

Larchwood Care Homes (South) Limited

Mountwood

Inspection report

11 Millway Road
Andover
Hampshire
SP10 3EU

Tel: 01264333800

Date of inspection visit:
27 March 2017
28 March 2017

Date of publication:
15 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection was unannounced and took place on the 27 and 28 March 2017. This was a comprehensive inspection completed to check the provider's progress in meeting the requirements required as a result of our previous inspection on 25, 26 and 28 October 2016. Mountwood is a home which provides nursing and residential care for up to 39 people who have a range of needs, including those living with dementia, epilepsy and the physical health results of a stroke. At the time of our inspection 36 people were living in the home.

Mountwood is a two storey building situated with its own secure garden situated on the outskirts of the town of Andover. The home comprises of 40 single rooms, 36 of which have ensuite facilities comprising of a sink and toilet. Access to the first floor is by a passenger lift and main staircases are accessible via user operated keypads. On the ground floor is a communal lounge with a separate activities room/lounge area, the home's kitchen and a dining room as well as laundry facilities and a nurse's station. On the first floor there is a joint lounge and dining area with tea making facilities available in a small kitchenette, a further nurse's station and medicines room. To the front of the property is a secure garden area with raised flower beds, seating and bird tables to provide interest for people living and visiting the home.

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 inspection we found the provider had breached two regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014). The provider had not maintained complete, accurate and contemporaneous records relating to people's care, a breach of Regulation 17. The provider had also not ensured people who did not have capacity to agree to their care were appropriately assessed with any actions taken documented as being in their best interests, a breach of Regulation 11. The provider was served with a warning notice in relation to good governance which they were required to meet by 28 February 2017. We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulations. At this inspection we reviewed whether or not these actions had been taken and if the provider was now meeting the requirements of the HSCA 2014.

We found improvements had been made regarding both breaches, however, a continuing breach of Regulation 17 remained regarding the complete, accurate and contemporaneous completion of documentation. More time was also required to ensure the steps in place to appropriately assess people who were not able to make decisions regarding their care were integral in the home's care delivery and assessment process.

We also made a recommendation at our previous inspection that the provider seek advice regarding

environmental design which can support those living with dementia to mobilise independently. At this inspection we could see that appropriate signage was in place to allow people to orientate themselves independently around the home. Another recommendation made was for the provider to seek additional dementia friendly activities which would allow people living with dementia the opportunity to participate fully in meaningful interaction. At this inspection we saw that action was being taken to include people in more homely type activities such as housework tasks and this work was on-going to ensure people lived interesting and fulfilled lives.

At this inspection it was not always clear that people were receiving care which met their needs. Some people living at the home required regular repositioning in their beds to ensure their risk of acquiring a pressure ulcer were minimised. However, records relating to this aspect of care were not completed accurately which meant it was not always clear whether people were receiving the most appropriate care they required to maintain their health and wellbeing. Whilst improvements in care documentation had been made, more time was needed to ensure the newly employed nurses, who would be responsible for overseeing the completion of this documentation were inducted, settled and effective in their role.

Relatives of people using the service told us they felt their family members were cared for safely. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People were supported by sufficient numbers of staff. When required the provider sought regularly used agency staff to support staff working at the home to ensure people received care from staff familiar with their needs.

People were supported by staff who had been through a detailed recruitment procedure to ensure they were suitable to deliver care. Staff had also received an effective induction into care delivery whilst working at Mountwood. Staff were in receipt of regular training, received structured supervisions and told us they were able to express concerns at any time with the registered manager and felt supported as a result.

People were supported to receive their medicines as prescribed. Guidance had been provided to staff including agency nurses regarding the appropriate administration of medicines in a way other than prescribed, such as in the covert administration of medicines for example. Nurses responsible for administering medicines were subject to regular training to ensure they remained competent and safe to complete this role. Medicines were managed, stored and disposed of safely.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse situations such as a loss of accommodation as a result of fire or flooding.

People's care plans and documentation was subject to regular review to ensure they remained accurate and provided staff with the most up to date information regarding the care people required.

People received sufficient food and drink to maintain their health and wellbeing. Snacks and drinks were encouraged between meals to ensure people remained hydrated. People assessed as requiring a specialised diet, for example a pureed and diabetic diet, received these and the food was pleasantly presented.

The staff and registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

People were appropriately assessed and supported when it was identified they no longer had the ability to consent to a course of care and treatment. We saw the requirements of the Mental Capacity Act 2005 (MCA) were followed appropriately. The Care Quality Commission (CQC) also monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were accompanied by the appropriately completed MCA and best interest decision documentation.

Staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People told us they knew how to complain and all said they would speak with the registered manager and senior staff if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and staff were encouraged to provide feedback on the quality of the service during participation in the completion of annual survey questionnaires and providing feedback to an independent survey company.

