Mountdale Limited

# Mountdale Nursing Home

**Inspection report**

59 Mountdale Gardens,
Leigh On Sea,
Essex,
SS9 4AP

Tel: /
Website:

Date of inspection visit: 14 and 15 December 2015
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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection took place on the 14 and 15 December 2015 and was unannounced.

Mountdale Nursing Home provides care and accommodation for 22 adults who may have complex nursing needs. It also provides a service for people who may need care due to living with some form of dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manager 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's medication was well managed and people receive their medication as prescribed.

Meetings had been held for the people living at the service and for the staff. People felt listened to and that their views and opinions had been sought and the service had made appropriate improvements.

# Summary of findings

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people were supported with every day risks. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus. People were supported to maintain good healthcare. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

People had agreed to their care and had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Detailed assessments had been carried out and care plans were developed around the individual's needs and preferences.

The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

The standard of medicines management in the home was very good and people received their medicines safely and as prescribed.

The provider had systems in place to manage risks and safeguarding matters and this helped ensure people's safety. People and their relatives told us this was a very good service and that it was a safe place to live.

There were sufficient numbers of staff to meet the needs of the people who used the service.

Good

**Is the service effective?**
This service was effective.

People were cared for by staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good

**Is the service caring?**
This service was caring.

Staff provided care and support that is tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good

**Is the service responsive?**
This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good

**Is the service well-led?**
This service was well-led.

Quality assurance systems were in place.

Staff understood their role and were confident to question practice and report any concerns.

Good

# Mountdale Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 14 and 15 December 2015.

The inspection team consisted of one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

During our inspection we spoke with six people who used the service, three visiting relatives, the registered manager, and five members of the care staff.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records. We also looked at their staff support records.

We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Good

# Is the service safe?

## Our findings

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and updates had been provided. Staff were able to explain how they would recognise abuse and who they would report any concerns to. They were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Guidance could also be found around the service and staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. Care plans included a variety of assessed risks to people and included falls and risks related to people maintaining their independence. Where risks had been identified the care staff had where possible managed these without restricting people's choice and independence. People had also been part of the risk assessment process where possible.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in date. Maintenance of the premises had been regularly completed and the home was safe and generally well maintained.

The service did not have a system in place to assist the manager to monitor people's dependency levels, but the present staffing levels met the needs of people living there. People told us they thought there was enough staff and they received the care and support they needed. On the day of our visit people were observed being well supported and we saw good examples where people were provided with care quickly when requested. Most staff felt there were enough staff to provide the care and support people needed. The manager advised that they did not use agency staff and any extra shifts would be covered by regular staff already working within the service. This helped with continuity of care and ensured the staff knew people's care needs well.

Staff employed at the service had been through a thorough recruitment process before they started work at the service. Staff had Disclosure and Baring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. Staff who had recently been employed confirmed that relevant checks had been completed before they started working at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

During our visit we found that the standard of medicines management in the service was very good and people received their medicines safely and as prescribed. Only trained nursing staff administered medicines to people and these had been stored, administered and disposed of in line with current guidance and regulations. Regular medication audits had also taken place. Each person had their own medication profile with their photograph to assist staff with identification. No anomalies were seen on the medication record sheets and staff had dated bottles and packets to help assist with any audits. There were also guidance for staff on when people may need 'as and when' medication such as pain relief. People confirmed that they received their medicines safely and as prescribed.

Good

# Is the service effective?

## Our findings

The staff spoken with confirmed that training was offered and they received regular updates. The service's mandatory training included, manual handling, food hygiene, first aid, dementia and health and safety. We observed staff delivering good care and following good practice. Comments from staff included, "The training here is very good and I have now completed my NVQ 2," this is a recognised qualification in care." It was discussed with the manager that staff may need some training around palliative care due to the service providing this form of support to people. It was noted that a few staff needed updates in some of the mandatory training, but the manager was already aware of this and had started to arrange relevant courses.

Newly recruited staff had completed an induction which included information about the running of the home and guidance on how to meet the needs of the people using the service. The service had also implemented the new care certificate, which is a recognised induction in care. Those staff we spoke with said the induction was very good and had provided them with the knowledge they required.

