

Independent Care & Support Ltd

Montgomery Court

Inspection report

Montgomery Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Montgomery Court is an extra care service providing personal care to adults and older people who live in their own flats in a multi-occupational house. This includes people with a physical disability, dementia, mental health or learning disability. At the time of our inspection there were 33 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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; however, the policies and systems in the service did not always support this practice. This was because the provider had not checked if people had appointed someone else to be responsible for their health or welfare. Staff did not consistently support people with their medicines. This was addressed by the provider once it had been brought to their attention.

Staff supported people to access health and social care support in the community. This included supporting people to take part in activities and pursue their interests in their local area.

Right Care: Staff demonstrated they knew how to support people's individual health and medical needs. However, this guidance was not always available to staff to ensure these needs were consistently met.

People were supported by staff who had been trained in how to care for them. Additional staff training to support people with a learning disability was planned to ensure staff had the necessary skills to understand and support them.

People told us they received kind and compassionate care from staff who understood them well and enjoyed their company. There were enough staff to meet people's needs and keep them safe. The service was flexible and could adapt to meet people's changing needs.

Staff understood how to protect people from poor care and abuse.

Right Culture: Quality assurance and monitoring systems were not always effective in identifying shortfalls and improving the service for the people who used it. People's views were regularly received through feedback and also through any complaints raised. However, the provider had not analysed the feedback they had received to identify if there were any reoccurring themes or areas where improvements were

required.

People benefitted from the open and positive culture of the service where the management team was approachable.

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

Rating at last inspection

This service was registered with us on 22 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns about the overall management of the service. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

At this inspection we have identified a breach in relation to shortfalls in the oversight and quality monitoring systems of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Montgomery Court

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We also spoke with 7 members of staff including the registered manager, deputy manager, care coordinator, senior carer and 3 care workers.

We reviewed a range of records. This included 3 people's care records and daily notes and 2 people's medication records. We looked at 3 staff files in relation to recruitment and supervision and the staff training matrix. A variety of records relating to the management of the service were viewed, including quality checks and audits.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were some inconsistencies in the management of people's medicines which were only addressed once they had been brought to the providers attention.
- For some people an assessment of risk had identified that their medicines should be stored in the office, rather than in their own home. However, there was no system to monitor the storage temperature as some medicines react to excessive heat. The deputy manager confirmed a thermometer had been obtained and that the temperature was checked weekly, after the inspection.
- Some people had been prescribed medicines to be taken 'when required' (PRN). Staff had not consistently been recording the reason why people had been given these PRN medicines. After the inspection, the deputy manager confirmed staff had been directed to record the reason on the medication administration sheet, rather than a separate record, to minimise this omission.
- Staff had received training in medicines management which included having the competency to do so safely assessed.

Assessing risk, safety monitoring and management

- Potential risks for people were assessed, but staff were not always guided how to support the person to ensure these risks were mitigated.
- Some people had been assessed as diabetic. Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. Staff gave an example of how they encouraged a person with diabetes to reduce their sugar levels and to eat healthily. However, there was no guidance about how to support people with diabetes in their care plan to ensure they consistently received the right care. Another person had been assessed as at risk of their food going down their airway when eating. Their risk assessment directed staff to ensure this person was sat high up in their bed in an upright position. However, this person's care plan only gave directions for staff to sit the person in a 'good position' which is not specific enough to ensure this person's safety when eating. There was a risk staff would not know how to position this person safely when they were eating.
- For other people there was clear guidance about how to support people to minimise potential risks such as when mobilising or to keep their skin healthy. This included repositioning people regularly, applying skin protecting creams and contacting health professionals when a person's skin was looking red.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had undertaken training in safeguarding people. Staff felt confident any concerns they raised would

be actioned by the management team. Staff had access to information about how to contact the local safeguarding team and other external agencies if needed.

- People told us they felt safe when being supported by staff and that they trusted staff. One person told us, "The staff are brilliant. I trust staff. I sometimes fall asleep when they are caring for me. I have also left money out and it is still there and never taken."
- People had access to emergency staff support via a call button. People told us staff responded when they called and that this was reassuring. One person showed us the call button they were wearing and told us it was, "Getting a bit worn out" from being used. They said staff had reminded them to use it in emergencies only.