The registered manager and staff promoted a culture which focused on providing people with highly individualised care which met their needs. The provider's values were displayed within the home but were not immediately known by staff. However, staff were able to describe how the registered manager wanted people to treat residents and they demonstrated they knew these standards. We could see these values were evidenced in the way care was delivered.

The registered manager had fulfilled the requirements of their role as they had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

We found a continuing breach of Regulation 17 of the HSCA and you can see what action we told the provider to take at the end of the full version of this 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?

Requires Improvement 

The service was not always safe.

People were safeguarded from the risk of abuse. Staff were trained in safeguarding, understood how to protect people from abuse and knew how to report any concerns.

Risks to people had been identified and detailed. Recorded guidance was provided for staff and reviewed bi-monthly to ensure people's needs were managed safely. However, care documentation did not always reflect that the guidance provided in people's care plans and associated risk assessments were being followed. This meant it was not clear if people were receiving the care they required.

People were supported by sufficient numbers of staff to be able to meet their needs in a timely fashion. There was a robust recruitment process in place to ensure staff had undergone thorough and relevant pre-employment checks prior to commencing their role.

Medicines were administered safely by nurses who received training appropriate to their role to ensure medicines were stored, administered, documented and disposed of safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who completed a nationally recognised induction process to ensure they had the skills and knowledge required to meet people's needs in an effective way.

People were supported by staff who were able to discuss the principles of the Mental Capacity Act 2005 (MCA). Staff demonstrated a detailed awareness of how to enable and support people to make choices in their daily lives.

Where people were unable to consent to aspects of their care the registered manager complied with the requirements of the MCA. This included appropriate MCA assessments and best interest decisions prior to depriving people of their liberty.

People were encouraged to participate fully in mealtimes to ensure they ate and drank sufficiently to maintain their health and wellbeing.

People were supported to seek healthcare professional advice were required in order to monitor, manage and treat their changing health needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in their approach with people, supporting them in a kind and sensitive manner.

Staff had a well-developed understanding of people and had developed companionable and friendly relationships with them.

Where possible people were encouraged to assist in creating their own personal care plans to ensure their individual needs and preferences were known and provided by staff.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs had been appropriately assessed before care delivery began and we could see care plans were subject to a bi-monthly review however the more time was needed to ensure new staff being put in place were able to complete these monthly as required.

The provider was taking action to ensure people were provided with opportunities to participate in meaningful activities to ensure they lived an active and enjoyable life.

There were processes in place to enable people to raise any issues or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Whilst improvements had been made regarding meeting the requirements of the regulations of the Health and Social Care Act (Regulated Activities) 2014 following our previous inspection a continuing breach of Regulation 17 (Good governance) remained.

The provider and registered manager regularly monitored the quality of the service provided so that continual improvements could be made. However more time was needed to ensure actions resulting from these quality audits were effective in meeting the requirements of the HSCA.

The registered manager promoted a culture which placed the emphasis on people receiving quality care from staff in a homely environment.

The registered manager provided positive leadership and informed the Care Quality Commission about important and significant events that occurred at the location.

Staff were aware of their role and felt supported by the registered manager. They told us they were able to raise concerns and felt the registered manager provided good leadership.

Mountwood

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 function. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 and 28 March 2017 and was unannounced. The inspection was conducted by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; on this occasion they had experience of a family member, who had received residential care. The Expert by Experience spoke with people using the service, staff, observed mealtime sittings and interactions between staff and people living at the home.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We had not requested the provider complete a Provider Information Return (PIR) before the inspection. A PIR 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 this information as part of the inspection.

During the inspection we spoke with ten people, one relative, one member of activities staff, three care staff, one senior care staff, three nurses, one member of housekeeping, the home's chef, the deputy manager who was also a nurse, the registered manager and the provider's regional manager. We reviewed a range of records about people's care, which included care plans for nine people, including their daily care notes which documented the care provided and all people's Medicine Administration Records (MARS). We viewed six staff recruitment files, which included supervision and training records. We also looked at a number of documents involved in managing the service; these included the provider's policies, procedures, quality assurance processes and resulting action plan, complaints and compliments. We also looked at staff rotas for the dates 12 March to 1 April 2017. During the inspection we spent time observing staff interactions with people including during two lunch time sittings.

Is the service safe?

Our findings

At our previous inspection of the service in October 2016 we found the provider had not ensured that complete, accurate and contemporaneous records were maintained in respect of each person regarding the treatment provided. This was a breach of Regulation 17 (Good governance) of the HSCA.

