

Downlands Care Limited

Mountside Residential Care Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 11 and 13 July 2018 and was unannounced.

We previously carried out comprehensive inspections at Mountside Residential Care Home in October 2016 and November 2017. At these inspections we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service received an overall rating of 'requires improvement'. This was because systems to improve the service were not effective, Care had not been assessed, to ensure it was person centred, appropriate, met people's needs and reflected their preferences. People's capacity to make everyday decisions had not always been assessed and therefore the care provided was not always in accordance with the code and conduct of the Mental Capacity Act 2005. Care and treatment had not always been provided in a safe way and staff had not received appropriate training and supervision; to ensure they were competent to carry out their role and adequately supported. At the inspection in November 2017 we took enforcement action because there were no effective systems and processes in place to ensure the service met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found seven breaches of regulation. Following the inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that improvements had been made. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mountside Residential Care Home on our website at www.cqc.org.uk."

We found significant improvements had been made in relation to meeting the breaches of regulation but there were still areas of improvement to make to ensure that safe, effective person centred care was delivered and that the quality assurance systems were fully embedded in to practice. The overall rating for Mountside Residential Care Home has remained as 'requires improvement' as this was a focussed inspection. We will review the overall rating at the next comprehensive inspection, where we will look at all aspects of the service to ensure sufficient improvements have been made.

Mountside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 52 people and 49 people were using the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

Mountside Residential Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the provider's quality assurance framework; however, these improvements were not yet embedded or sustained. The registered manager and provider were also not proactive in identifying how ongoing improvements could be sustained. Shortfalls in the provision and delivery of care had not always been identified by the provider's quality assurance framework. We have identified this as an area of practice that needs improvement.

Whilst the provider had arrangements in place for the management of risk to people's health and well-being, we found some areas of practice that placed people at risk of not receiving safe care. This was because care plans and risk assessments for people whose needs had changed significantly had not been updated with guidance for staff to follow to deliver safe care. Food and fluid monitoring charts for those people who were not drinking and eating well had not been consistently completed and therefore the risk of dehydration and weight loss had not been mitigated. Accidents and incident reporting had been completed but there was no management overview or audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure lessons were learnt not in place and preventative measures had not been taken. We have identified this as an area of practice that needs improvement.

People were content and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person said, "I am very happy here, I feel safe." A visitor said, "I totally trust the staff here." When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of Equality, diversity and human rights.

The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff spoken with had an understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation. Staff supported people to eat and drink enough to maintain their health and referred people to other healthcare professionals when a need was identified.

Staff were caring and kind. They knew people well and this enabled them to support them in a person centred way. People told us that staff were very kind and looked after them well. The atmosphere in the home was warm and friendly and conducive to building and maintaining relationships with others in the home as well as with family and friends.

People's diversity was respected and staff responded to people's social and emotional needs. People told us their needs were met because they were supported and cared for in accordance with their wishes and choices. Staff worked with healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Activities in line with people's preferences were provided. People told us, "We get a lot of activities, really good entertainers visit." People and staff were positive about the culture of the service, staff and relatives felt the staff team were approachable and polite. The staff team worked in partnership with other organisations at a local and national level to make sure they were following current good practice. The provider attended local care meetings to share experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Mountside Residential Care home was not consistently safe.

Risks to people's health and safety were not always monitored and updated to ensure safe consistent care.

Staff had a good understanding of safeguarding and how to report concerns. Staff recruitment practices were safe and ensured people were protected from unsuitable staff.

There were sufficient staff deployed to meet peoples needs.

Requires Improvement ●

Is the service effective?

Mountside Residential Care Home was not consistently effective.

Not all staff had received the necessary training to deliver effective care to the people they supported.

Consent to care and treatment was sought in line with legislation.

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home and the design of the service.

People were supported to eat and drink enough to maintain a balanced diet.

Requires Improvement ●

Is the service caring?

Mountside Residential Care Home remains good.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

People were enabled and supported to access the community

Good ●

and maintain relationships with families and friends.

Is the service responsive?

Mountside Residential Care Home was not consistently responsive.

Care plans were not consistently updated to reflect changes to peoples health needs.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

Feedback from people was sought and their views were listened to and acted upon.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Requires Improvement ●

Is the service well-led?

Mountside Residential Care Home is not consistently well-led.

Quality assurance and monitoring systems were used to identify areas to drive improvement. However, there were areas where further improvement was needed to ensure changes were part of day to day practice.

Staff were aware of their roles and responsibilities and felt all of the staff worked well together as a team.

Feedback about the service provided was consistently sought from people, relatives and staff.

Requires Improvement ●

Mountside Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 11 and 13 July 2018 and was unannounced. The inspection team consisted of an inspector and two experts 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.

