

Mountfield House Care Home

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Inspection report

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West Midlands
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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 ●

Summary of findings

Overall summary

About the service

Mountfield House is a residential care home providing personal care to up to 14 people aged 65 and over. There were 13 people receiving support at the time of the inspection. The home accommodates 14 people in one adapted building.

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

Improvements had been made since the last inspection. People's preferences about when to get up were respected and improvements had been made to the governance and oversight systems to ensure care was safe and effective.

People told us they felt safe. Staff knew how to identify and report concerns for people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. Staff had been recruited safely. Where things went wrong, learning took place and changes were made to reduce the likelihood of reoccurrence.

People's needs and preferences were assessed prior to them moving in to the home. Staff received training relevant to their role which helped them provide effective support. People received enough food and drink, according to their individual preferences and support to manage their health needs.

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

People described staff as kind and felt they knew them well. People were supported to make their own decisions and felt staff listened to them and respected their choices. People were encouraged to remain as independent as possible and staff respected their privacy.

People's needs had been assessed and were reviewed regularly. Staff supported people to take part in activities or follow their own individual interests. People knew how to raise a concern about their care. People's choices for end of life care had been discussed with them and recorded, so their wishes would be respected.

This had driven improvement in care planning, risk assessment and the monitoring of medicines administration. People, relatives and staff spoke positively about the management of the home. People, relatives and staff were given opportunities to share their feedback about the home and suggestions were welcomed and used as a way of improving the care provided. The provider was open and honest throughout the inspection and had used the findings from the last inspection to make improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2019) and there were two breaches of regulations. We imposed conditions on to the provider's registration which required them to submit monthly reports about how they were assuring the governance of the service. They complied with these conditions and demonstrated to us people were no longer at risk from poor governance.

The provider also completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mountfield House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mountfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two care staff and the registered manager. We looked at three people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at one staff recruitment record.

After the inspection

Following the inspection we were contacted by two relatives who wished to share feedback about how their family members were supported at Mountfield House. The registered manager also sent us further information as requested during the inspection visit. This was received without delay.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This was because staff had failed to identify an incident between two people met the criteria for reporting and as a result a referral to the local authority had not been made. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection staff had failed to recognise an incident that had occurred between two people required reporting and escalation. At this most recent inspection we found improvements in relation to the reporting and management of incidents had improved. The registered manager now completed a monthly oversight report to review all incidents and accidents and ensured action was taken to reduce the risk of future harm.
- People told us they felt safe. Staff had received training in how to protect people from harm and abuse and knew how to escalate any concerns for people's safety. The registered manager had referred any concerns to the local authority and submitted notifications to CQC as required by law.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being had been assessed and managed to reduce the risk of avoidable harm. Staff were knowledgeable about people's risks and were able to explain what action they took to keep people safe. For example, how they monitored a person's presentation in relation to their blood sugars to identify any early signs of ill health.
- Where people's behaviours may place themselves or others at risk, known triggers for behaviours were clearly recorded and known by staff. For example, there was clear guidance for staff relating to a person who may become distressed during personal care.

Staffing and recruitment

- People told us there were enough staff to meet their care and support needs. One person said, "There are enough staff, plenty of them around."
- We observed staffing levels throughout the inspection and saw people's needs were met promptly and they did not experience any delays in receiving care.
- Staff had been safely recruited. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. We observed staff supporting people with their medicines and saw staff give explanations of each medicine and the reason it had been prescribed.
- Where people used medicines 'as required' staff were aware and offered these to people. We saw staff checked on people's pain levels before offering them pain relieving medicines.

- The registered and deputy managers assessed the competency of staff responsible for the administration of medicines to ensure their working practices were safe.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff followed safe practices to reduce the risk of infection including regularly handwashing and the use of disposable gloves and aprons.
- The home was clean and free from any malodours.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home. We observed a handover meeting, which took place daily, where any concerns were raised, and actions agreed to reduce risks.
- The registered manager conducted monthly checks on accident and incident records, which enabled them to identify any patterns or trends and reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs continued to be assessed prior to their admission to the home. These assessments included all aspects of a person's care and support needs including information about their health conditions.
- Protected characteristics under the Equality Act were considered and care plans reflected people's religious or cultural needs.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to meet their needs. One relative said, "The staff are great with [person]. After they returned from hospital staff got them up and about and are great at keeping them active."
- Staff told us they received training which provided them with the skills to support people well. One staff member said, "We have a lot of training. We recently did training in fire prevention and were taught how to use fire extinguishers properly. We are also asked if there's any training we feel we need or would like to do."
- Staff were supported in their role by the registered and deputy managers. They received regularly supervision which included feedback on how they were performing in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food and drinks they received. One person said, "Meals are good, good size portions, can have an alternative if I don't like it." There was a relaxed atmosphere at lunchtime and people choose where they would like to have their meal.
- Where people had specific dietary needs staff were aware and ensured they followed guidance provided by healthcare professionals. Staff we spoke with were also aware of people's likes and dislikes in terms of food and drink. They shared with us how they encouraged people who were reluctant to eat, to take their time and eat a meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access healthcare service as required. We saw people had attended appointments with opticians, nutritionists, dentists as well as their GP.
- Care records contained information about people's health needs and histories, which offered guidance to staff about how to identify any changes in people's health. Where changes had occurred, advice from external healthcare professionals had been sought promptly.
- The registered manager was aware of CQC's recently published report, Smiling Matters, and had approach a local dentist who was able to provide a service to all people living at the home. People's care plans

contained information about their oral health needs and records reflected action had been taken by staff to ensure people received appropriate support for their teeth and dentures.