Following the previous inspection the provider submitted an action plan which stated they would meet the requirements of Regulation 17 by 28 February 2017. At this inspection, we found that improvements had been made regarding the completion of documentation relating to people's care however, we identified that whilst people were receiving the care they required this was still not being documented fully. This resulted in an on-going breach of Regulation 17.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk, for example, those associated with people's personal care and physical wellbeing and risks associated with acquiring a pressure ulcer. They also included, where required, risk assessments regarding people's mobility needs. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, some people using the service had restricted mobility due to their physical health needs. Information was provided in these people's care plans, which provided guidance to staff about how to support them to mobilise safely around and outside the home. We saw this guidance was followed by staff throughout the inspection.

However, the provider could not demonstrate that records correctly documented that all risks to people's wellbeing were being managed safely. For example, for people who were unable to move independently their care plans identified the frequency with which they needed to be repositioned in their beds. This was to ensure they did not spend excessive time laying on one part of their body, which would expose them to the risk of acquiring a pressure ulcer. We saw the frequency of these turns were clearly documented on people's weekly care booklets, however, we could not see this guidance was documented as being followed. One person living at the home had a pressure ulcer and their care plan showed this was being managed appropriately. Their care plan identified they were to be repositioned every three hours to manage their wellbeing. However, the week prior to this inspection we could not see any documentation had been completed which identified they had been repositioned as per this requirement. Another person was documented to be repositioned every three to four hours owing to their high risk of acquiring a pressure ulcer. Records for the week prior to the inspection did not accurately reflect the care which had been given and document this person had been repositioned as required. We saw there had been no deterioration in people's condition. However this lack of documentation completion meant it was not always clear that people were receiving the most appropriate care they required to maintain their health and wellbeing.

The provider had not ensured that accurate, complete and contemporaneous care records were kept in relation to service users. This was a continuing breach of Regulation 17 (Good governance) of the HSCA.

During our previous inspection, the provider could not demonstrate that people were always receiving their

medicines safely. Staff were responsible for the application of prescribed creams known as 'topical' medicines, which include barrier creams and emollients which protect people's skin from the risk of pressure ulcers. We found records did not always correctly and clearly document for staff when people required their topical medicines. This meant people had been at risk of acquiring pressure ulcers and other conditions associated with a breakdown in people's skin. Documentation relating to these topical medicines had not always recorded they had been administered as prescribed. During this inspection we could see that improvements had been made to the completion of documentation relating to people's medicines, such as details of the location and application frequency of such medicines. However, additional time was required to ensure the processes which were to be put in place to ensure their consistent completion such as regular audits were embedded in working practice, sustained and effective.

Protocols were in place which outlined why and how people were to receive 'as required' medicines along with possible side effects and details of any adverse interactions these could have with other medicines. However, we did note one person did not have this protocol in place. This meant that agency staff or new nurses not familiar with this person's needs and reliant on a detailed protocol would not have known the triggers which would identify when this medicine was required, the correct dosage and the maximum amount which could be given in a 24hr period. This person was potentially at risk of not receiving their medicines as prescribed, in a way that met their needs to ensure their on-going mental health and wellbeing minimising the risk of experiencing distress. This was brought to the registered manager's attention and a protocol was written by the deputy manager with all the required information during the inspection.

Records showed MARs were correctly completed by the nurses, there were no gaps in people's MARs which indicated people had been receiving their medicines as prescribed. Nurses were subject to annual competency assessments to ensure they remained competent to manage and administer medicines safely.

The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. Medicine trollies were not left unattended when unlocked and medicines were not signed for until taken by the person. Medicines requiring refrigeration were stored in a locked fridge, which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored regularly to ensure the safe storage of medicines.

One person living in the home was in receipt of oxygen therapy to support them with their on-going health needs. We noted the management of this was safe and appropriate signage was available which documented where this was used and stored. This is required as oxygen poses an additional safety risk should there be an adverse event at the home such as a fire. This information allows emergency personnel such as the fire service to identify the potential explosive risk and take additional precautions to keep people safe.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs and they have additional safety precautions and requirements. Controlled drugs stocks were audited by the clinical lead to check that records and stock levels were correct.

People were supported to manage their medicines independently where appropriate and their ability to do so was appropriately assessed to ensure they were able to do so safely. For people who received their medicines covertly, this means without their knowledge or consent, we could see that they had been subject to the appropriate assessments and advice had been sought from a pharmacist as to how this medicine could be administered safely.

At the previous inspection people were not always supported by sufficient numbers of staff to meet their needs in a timely fashion. The registered manager identified the staffing levels required across the home

using a dependency tool to calculate people's level of needs and the numbers of staff required to meet these needs. The current staffing levels consisted of two nurses and seven care staff in the morning and afternoon with one nurse and four care staff working during the night which matched the levels as identified in the dependency tool. There was no reduction in staffing levels at the weekends and nurses and care staff were supported by administrative, housekeeping, kitchen and maintenance staff. Immediately prior to the inspection two members of care staff had left their employment at the home which had meant the home had been using agency staff to support existing staff. However, where required most agency staff were from a single agency and had regularly worked at the home which minimised the risk of impact on people receiving care from unfamiliar faces.