Staffing and recruitment

- The service had enough staff to meet people's needs and staff recruitment practices were comprehensive.
- People told us staff supported them at the times they expected and stayed for the correct length of time. People said they knew in advance which named staff were supporting them each day. One person told us, "I have a rota so I know who is coming. They are all good carers. I know all the carers that come."
- A range of checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, employment history including the reason for any gaps, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- We were assured the provider was following government and health authority guidance for the prevention and control of infections.
- Staff had completed training in infection control, including Covid-19. We observed staff using personal protective equipment such as gloves, masks and aprons appropriately.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Staff understood the importance of acting in a timely manner and keeping accurate records in the event of an accident or incident. Staff explained how they assessed the priority of calls received via the emergency call button. Sometimes their response involved reassuring people and at other times an immediate response was required.
- The deputy manager had oversight of significant events and notified the registered manager so they could investigate as appropriate and share any lessons learned which resulted.

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.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Where people lacked mental capacity, the provider had not taken steps to confirm who had the legal authority under a Power of Attorney (POA) to make decisions on their behalf.
- A record had been made that some people had appointed a POA for their finances, or health and welfare, or both. However, there was no record to evidence these people had the legal authority to act on behalf of people who used the service. After the inspection, the provider told us they were taking steps to address this shortfall.
- Staff had completed training around the MCA. Staff explained how they worked alongside people, supporting them to make daily decisions such as what to wear.
- The service worked in partnership with the local authority when assessing people's mental capacity for complex decisions. This was to ensure decisions were made in people's best interests.

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

- People's needs with regards to eating and drinking were assessed, but there was inconsistency in the information available to staff to guide them how to support people with their meals.
- Staff were not given clear information on how people in bed should be seated when eating and drinking. However, there was clear guidance for staff if people's food needed to be cut into small pieces, to ensure their drinks were in reach and if people needed to be assisted to and from the on-site restaurant.
- Staff understood how to assist people to maintain a balanced diet. For example, they described how they encouraged people who were diabetic to reduce their sugar intake to remain healthy.

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

- The provider used an assessment framework to identify people's needs before they started to use the service. This guided the assessor to check all aspects of a person's health and social needs.
- People were familiar with staff and the management team before they started to use the service. This was

because the service's office was based in people's home. We observed staff and the deputy manager talking to people who did not receive care from the service, during our inspection visit. All these things helped to ensure that care was provided in the way the people wanted it.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training which had been regularly refreshed.
- Staff were provided with training in specialist areas such as supporting people with dementia and a learning disability. The deputy manager told us staff would complete the Oliver McGowan mandatory training on learning disability and autism. This training is the government's preferred and recommended training for health and social care staff.
- New staff undertook a structured induction which included shadowing and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were encouraged to complete further training through the Level 2 Diploma in Care.
- Staff received support in the form of supervision and team meetings. Staff felt well supported. They said there was good communication with one another and they could pop into the office and speak to a member of the management team at any time.

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

- Staff worked in partnership with people and their relatives, to ensure people's healthcare needs were met in a timely manner.
- People's healthcare needs and medical conditions were recorded in their care plans, so staff were aware of them.
- Staff observed and monitored people's health and well-being accordingly. For example, staff told us when they had concerns about someone's skin integrity, they telephoned the district nurse with the person's consent, whilst on the care call. Staff made a record of communications with health professionals or changes in people's health and informed the management team accordingly.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth and dentures.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. 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 felt valued by staff who showed genuine interest in their well-being and quality of life.
- Everyone spoke favourably about the staff that supported them. Comments included, "The care here is good", and "I have a laugh with the carers which I like. It is the staff who start the laughter."
- People were supported by a team of staff including a regular main carer. This meant people were supported by staff who were familiar to them and understood their likes, dislikes and preferences.
- We observed staff talking with people and putting them at ease. Staff used positive language which people understood and responded well to.
- People were asked about their religion, race, and sexuality during the assessment. This was clearly documented in order to observe and respect the person's needs when providing care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff consistently treated them with dignity and respect and helped them to maintain their independence.
- One of the aims of the service was to enable and encourage people to do more things for themselves thus maximising and promoting their independence. This aim was understood by care staff. Care plans included guidance for staff about what things people could do for themselves and when they needed assistance.
- The service had a holistic approach to promoting people's independence. For example, one person had lost their confidence and skills in managing tasks within their own home. Staff supported this person to regain daily living skills, such as doing their laundry.
- People's personal information was kept secure and confidential.