Staff had received general support through one to one sessions, meetings and appraisals. They had also received bi-monthly 'work based' supervision, which is when a senior staff member works alongside a colleague to ensure they are following good practice. Minutes of staff meetings were viewed and these had also been used as training sessions and covered topics such as pressure care, key workers role and general good practice. The manager stated they had recently changed the format of the yearly staff appraisal and these were now more comprehensive and included staff development. Feedback from staff was very positive and comments included, "The management are very supportive, we have a good team here and we all work together" and, "I love working here."

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. The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. Staff we spoke with demonstrated an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights and all had received training in the MCA.

People told us that they had agreed to the service providing their care and support and we saw that staff sought people's consent before care and support was provided. Files contained documentation to assess people's capacity and identify what day to day decisions they may need help with. This showed that the service had up to date information about protecting people's rights and freedoms. The care plan documentation had a section on gaining consent for care had been completed by the person receiving the care or a relative.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, "The food here is fantastic, it melts in your mouth, very nice" and, "I cannot complain about the food, it is very good." Staff stated that there was a good choice of food and if people did not like what was on offer then the cook would do something that they did like. One staff member was seen asking someone who did not feel well if they would like something else and then provided two or three options for them to choose from.

The service had a four week menu and these showed that people were offered choice and a healthy balanced diet. The cook was aware of people's likes and dislikes and also any dietary or cultural needs of individual people. Jugs of juice were available and hot drinks and biscuits were made available throughout the day. The lounge also had had a fruit bowl for people to help themselves.

People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance. It was noted during the lunch time observation that the interaction between care staff and the people who needed assistance with eating was very good. People were able to take their time and staff did not rush them. It was clear that staff knew the people very well and provided appropriate care.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified the service had nutrition and weight charts in place which assisted staff in monitoring people's nutritional needs and ensured people received the support required. Where they required

Good

# Is the service effective?

assistance from a nutritionist or health care professional this had been sought. The service also promoted introducing full fat milk, cream and other high calorie food if people required extra supplements.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people's health whilst living at the service. One person reported "The staff are very pleasant" and "They will get the doctor when needed, the staff are very good."

Good

# Is the service caring?

## Our findings

People we spoke with were very happy with the care and support they received and said that they were treated with dignity and respect. They were complimentary about the staff and comments included, “The staff are fantastic. I never have to wait for care, I just press the button and someone comes,” “I give the service a 1000 out of a 100, it could not be better” and, “The care here is excellent.”

Staff interacted well with people and ensured that those who were unable to express their wishes were included in the conversations and activities where possible. Staff displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interaction observed between people and staff was friendly, kind and patient. People were referred to by their chosen names and people looked relaxed and at ease with the staff. Staff spoke with people in a friendly and attentive manner and showed patience and understanding. They knew the people they were supporting and caring for well, and were able to explain how much assistance each person required.

Staff responded quickly to people’s needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. It was also noticed that all staff ensured they were communicating with people at eye level and ensuring people understood what was being said. The service had received a number of compliments and these included, “Thank you for your care and support, we could not wish for a better place than your home” and, “I cannot express our appreciation for the kind treatment [person’s name] received whilst in your hands.”

People had the opportunity to express their views about their care and support and the service. Some meetings had taken place with people which helped to provide them with an opportunity to be able to discuss their likes and dislikes, but the manager explained they wanted to develop these further. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received and also the running of the service with regard to food, activities, staffing and the environment.

Families had been involved in their relative’s care and it was confirmed that they were kept informed of any changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance.

People were treated with kindness and staff ensured people’s privacy was respected when they needed assistance with personal care. Examples of this included people being covered with blankets when using the hoist and being offered protection for their clothing whilst eating and drinking. Staff were seen knocking on people’s doors before entering and always closing the door when personal care was being provided. They were also heard explaining to people what care they were about to assist with, which helped to ensure people were involved in their care. Another example of good practice was a staff member assisting someone to eat their meal and they placed a small amount of food on the spoon and then offered this to the person’s hand, so they could continue to eat independently. Comments the home had received from people receiving care and support included, “Thank you so much for the explanatory care you gave [person’s name] we all felt at home with you” and, “You showed great sensitivity and respect towards [person’s name] and they never felt uncomfortable, you made them feel at ease.”