Staff told us they were delivering care people needed however there would often be a slight delay before they could meet all people's needs as a result of the recent staff loss. Staff acknowledged that they did not always have the time to sit and meet people's emotional and social needs. One member of staff told us of the staffing levels, "When we are fully staffed it's absolutely fine, the staff have time to sit and chat with the residents". During the inspection we saw that when people had requested assistance by using their call bell these were promptly responded to by staff. When emergency bells were heard to ring which indicated people required a more immediate response all staff in the home responded appropriately with staff rushing to provide care.

People and a relative we spoke with told us that people living at Mountwood were safe. One relative told us, "I do feel they (people living at the home) are safe, yes. It's a good feeling when I leave here to know they're properly looked after".

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns within the home. The provider's policy provided guidance for staff on how and where to raise a safeguarding alert which included contacting the Care Quality Commission. Staff had received training in safeguarding vulnerable adults and all knew how to recognise symptoms of abuse and where to go to report appropriately. This included to the registered manager, who staff felt would deal with any concerns they raised, one member of staff told us, "I know the manager would deal with anything like that, I can always go to them and tell them if I'm worried". People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

We noted suitable equipment such as hoists and wheelchairs were available for staff to use; each sling was for one person's use only. The premises were purpose built and the layout was such that it did not present significant difficulties in evacuating people in the event of an emergency. We noted the provider kept a risk register of all people living at the home regarding evacuation in an emergency. There were also Personal Emergency Evacuation Plans for each person, kept in a folder and accessible to all staff. These allow staff and emergency services personnel to have the most up to date information regarding people's moving and handling needs and immediate healthcare requirements in the event of an emergency.

Detailed recruitment procedures were followed to ensure staff employed had the appropriate experience and were of suitable character to support people safely. Staff had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence that pre-employment checks had been made including obtaining written previous work and personal character references. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by staff

who had been assessed as suitable for the role.

We looked at the provider's Emergency Contingency Plan, which was up to date and accessible. It contained detailed and relevant information concerning the safe management of adverse events such as fire, flood, staff shortages and power cuts.

Is the service effective?

Our findings

At our previous inspection it had not always been evident that the provider had always complied with the requirements of the MCA when people had been assessed as lacking capacity to make specific decisions about their care. This was a breach of Regulation 11 (Need for consent) of the HSCA 2014. Following the previous inspection the provider submitted an action plan, which stated how they would meet the requirements of this regulation. At this inspection we found the provider had made improvements and were meeting the requirements of Regulation 11.

The 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.

Where it had been identified that people were unable to consent to all aspects of their care, appropriate decisions had been discussed and agreed with relevant others such as family members and health or social care professionals. This was to ensure action taken was in the person's best interest. For example, at the previous inspection we saw one person was receiving covert medicines as a result of their continuous refusal to take their medicine as prescribed. However, the provider had not ensured the appropriate processes had been completed documenting when people received medicines covertly this decision had been reached in the person's best interests. At this inspection, we could see the person had been appropriately assessed as being unable to provide consent to receiving their medicines covertly. It was established this person was unable to understand the risks associated with their refusal to take their medicines as prescribed. Discussions had been held with the person's GP who had agreed the covert administration of medicines would be the most appropriate course of action to take and in the person's best interest. This had then been documented as a best interest decision. Another person was assessed as being unable to safely self-administer their medicines, an inability to do so safely placed this person at risk of harm of self-neglect. The registered manager had ensured the appropriate mental capacity assessment was completed followed by a best interests decision to ensure this medicine was administered by staff to ensure this person's on-going wellbeing.

The provider had ensured that training on the MCA was made available to staff so they were aware of the requirements of the act and the role they played in ensuring decisions made on people's behalf were in their best interests. Staff were able to discuss the principles of the MCA and all clearly identified they knew how to offer support to people enabling them to make their own choices during their everyday interactions.

People's freedom cannot be restricted without the appropriate authorisation being sought. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we found the provider was not ensuring appropriate MCA assessments had been

completed prior to the submission of the appropriate application forms. During this inspection we identified the provider was now working within the principles of the MCA. Appropriate assessments and best interest decisions were made prior to submitting applications for new applications. The provider was meeting the requirement of the regulation.

During our previous inspection we recommended that the provider sought advice and guidance from a reputable source about developing a dementia friendly living environment. Following the inspection the registered manager had taken action to ensure that toilets, bathroom doors and doors leading to communal areas such as the lounge and dining room had appropriate brightly coloured and clearly displayed signage. This assists to support people by making navigation around the home and identification of key living areas easier for people living with dementia.