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

- People said staff listened to them and they were involved in decisions about how their care was delivered.
- Staff respected people's choices and wherever possible, accommodated their wishes. For example, one person asked the deputy manager if they could have a staff member to support them to shave the following day. The deputy manager gave the person the names of two staff members who were available. The person then chose the staff member that they wanted to support them.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service had received a compliment about the care provided for people at the end of their lives. "The night carers delivered outstanding care. The way they handled him gently, manoeuvring him in such a professional and caring way....blown away by this. Dressing him after he passed away was amazing and over and above what would be expected of the care team."
- People had been consulted about their end of life wishes and choices and any preferences were recorded in their care plans.
- Staff understood how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

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

- Staff provided people with personalised and co-ordinated support in line with their support plans.
- People told us the service was responsive to their changing needs. One person told us, "They can change the call time if you have an appointment that day." Another person told us when they first started using the service they had one call a day. They told us after coming out of hospital they needed more calls each day and this had been provided by the service.
- The service was extremely flexible. One person told us they had only had a daily 15-minute call as they just required some help when showering. They said the staff always came when expected and stayed for the correct amount of time. The service was also able to provide short calls to check people had taken their medication and to escort people to and from meals and activities. If staff assisted a person to lunch and they wanted to stay for an activity, the staff member would then escort them back to their flat at a later time.
- People had been asked about the outcomes they wanted to receive before being provided with support. People told us these positive outcomes had been met. One person told us how much better they were feeling as a result of the care provided by staff. Another person said they wanted to be able to do their own shopping and attend local activities and they were able to do this with the staff support they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a range of resources available to add with people's communication needs. This included

providing information in braille, large print or easy read.

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

- People were supported to develop relationships and take part in activities they enjoyed.
- One of the aims of the service was to help prevent social isolation for older people. Staff supported people to go out such as to libraries, community centres and health centres. One person told us, "Staff take me shopping on a Monday. I like the karaoke here."
- People were encouraged by staff to reach their goals and aspirations. One person had expressed a wish to attend a day centre. Staff provided the person with all the relevant information they needed to ensure they understood the choices available. The support for this person included attending a day centre once a week where they could meet other people socially. Staff enabled another person who loved to paint, to buy painting materials from the craft shop and find an appropriate place for them in the garden to paint. This resulted in an improvement in the person's well-being.
- Staff were fully involved in supporting people to take part in activities of their choosing. Staff escorted people to attend activities that took place in their home, to ensure they followed their interests. One person said, "The staff join in with the karaoke. I think that is a good thing."

Improving care quality in response to complaints or concerns

- People told us they did not have any concerns or complaints but felt confident to raise them with care staff, the deputy manager or care coordinator.
- The provider followed their complaints process which included investigating concerns raised and reporting back the findings to the complainant.
- Action had been taken in response to complaints, such as providing staff with additional training and replacing faulty equipment.

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.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The providers quality monitoring systems were not always effective in identifying areas for improvement.
- During the inspection we identified shortfalls in staff guidance for managing risks to people, medicines management and records relating to the legal authority to act on other people's behalf.
- The provider sought feedback from people but there was little evidence this feedback had been used to develop the service. People were contacted at regular intervals to check if they were satisfied with the service or if any adjustments needed to be made. The comments we viewed all contained positive feedback. However, there was no evidence these records had been checked to ensure if there were any concerns or negative feedback that these had been addressed.
- The provider had not reviewed complaints received by the service to help identify any trends or shortfalls in the service where improvements could be made.

The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of service provided. This was breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsible for this service and 2 others of the provider's services. The registered manager also provided training for staff. The registered manager told us they were responsible for oversight of the service and delegated the day to day running to the deputy manager. The registered manager was in regular communication with the provider who was also the nominated individual, although they were not a regular visitor to the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.
- Staff felt well supported by the deputy manager and care coordinator. They said they were accessible and provided emotional as well as work support. Staff were supported formally through team meetings and individual supervision and appraisal.

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

- People described a positive culture at the service whereby they received personalised care.
- People told us they 'popped' into the office if they needed help or advice. We observed the deputy manager and care coordinator listening, responding and reassuring people who visited the office during the inspection.
- The deputy manager and care coordinator had received a compliment about their management style. 'Thank you for overseeing all of this and who together make such a great management team'.
- Staff and the management team communicated with people who received and also people who did not receive a service on a daily basis when carrying out their duties. This genuine interest in people helped to drive a positive and inclusive culture.
- There were spot checks on staff to directly observe care and assess if staff were following set protocols and the aims of the service.
- The registered manager understood the duty of candour. They explained the importance of responding in an open and honest manner if something at the service did not go as it had been planned.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals including representatives from the local authority, district nurses, occupational therapists and speech and language therapists.
- The service had a strong working relationship with the housing officers, who were situated on the premises. There was an effective and professional sharing of information in order to work together to benefit all the people who lived at Montgomery Court.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (e)</p>