Adapting service, design, decoration to meet people's needs

- At the last inspection we noted some refurbishment of the home was required and saw this had since been completed. However, the registered manager acknowledged further work was required throughout the home in terms of decoration. Despite this, the current home environment met people's needs. There were grab rails in place to support people's mobility and an assisted bath was available if people wished to use it.
- People rooms were personalised according to their taste and where people had agreed to signage on their bedroom doors, this was in place. The main lounge and quiet lounge were well used, and people moved around the home freely. People had been consulted about decorative changes, one person told us, "We are involved in choices; décor and things like that we've been involved in planning."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. Staff had received training in the MCA and demonstrated a good understanding of the principles of the act. We observed they sought people's consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated. One person said, "The care is excellent and the staff are wonderful." One relative commented, "The staff are very kind and patient. [Person] is treated very well."
- We observed interactions between people and staff and saw staff were kind and unhurried as they provided care and support. People's diverse needs were considered and care plans reflected how staff should support these needs. For example, one person's care plan reflected that they prayed before going to sleep and staff were aware of this.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were free to express their view and were able to make their own decisions. One person said, "I make all my own choices, I live as I please."
- People were consulted about their care and felt involved in life at Mountfield House. We saw staff offered people choices, including food and drinks, as well as activities and people's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- We saw staff supported people according to their wishes and people chose how and where they spent their time. One person, who chose to spend their day in their bedroom, was regularly checked on by staff to ensure their wellbeing.
- Staff were mindful of people's abilities and offered them reassurance about what they could achieve. For example, one person, due to their dementia, had forgotten they enjoyed and regularly participated in an activity. Staff encouraged them to take part and reminded them of how they felt. We saw the person greatly enjoyed taking part in the activity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This was because people's preferences about the time they got up were not met. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to ensure people's preferences in relation to the time they got out of bed in the morning were not being respected. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Improvements had been made at this inspection, people's choices were now respected and the provider was no longer in breach of regulation 9.

- The registered manager had implemented a number of additional checks since the last inspection. This included staff recording the time people asked to get up and also whether they were offered the opportunity to get up earlier or later. The registered and deputy managers had also carried out spot checks at various times of day and night to ensure people's preferences were being met.
- People and their relatives told us they were involved in planning their care. Care plans reflected people's likes and dislikes, including how they like to receive personal care and which foods they preferred.
- Changes to people's care were recorded and shared during a daily handover with staff. This included changes to health needs, the outcome of appointments and how people were presenting with their anxieties on that day. Staff we spoke with had a good understanding of people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found people had limited opportunity to engage in activities that were enjoyable for them. At this inspection we found improvements had been made. People told us they chose how they spent their time. We observed how people spent their time and found this varied according to their needs. Some people were reliant upon staff to provide meaningful stimulation, while others spent time in their bedroom or in the quiet lounge area.
- Staff supported people to take part in activities that interested them. This included, games, knitting, dancing, watching films and gardening. Relative's feedback was positive. One relative commented, "The staff are amazing, keeping [person] active, doing activities such as dancing. They even went on a day trip to Blackpool."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed on admission. Care plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand to help them make choices. For example, staff were aware of how people communicated and showed some people visual prompts such as cups or medicines to enable them to understand.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they were unhappy about the care they received. One person said, "I'd speak to [registered manager] if I was worried. They are a wonderful person."
- We reviewed records of complaints and saw appropriate action had been taken by the registered manager when people had raised concerns. Where action had been taken to resolve a complaint, an explanation had been given to the complainant.

End of life care and support

- Where people were willing to discuss their preferences for end of life care this had been recorded by staff. We saw one person had expressed their and their family member's preferences for specific prayers, hymns and flowers.
- Staff told us people were asked about end of life wishes upon admission; but this was also raised periodically with people and their family members to ensure people's preferences were captured where possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to ensure governance systems were effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager, who was also the provider, had made significant improvements to their governance and oversight systems and processes. This included increased frequency of audits in relation to care plans, risk assessments, medicines, home environment and health and safety matters.
- The registered manager had introduced an oversight report which included a review of all accidents and incidents. They told us they felt this had been a positive change, which gave them a better opportunity to identify concerns, as well as any trends. This then helped them reduce the risk of avoidable harm to people.
- The registered manager was positive about the changes that had been made since the last inspection. They told us they had seen the feedback from the last inspection as an opportunity to learn and make improvements. Where concerns had been identified we saw they had acted to address these. For example, inconsistencies within care plans and risk assessments were communicated with staff so that changes could be made.
- The rating from the previous inspection was displayed in the home, as required by law.

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

- People and their relatives told us they felt the support staff provided was positive. One relative told us, "Staff managed to get [person] out of bed, even when we had been told it was not possible. The staff are great."
- People told us they felt the home was well managed. One person said, "It's wonderful here, I have no complaints." Staff also expressed positive views, one staff member commented, "It is well managed. If we need changes then they are done, if we need equipment, we know we will get it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered and deputy managers had spoken with people and their families about how they were going to make changes or improvements.

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

- People and their relatives were invited to give feedback on the care they received. We reviewed responses to 25 quality assurance questionnaires, of which 15 had been completed. Where relatives had raised concerns, the registered manager had acted to address this. For example, one relative had reported they felt the home environment was too warm and staff had explained the reasons for this to them.
- People were also given an opportunity to share their views during resident's meetings. We saw people had given positive feedback on meals, their bedrooms and the activities. They had also suggested new ideas for activities, including a party for Christmas and carol singing.
- Staff told us they felt listened to and were able to make suggestions about how things could be improved. One staff member said, "We can make suggestions, if something needs improving we'll talk amongst each other and [provider] will listen and ask for the reasons. If changes need to be made they will be."

Working in partnership with others

- The staff team worked in partnership with visiting healthcare professionals and other partner agencies. This included the district nursing team, GP's and nutritionists.