Specific and clear guidance was provided to support staff on how to manage people living with certain illness or injury for example those with pressure ulcers. There were a number of people living at the home who were being nursed in bed which placed them at risk of suffering a pressure ulcer due to their lack of mobility. We could also see that people had moved to the home suffering from significant pressure ulcers. Care plans provided detailed guidance for staff and showed healthcare professional input had been obtained to ensure that these situations were managed effectively. Whilst records did not always document care was always given in accordance with the written guidance in people's records, we could see persons being nursed in bed were being supported in a way to ensure that their skin integrity remained healthy.

People and the relative we spoke with were positive about the ability of staff to meet their care needs. One person told us, "Quite nice (staff) helpful if you need something". Another person said, "They (staff) look after me very well".

People were supported by new staff who received a thorough and effective induction into their role. New staff received an induction and training which was based on the Care Certificate. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. New members of staff were also supported by other care staff by shadowing them during care delivery to ensure they understood the requirements of their roles. The provider ensured people were supported by staff with the most up to date training available to be able to meet their needs. Staff were required to complete regular refresher training in a number of key areas including infection control, moving and handling and first aid. Additional training was provided to meet the specific needs of people living at the home, this included dementia awareness and nutritional awareness. Staff spoke positively about the training they received, one member of staff told us, "Yes, I get lots of training, I love learning". Staff told us they were confident in their ability to deliver care and we could see this evidenced throughout the inspection.

People were assisted by care staff who received support in their role. There were processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. Staff supervision and appraisal records were detailed and individualised. We saw that issues of importance to both supervisor and supervisee were discussed. There were action plans drawn up as a result of these, with timelines and responsibility for these actions allocated to individuals. Staff told us they felt supported and could seek additional guidance at any time. One member of staff told us, "I love working here...I feel supported, especially by the manager, we work as a really good team". Processes were in place so that staff received the support required to enable them to conduct their role effectively.

People were mainly complimentary about the food provided and staff ensured people were supported to maintain their nutrition and hydration needs. One person told us about the food, "It's good (food) and I'm a

faddy eater", another person said, "It's very good".

People were supported to enjoy their meals and observations showed people received consistent support when they required additional assistance to eat their meals. Staff were aware of the importance of people to eat and drink sufficient to maintain their hydration and nutritional needs. When people stated that they did not wish to continue or had not eaten much of their meal staff sought alternatives to try to encourage these people to eat. Staff often came down to eye level to help the interaction with people to offer support whilst assisting them to eat. Squashes and water were available in people's rooms with snacks available with biscuits and tea on frequent offer.

The chef was aware of people who had specific dietary needs such as diabetic or those who required a pureed or soft diet. We could see that care had been taken when presenting pureed food so that it retained an appetising visual appeal and was separated on the plates to allow people to identify what they were eating. The chef taken time to know the residents and sought out their likes and dislikes to ensure meals could be prepared to meet their specific needs and preferences.

People were supported to maintain good health and could access health care services when needed. People living with specific health conditions which required additional support had guidance provided to staff on how to manage effectively. For example, some people at the home were living epilepsy. We could see that healthcare specific care plans were in place regarding their diagnosis. This included information regarding the support people required and how to manage their medical condition appropriately and we could see that this guidance was being followed. People living with diabetes were supported to attend their annual diabetic eye checks regularly in order to progress any deterioration in their eye sight which is often associated with this condition. There was evidence of referral to and collaborative working with other external healthcare professionals.

Is the service caring?

Our findings

People and the relative we spoke with told us support was delivered by caring staff. One person told us, "They are lovely girls (staff) here". Another person said, "The staff are helpful", and one person told us, "The staff are nice". A relative told us, "The staff have always been caring".

Relaxed, friendly and caring relationships with people had been developed by staff. Care plans contained information about what was important to people, where they have lived, worked, their family relationships and hobbies and interests for example. This information allowed care staff to know the people they supported, providing them with opportunities to engage with familiar and comfortable topics. All staff had actively sought to find out this information from the people they supported and during the inspection we saw the activities coordinator seeking additional personal history information from people. This information was being captured to help build up a highly individualised picture of the life histories of people and help staff identify key topics people enjoyed speaking about. Care staff showed a detailed knowledge of people's interests, preferences and family relationships and spoke fondly of those they assisted. People were supported by care staff who were caring in their approach and had taken time to get to know them as an individual.

Where appropriate physical contact was used as a way of offering reassurance to people. We saw that staff used touch support to interact with people and to help engage with them. When communicating with people staff would lower themselves to eye level to ensure that people were engaged in conversation. Staff would also often gently place a hand on people's arms to communicate that they were to be engaged in conversation. We saw that people were comfortable and actively support this physical contact with staff holding hands with staff as they moved around the home.