Good

# Is the service responsive?

## Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. Comments included, "The care is excellent," "Mountdale is 'home from home'" and, "I am very happy here."

People's care needs had been fully assessed before moving into the home, which helped to ensure the service were able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files identified each person's needs and would assist the staff to identify what support was needed. Any care needs due to the person's diversity had also been recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs and people received the care they needed. Care plans had been reviewed regularly and updated when changes had occurred.

Systems were in place to encourage people to be involved in the care planning process where possible. People had been involved in producing their care plans, which included information about the individual's past and included their hobbies and some history about them and their families. This identified subjects that may be important to each person and provided staff with important information about each individual and assisted staff in providing people with person centred care.

The service had an activities co-ordinator. On the first day of our visit there were very little activities taking place and people in the lounge mainly watched television and it was a very quiet environment. On the second day of our visit the activities co-ordinator was present and they had organised individual activities for people and these had been arranged around each person's interests. The atmosphere was friendly and laughter and chatting could be heard throughout the day. Some people we spoke with told us they preferred to stay in their room and watch television, but added that they knew that they could join in with the organised activities if they wished, which showed that people's individual choices and preferences were respected. It was discussed with the manager that they may need to develop the activities so that people were able to participate in these more often. They advised that they had organised for an animal party to come to the service, so that people could interact with the animals and this could also include those who were unable to come down to the lounge. This was displayed in the foyer so that relatives could join in.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. The service had not received any complaints so it was not possible to check whether the process had been followed. The manager advised that they take complaints very seriously and ensure these are acted on as soon as they are raised, so that lessons can be learned and action taken to help prevent them from reoccurring. Details on how to make a complaint could be found in the foyer of the home and also in the residents guide.

Visitors were welcome and people were seen coming and going throughout the day. People found the staff and management approachable and felt they were able to raise any concerns they may have. Visitors also knew who to complain to and added if they had had any concerns these had always been listened to and acted upon. One relative stated, "Just a passing comment on not being able to see the television very well and the management subsequently brought a bigger one; they are excellent."

There were a number of ways the service encouraged relatives, friends and people who lived at the service to be part of the running of the service. Meetings had taken place and these provided people with an opportunity to discuss the running of the service and also any issues they may have. The service also had a suggestion box in the foyer for people to use for concerns or if they have ways of improving the service. One person explained how they had been able to choose the colour of their bedroom when they first moved in and how this had helped them to settle into the home. The manager explained that they felt this sort of choice was important as it was the 'person's space' and they should feel comfortable.

Good

# Is the service well-led?

## Our findings

The service has a registered manager and they had been managing the service for a number of years. They stated they had an 'Open Door' policy and people who lived at the service and their relatives told us that they could approach the manager at any time and had always found them very accommodating. Feedback through cards the service had received included, "You should be extremely proud of the home you have created" and, "A big thank you for all the wonderful work you do to run a lovely home."

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager had carried out a range of regular audits to assess the quality of the service and advised that they were looking at their present systems to see if they can be improved, so the service can continue to develop and improve. Where audits had raised areas of improvement the manager was working to rectify these.

Staff had received supervision and attended regular staff meetings and staff morale was very good. Some staff spoken with had worked at the service for a number of years and were very positive about the management of the home. Management had systems in place to help ensure staff were kept up to date with information about the service and the people who lived there and this included staff handover meetings between each shift.

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People who lived at the service and their representatives were provided with regular opportunities to provide their views about the care and quality of the service. Annual quality assurance questionnaires were sent to relatives and people who used the service to gather their views and opinions. Staff were also given the opportunity to feed back about the service via an annual questionnaire. The manager collated the feedback and produced an annual plan for the service. This contained details of areas that were being worked on such as new furnishings, review of systems and a new hoist for the bathroom.