to update people's records so they were more reflective of people's needs.

People told us they received personalised care which was responsive to their needs and commented, "Yes, staff know my likes and dislikes" and, "Yes, they know I like my whisky and ginger in the afternoons". People told us staff knew their routines and how they liked things to be done. For example, what time people liked to get up and go to bed and how people liked their hair styled. People's particular requests for night care were known such as people who liked or not to be checked by staff, those who liked a glass of water and those who wanted a light on at night. Care plans recorded people's preferences for example those who liked to wear trousers and we saw this person had trousers on during the inspection.

Staff told us, "We try to make sure it isn't just care tasks but we get to know people's little ways, things they like, don't like – they know we listen to them" and, "X" likes their hair brushed in a certain way, everything we do we work around them; some people like just water on their flannels, others like soap."

People were able to participate in social activities undertaken by staff in the afternoons, but many people told us they enjoyed their own company and spending time in their room. For example, one person said, "I'm quite content to stay in my room." Staff told us this was an area they were trying to develop and they were trying to encourage people to come into the lounge and participate in activities commenting, "It has been difficult encouraging people to come down". Activities included music and animal visits, knitting and external musician such as a harpist had recently visited the home. Staff also told us they had more time now and spending time with people was encouraged by the new management team. People confirmed there was more interaction with staff which they enjoyed.

Staff were in process of identifying what yearly and one off events could be celebrated by everyone. Creative experiences were being considered. For example, a member of the kitchen staff had arranged for an ice cream van to visit on the second day of the inspection. Staff went around asking for people's orders before the van arrived. The van arrived as planned with bells ringing. People and staff were observed enjoying this together. The plan was for this to take place monthly and it was like a sweet shop coming to the service as the ice cream owner sold sweets, chocolates and other confectionary. A new hairdresser was due to start the day following the inspection; this was arranged following a request for people to have their own dedicated hairdresser for the service.

The service had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. Review of records showed that action was always taken when a complaint was raised. Staff listened to people and tried to resolve issues quickly. Feedback was then provided and the complainant asked if they were happy the complaint had been resolved. People did not raise any complaints with us, with one person telling us, "There are no complaints to make about the home". However, people felt they could share any concerns or complaints that they may have with staff and were confident these would be resolved quickly.

## Is the service well-led?

### Our findings

At our inspection on 13, 14 and 15 October 2015, we found the service was not being well-led. Robust quality assurances were not in place to identify shortfalls and ensure the service was safe and meeting people's needs. Issues people and staff had raised about the service had not been addressed. Staff told us there was a division between the staff and management of the service and the staff team were not working cohesively. We had not received all required notifications in line with the law. We found staff were not up to date in respect of the provider's policies and records around keeping equipment and premises safe and were not readily available. At this inspection we found improvements in leadership and governance had been made but it was too early to show that these improvements would be embedded and sustained over time.

The Mount is owned and run by the Keychange Charity. Keychange Charity is a Christian-based, not for profit registered charity governed by a board of trustees. There was a nominated individual (NI) who is a person appointed by the provider to be responsible for supervising the management of the service. The NI was also the Chief Executive Officer (CEO) who was part of a senior management team. The NI has regional operation managers to oversee services locally. The service had not had a registered manager in post since November 2015. A manager had been employed to run the service locally and they had submitted an application to us to become the registered manager.

Since the inspection in October 2015 the service has had a number of temporary managers overseeing the changes required. This included managers and deputy managers from Keychange's other homes. In April 2016 a new manager was employed to oversee the management of The Mount. A new deputy manager had also been employed prior to this inspection. The new manager spoke passionately about their role and commitment to improving the service. They were informed of the previous concerns and felt confident progress on the outstanding areas would be made and sustained. Both the manager and deputy had experience in care and the necessary leadership skills to develop the Mount.

We found new systems of quality assurance had been brought in to monitor aspects of the service. For example, care plans, call bells, medicines and infection control were audited and reviewed. Audits had identified some shortfalls and the managers had put things right when issues were identified. For example, the care plans audits identified many of the areas we had identified on this inspection. This had been linked to staff training and individual staff practice where this was needed. However, the changes were not always being achieved. For example, only part or none of the information had been changed in people's care records when staff were asked to do this. The manager had reviewed this with staff and asked why this was not being resolved. Staff had told them they found it difficult to fit record keeping in when there were care duties to be completed. Going forward staff had been allocated specific people to review and given administration time when they would be "off the floor". During this time they were to spend time with people reviewing the care plans and records with them.

The new manager spoke about their vision for the service and the culture they aimed to be adopted by all staff to make The Mount a positive place to work and for people to live. They were clear it was early days and it would take time to make the changes and ensure they become rooted in the culture of the service. They



were seeking to improve communication across the staff team and with people. They had identified which roles they would each take to meet different requirements of running the service. They had informed staff of the "open door policy" for staff to come and speak to them both. Staff had been encouraged to remember they were working in people's home. Time was being spent with people to encourage them to be active in planning their care and how the service ran.

People knew the new manager and deputy who managed the service, and were hopeful improvements would continue to be made. The health professionals we spoke with were positive about the new manager and deputy and the sense to stability that was starting to evolve. They found both had ensured they were up to date on people's needs quickly and felt confident they would run a safe service. We found the new manager and deputy listened positively to our inspection feedback and were proactive in making and discussing changes when we identified areas for improvement as part of this inspection.

Staff spoke positively of the new manager and deputy. Staff told us, "The deputy is brilliant; chuffed they got the deputy job!"; "The new deputy is lovely, nice and very friendly"; "The new manager is listening to us, seems to know what they are doing; asks our opinion. We are working together to come up with solutions" and, "Since the new manager has taken over it is more organised, more relaxed." There was a whistle blowing policy in place and staff told us they were not fearful about raising concerns. Staff meetings had taken place at regular intervals since the inspection in 2015 and this had informed staff of the inspection outcome and the efforts to put things right. Staff felt they had been involved in the changes and felt they were important to both the service and the provider.

The provider had put robust systems in place to ensure the management of the service and they were ensuring their accountability in line with the regulations. There were senior management meetings held weekly to review all their services and the progress of changes at the Mount. The trustees and management committee were ensuring their legal requirements were met. A quality sub group had been set up following the inspection in October 2015 which kept quality on the agenda in respect of all their services. The committee was then reporting back to the trustees. Time had been spent and was planned to give ongoing support to the new manager to make the necessary changes and sustain these in the future.

People and their relatives were informed of the concerns highlighted following the inspection in October 2015 and were kept up to date with how this was being put right. Residents' meetings were held and questionnaires given out to people about aspects of the service to seek their feedback. Action and updates were then given to people and family members about any suggestions made.

The system of recording the maintenance of the equipment and building had been streamlined and demonstrated systems were now in place to ensure this happened when required. The manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred in line with legal obligations. The manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence. Notifications had been received as required and were overseen by the operations manager.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17(1) and (2)(c)  People's care records were not always complete and contemporaneous.