People were supported by staff who took positive steps to minimise their distress and ensured people's emotional wellbeing needs were met. We observed staff taking the appropriate action to support people when distressed. During the inspection one person displayed repetitive action and moved around the home vocalising the same negative thoughts and views. Staff remained continually calm, kind and reassuring in their interactions with this person. People were supported by staff who knew how to respond appropriately to people's emotional needs.

People were supported to express their views and where possible involved in making decisions about their care and support. Care plans and risk assessments were reviewed regularly by staff and signed by people, relatives or representatives. We found evidence that people or their representatives had regular and formal involvement in on-going care planning or risk assessment. Consequently, there were opportunities to alter the care plans if people and their representatives did not feel they reflected their care needs accurately. The visiting relative we spoke with was happy with their level of formal involvement.

People and a relative we spoke with told us they were treated with respect and had their privacy maintained at all times. People were asked if staff were polite and respectful and they agreed they were, one person told us, "Oh yes, they (staff) couldn't be nicer". Signs identifying that care was being delivered were displayed on

people's doors and communal bathroom areas. This informed any potential visitors that the person was not in a position to be disturbed and they should wait to be invited into the room. Staff were also able to provide examples of how they respected people's dignity during care delivery and treated people with compassion.

We observed staff interacting with people throughout the inspection, staff were respectful and kind to people living at the home. We observed instances of genuine warmth between staff and people. Staff were given training in respect and dignity in addition to equality and diversity training and this positive learning was evident in their everyday interactions with people living in the home.

Is the service responsive?

Our findings

At our previous inspection of the service in October 2016 we found the provider had not ensured that complete, accurate and contemporaneous records were maintained in respect of each person regarding the treatment provided. This was a breach of Regulation 17 (Good governance) of the HSCA. Following the previous inspection the provider submitted an action plan which stated they would meet the requirements of this regulation by 28 February 2017. At this inspection we found that improvements had been made regarding the completion of people's care, however, more time was required to ensure new nursing staff were in a position to take responsibility for regular care plan and risk assessment reviewing processes.

At the previous inspection we identified staff had not always been provided with the most up to date guidance to support people and their changing needs. People's individual needs, care plans and risk assessments were not reviewed monthly to ensure that information provided was the most current information staff needed in order to provide effective care. We saw improvements had been made regarding the regular reviewing of people's care plans which were now occurring on a two monthly basis, however more time was required to ensure the reviewing processes in place were embedded in working practice and sustained. The registered manager acknowledged that monthly care plan and risk assessment reviews were not happening at the time of the inspection due to the home not being fully staffed with permanent nurses. This issue had been addressed since the previous inspection with the employment of two more full time nurses and the introduction of a deputy manager who was also a nurse. The home required additional time to induct and train the nurses appropriately to ensure they were in a position to complete these reviews as required.

Staff had reacted appropriately when it had been identified there had been a change in people's health care needs. When these changes had been identified we saw people's care plans and risk assessments were reviewed appropriately with the required action to maintain people's health and wellbeing documented and followed. For example, we noted one person had developed a pressure ulcer on their heel as a result of their footwear. It had been assessed by an NHS Tissue Viability Nurse (TVN) at the provider's request. It was evident staff were following the advice and guidance given following TVN input concerning wound care. There were also detailed and relevant risk assessments concerning contributory factors to the person's poor skin integrity, such as mobility, diet, continence and their diabetic state. For example, the person was offered regular NHS Diabetic Eye Screening and podiatry input to ensure their on-going wellbeing. This care plan was then reviewed monthly to ensure the care provided was able to meet their needs. Another person at the home was identified as losing weight, as a result actions were taken to minimise any future weight loss including liaising with the GP regarding the right action to take and this care was reviewed monthly to ensure it remained appropriate.

Where possible people were engaged in creating their care plans. People not able to or unwilling to engage in creating their care plans had nominated friends and relatives who contributed to the assessment and the planning of the care provided. Care plans were legible, securely stored and person centred in their content. Person centred means that guidance is highly individualised in its content and people's choices and preferences were consistently documented.

People's care needs had been assessed and documented by the nursing staff before they started receiving care. These assessments identified people's support needs and were used to develop care plans outlining how these needs were to be met. This included obtaining information on people's medical histories and diagnosis, personal care needs and whether people required any assistance with their eating and drinking or mobility. Care plans were then created from these preadmission assessments to ensure care delivered met these needs.

Handover between all staff were held at the change of shift twice a day. These were held between the nurses and the senior care staff. Senior care staff then passed this information to other care staff. The handover contained specific information in relation to people's needs such as their moving and handling needs, their medical diagnosis and any special instruction regarding people's diets such as puree or thickened fluids being required. This was to ensure all staff deployed had the most up to date information on people's needs required to deliver the most appropriate care. People were supported by staff who knew their health needs and ensured that all members of staff responsible for their care were aware of any changes in their wellbeing.