Before the inspection we reviewed the information we already held about this service. This included reviewing the action plan the provider sent following the inspection in November 2017. We also looked at the details of the services' registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health and social care professionals.

During the inspection we spoke with 20 people that used the service and twelve members of staff: the registered manager, provider, deputy manager, one senior care staff member, domestic, activity person and six care staff. We reviewed six sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of three staff and the training records for all staff. We looked at medicines records of all people and minutes of various meetings.

We checked some of the policies and procedures and examined the quality assurance systems at the service.

Is the service safe?

Our findings

At our last inspection in November 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured people received consistent safe care and treatment. We asked the provider to make improvements in relation to risk management to ensure people were safe at the home.

At this inspection we found that improvements had been made to identifying risks to people but further improvements were needed to ensure that people's individual short-term risks to their health and safety were managed safely.

People told us they felt safe living at the home. Comments we received included, "I am very safe here, very happy," and "They make sure I get my tablets and look after me very well." Relatives felt that people were kept safe telling us, "I'm very happy mum being here I have peace of mind, "safe living here" and, "I have total faith in the staff, they are very good and always keep us informed."

The change to a computerised care planning system was now completed. We saw that the majority of care plans and risk assessments were up to date and reflected peoples' individual risks to their health and well-being. However two people with upper limb injuries that had affected their normal ability to mobilise, eat and wash and dress themselves had not had their risk assessments and care plans updated to reflect this. For example, there was no guidance for staff to elevate the limb in the provided sling or collar and cuff. Staff had not been monitoring the limb for finger swelling or discoloration. One person's hand and fingers were swollen from their arm not being elevated despite the sling hanging on the chair. The limb injured, was their right arm and the person was right handed and staff had not considered that the person was not able to eat independently and at 10.30 am on 11 July 2018, we saw that the person had not eaten their breakfast or drunk their tea which was cold in front of them. This was identified to the management team who took immediate action. The mobility care plan for both people had not been identified to highlight that the use of their normal walking aid (frame) was not safe. Staff had placed the walking frame next to their chair so this could have been used and resulted in further injury. This was an area that requires improvement.

Accidents and incidents were documented and recorded. However, not all accidents had been cross referenced to the individuals care plan or risk assessment to adjust the care and support that they might need. We saw specific details and follow up actions by staff to prevent a re-occurrence was not always documented. This meant that any subsequent action had not always been shared with staff or analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents had not always taken place.

The management team had identified that food and fluid charts were not being consistently used for those people who were being monitored for weight loss and dehydration. We found that staff were still using paper records and not the computerised logs. There were inconsistencies found and some records were incomplete. We are aware that this was being addressed with staff on an individual basis and further training delivered.

Apart from the above mentioned issues, risk assessments provided guidance about how to support people in a safe manner and mitigate any risks they faced, both health wise and socially. The registered manager told us, "We have had training on identifying risk. We identify risks from people's life history, current problems and health conditions." Risk assessments balanced safety with allowing people to make their choices and remain as independent as possible. Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health-related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was protected and promoted. We saw computerised care plans with associated risk assessments which told staff how to meet people's individual needs in a safe way. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. This was linked to continence care and highlighted the need to offer regular trips to the bathroom, application of creams and regular repositioning. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were in place for those that required them and checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

The provider had ensured the proper and safe use of medicines within the service. There were systems to manage the storage, ordering and disposal of medicines safely. The provider had produced policies and procedures for the management of medicines. The clinical rooms were tidy and staff ensured that the room and fridge temperatures were checked daily. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. MAR charts indicated that medicines were administered appropriately and on time. Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. One person told us, "I get my pills on time, never worry about anything here." Another person told us, "I have to have my pills and they have never let me down."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in the staff clinical room and they were administered by senior care staff who had received appropriate training and competencies. We observed two separate medicine administration times and saw medicines were administered safely and staff signed the medicine administration records after administration. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the management team had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

Staff had received training in safeguarding adults and records confirmed this. Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The management team understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. The registered manager told us, "The local authority provides us with training and we also discuss safeguarding in team meetings and one to ones." A staff member said "I would report any issues or safeguarding concerns to the manager or local authority." Staff also told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC." Policies and

procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A whistleblower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. A care staff member said, "I've never had to do it but I feel we are protected and safe to do so."

People were safe from the risk of emergencies. Robust fire procedures included individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider recorded when fire drills were completed and all staff received fire training. A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensure people had continuity of the service in the event of adverse incidents.

Environmental risk assessments had been completed. Regular fire safety checks on equipment had taken place, including emergency call bell and lighting checks. There was a maintenance employee available at the home to respond to any issues or concerns. Systems were in place to check equipment and services were well maintained. These included amongst others, gas, personal appliance testing (PAT) and legionella checks.