At the previous inspection we recommended the provider actively promoted activities identified as appropriate for those living with dementia. This was to ensure all people were offered the opportunity to participate in meaningful activities.

Following the previous inspection the registered manager had introduced more home style such activities such as dusting to encourage people to become more personally involved in their surroundings. Training had also been introduced for the activities coordinators to provide them with the skills required to conduct their roles fully, however, the registered manager felt more practical and involved training was required. As a result the registered manager was planning to send the activities coordinators to another residential home in order to observe the activities provided to those living with dementia. This would enable the activities coordinators to share positive experiences and enhance the lives of those living at Mountwood.

The provider sought to engage people in meaningful activities and most people we spoke with talked positively of the activities that were available for their participation. One person told us, "We have questions and answers and drawing for example we had to copy an Iris, it's quite intricate, we had a good chap with his accordion".

The provider employed two activity coordinators who were both trained care staff and ensured activities were offered for each day of the week. Following the previous inspection care plans had been updated to include people's particular social interaction needs and provided guidance for staff on how to support them to continue to maintain their interests. People's care plans contained activities care plans which detailed people's individual abilities, needs, preferences, personal wishes and specific risks associated with these activities. These were completed in conjunction with the person and their family and friends in order to devise a comprehensive individual care plan. During the inspection one of the activities coordinators was updating this information for all people living at the home involving people's families where possible. They were also seeking people's feedback regarding the types of activities they wished to participate in which was then being used to plan the activity calendar for the next month around these needs.

A typical weekly activities programme was viewed, which had defined activities each day. These included table top activities, bingo, newspapers, outdoor activities which included visiting the home's gardens, films and floor games. The home supported those living with dementia and offered people the chance to reminisce, which is an important activity for those living with dementia. Reminiscence tasks can include looking at photographs and creating memory boxes. These types of activities can help a person living with

dementia feel connected to their life before receiving care and can maximise their choice and control. Some activities such as those involving reminiscence can also help people seek an emotional connection with others. We could see that some people living in the home had been supported to create memory boxes. These are highly personalised boxes situated outside people's individual rooms which contain pictures, images and items of personal significance. These allow people to orientate themselves within the home to identify their room but also provide opportunities for people to help retain memories of important people and places to support their emotional wellbeing.

We could not see external organised activities were regularly included in the activities programme; however, people were encouraged to visit a local Hawk Conservatory and a local college to enjoy theatre productions. There was access to a minibus which was shared with a number of other homes so it was not always practical to regularly hold external events. However the provider held fetes and invited people, family, friends and the local community to the home to participate in events.

People were encouraged to give their views and raise any concerns or complaints. People were confident they could speak to staff or the registered manager to address any concerns.

The provider's complaints policy was openly displayed and accessible to people, their visitors and relatives in the public foyer. This provided information regarding how people could complain and the actions that would be taken in response to a complaint being received. The provider's complaints policy included information on how to raise concerns with external agencies such as the Local Government Ombudsmen if a complainant remained dissatisfied with the outcome of their complaint.

Complaints made in writing and verbally received were documented and recorded in a complaints folder in the registered manager's office. There had been no formal complaints received since the previous inspection however suitable processes were in place to appropriately record, investigate and respond to any complaints made.

Is the service well-led?

Our findings

The provider completed a number of quality assurance audits at the home to monitor the service provision. Audits were required to be completed on a regular basis by the home's clinical lead, who was responsible for overseeing the quality of the nursing care provided, the registered manager and the regional manager. These gathered evidence of compliance with the regulations from a range of sources which included audits of care plans, infection control audits, medication management audits and quality monitoring reports.

When these audits identified areas for improvement, actions were recorded on a development plan and monitored for completion to ensure that the home was meeting the identified standards however more time was needed to ensure the actions taken were effective. As part of the auditing process a providers audit was completed twice yearly by the regional manager. Quality Monitoring audits were also completed monthly. The last Quality Monitoring audit had occurred in February 2017. This audit had highlighted a number of issues identified during this inspection. This included the requirement to update care plans and to ensure all 'as required' medicines protocols were in place. However the actions required to address these issues had not yet been implemented and their success evaluated to ensure their effectiveness at meeting the regulations of the HSCA. The regional manager was new to the service and was offering the registered manager regular support to assist them in taking the actions required to complete their action plan fully. More time was needed to ensure that the actions identified as necessary in order to meet their legal requirements were taken and evaluated. This would enable the provider to identify that their quality assurance processes were effective in ensuring the regulations of the HSCA were always met.

Other audits were completed regularly which included external agencies visiting the home and providing their professional feedback. We spoke with the chef as a result of two recent inspections from Environmental Health Officers, who had given the provider food safety ratings of one, then two out of five following visits conducted on June 28 2016 and November 1 2016 respectively. We noted most of the concerns raised were due to poor record keeping, which we saw had since been remedied. The latest report had raised some concerns concerning infection control and the use of out of date food items. We were shown evidence of improved stock and infection control measures, including new storage arrangements. The provider and registered manager had audits in place that when used were effective in identifying where improvements could be made to ensure the on-going quality of the service provided.

People and a relative spoke highly of the registered manager and their ability to complete their role, a relative told us, "I'm much happier now, they (the provider) have got the right person in charge and its (the home) is heading in the right direction, there's still a way to go, the manager admits that but it's so much better than it was".

The registered manager and provider wanted to ensure a relaxed and homely environment in which people's care and wellbeing were integral in all daily interactions. In order to achieve this the manager and provider actively sought feedback from people living at the home, their friends and family. People we spoke with were confident in the registered manager's ability to manage the service and address concerns. People also spoke positive about the quality of the care they received, one person told us, "It's lovely here, very

nice", another person said, "I think it's a very nice place", with other people agreeing they felt the home was a very nice place to live.

The provider had a 'Statement of Purpose' which was openly displayed in the home. This included the aims and objectives of the home as well as the core values of care it wished staff to promote in the home. These consisted of the following values; allowing people privacy, treating people with dignity and respect, allowing people their independence, offering people choice in all aspects of their lives, maintaining people's rights and enabling them to realise their own potential to help them lead fulfilled lives. Staff were not always able to identify all of the provider's values in the statement of purpose, however, all were able to say that the registered manager's values were to provide quality care, treating people as individuals and providing care which respected people's dignity and respect. This caring culture was reinforced with staff through formal and informal supervisions, discussions and observations conducted daily by the registered manager around the home.

The registered manager was a visible presence to people, relatives, visitors and staff. Relatives and a social care professional we spoke with were confident that the registered manager was approachable and able to be spoken with at any time. Staff we spoke with were positive about both the registered manager and the support they received to do their jobs. They told us that the registered manager was open to their concerns and needs. One member of staff was asked who they would speak with if they had any problems, they told us, "I'd go to the manger she is very approachable, I have no worries about going to speak with her". All the staff we spoke with felt supported by the registered manager and other members of their team, one member of staff told us, "I'm supported by the manager massively". People and their family were able to communicate freely with staff and the registered manager creating an open and honest environment to share feedback and concerns.

The registered manager was able to evidence that they knew what was required of their role. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We use this information to monitor the service to ensure they respond appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The quality of the service people experienced was monitored through the use of residents and relatives surveys. These surveys were conducted annually and the results reviewed by the provider to see where improvements could be made. The results from the last completed September 2016 survey were viewed. People were asked to rate the home in areas including; if the general appearance of the home and grounds were welcoming and inviting, if the home listened to people's comments, concerns or complaints, if staff appeared to be available when people needed them and if the home responded appropriately when the needs of service users changed. The provider also sought feedback by encouraging people to submit their views on the quality of the service by completing an online questionnaire the details of which was displayed in the home's foyer. This provided details to a national and independent care home survey service, which allows people to submit their satisfaction on a service in a number of areas. These include people being treated with dignity, the overall standard of the home, quality of the care staff and management. There had been no new reviews since the previous inspection however previously submitted reviews spoke positively about all aspects of care delivery in the home.

People and the relative we spoke with spoke positively of the quality of the care provided. This was echoed by written compliments which had been received by the home and published in a local paper with relatives and agency staff speaking positively of the quality of the care provided. One relative had written to the home, 'I would like to take this opportunity to thank (registered manager) and all her staff at Mountwood for

their exceptional care, kindness and compassion...it has been very reassuring to know that she (mum) was looked after by a very professional team of people...I would certainly recommend Mountwood to anyone'. Another person had written to a local paper, 'Mountwood is a safe and caring home'. An agency member of staff had thanked the home after they had worked there for a shift, "I The home is really welcoming, well organised...I found the home to be really clean, the residents well cared for and nothing seemed too much trouble for the care workers who gentle reassured and supported the residents as they went about their duties...Mountwood felt like a proper home for all there...in the 34 years as a qualified nurse I have worked in many nursing homes...but this is the 1st home I really wanted to write to just simply say well done'. Another person had written to the home, "With sincere appreciation of the wonderful care my husband received during his brief stay at Mountwood care home, he was treated with so much dignity, respect, love and compassion by every member of staff at all levels...Mountwood delivered on all aspects of putting patients and kin first...I will never forget the loving atmosphere of a proper care home which is definitely Mountwood for ever in our heart always". Staff were motivated to treat people as individuals and deliver care in the way people requested and required. We saw interactions between the registered manager, staff and people were friendly and informal. People were assisted by staff who were able to recognise the traits of good quality care and ensured these were followed.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured that accurate, complete and contemporaneous care records were kept in relation to service users.
Treatment of disease, disorder or injury	