The environment was well maintained and clean. There were appropriate numbers of domestic staff that completed cleaning schedules in order to ensure that the home was clean. Staff were able to tell us how they ensured that infection control risk was managed whilst working. This included the use of gloves and aprons, ensuring that equipment was clean, and not using hoist slings for more than one person. They spoke of the systems in place to manage stomach upsets and infectious skin disorders such as scabies. These were underpinned by organisational policies.

Sufficient staff were deployed to meet people's needs. Care staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Mountside. One care staff member told us, "We have enough staff, more staff on when people are poorly. We have been short of staff but we have new staff and that is good." Another said, "We can be busy but everyone works hard and we can always ask for help." People felt that staff were available to help them. Comments included, "Staff are always there when you need them, never have to wait long." "The staff are all kind, lots of new faces but we are training them well." There was an on-call rota so that staff could call a senior member of staff out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with people. People also approached staff for support throughout the inspection process and were always engaged with promptly. Agency staff were used to cover shifts and the registered manager ensured that as much as possible they were regular staff so as to provide continuity to the people who lived at Mountside.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out a criminal records check. We checked four staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications.

We asked staff how they made sure people were not discriminated against and treated equally and without prejudice. A member of staff told us, "We have had training in equality and diversity, we treat everyone the same, whatever their nationality, gender or illness." Staff told us they were made aware of racism and sexism

and of the need to respect people's differences. One staff member said "We have equality and diversity training, it was brilliant, really made me think about how we are all different, thought inspiring."

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017. At that inspection we found a breach of the legal requirements and areas to improve. This was because the provider had not ensured staff were appropriately trained and received periodic supervision and appraisal to identify any further training or development needs. We also found that people's needs and choices had not been assessed and reviewed in line with current legislation, standards and evidence based guidance to achieve effective outcomes.

This inspection found that training and supervision sessions for staff had progressed. Staff told us training was available and scheduled to include refresher sessions and competency assessments. Staff were encouraged to complete National Vocational Qualifications or equivalent to develop their skills and interests. Training records showed that training had been progressed for all staff over the past six months. There was a rolling plan and we saw that training had been booked over the next three months which will address the shortfalls. The records showed that staff still had not had diabetes awareness training and falls awareness and this was identified as training staff needed as staff support people with diabetes and who were at risk from falls. It was acknowledged the training programme still needed to be developed to ensure all staff had the necessary skills to meet the needs of the people who lived at Mountside. This was an area that requires improvement.

Staff had received regular supervisions and appraisal. The registered manager told us that all staff had received supervision since the last inspection and this was confirmed by records. Records showed that supervisions were also now undertaken on the floor to ensure good practice. Care staff confirmed that they had received regular supervision and felt supported by the management team. One staff member said, "I have received supervision, it gives me the opportunity to discuss what training I need and also if I need support." We confirmed that a supervision programme has been established and we need to see that it is sustained.

New staff completed induction training and worked with more experienced staff until they were confident and had been assessed as competent to assist people on their own. The deputy manager said new staff signed up to the Care Certificate and all staff were encouraged to work towards health and social care qualifications. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. One new member of staff said they shadowed staff during their first week and were continuing with their induction training.

Consent to care and treatment was always sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and

legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. All staff had received MCA training. Staff discussed how the training was beneficial in supporting people to make decisions. People made decisions about all aspects of their day to day lives. For example, staff had asked for their consent to check them at night and this had been recorded in their care plan. People decided where and how they spent their time, some chose to remain in their rooms and had their meals there, while others sat in the lounge or used the dining room. Staff understood the importance of ensuring people made decisions, they said they consistently asked people for their consent before they offered any assistance and we saw staff doing this.

At the time of inspection the registered manager informed us of the people who had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC when DoLS had been authorised.

For people who had a DoLS application or authorisation there was information regarding how their capacity had been assessed. 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people; assessments of people's capacity were improved. When people had been assessed as not having capacity, an assessment had taken place. It detailed the specific decisions and contained details of how this had been reviewed and incorporated into the way care and support was planned and delivered.

Staff had a good understanding of equality and diversity and there were policies in place for staff to refer to. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected. One new member of staff told us "The equality and diversity training was amazing, really well presented and thought provoking."

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. The community psychiatric team was involved when necessary for those who needed it and advice sought when required. One person told us, "I have seen the doctor regularly, nothings too much trouble." Another said, "I see the nurse regularly it seems." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and our communication has improved." Another health professional said, "They are organised and seem to know their residents well."

People were supported to have enough to eat and drink. People said the food was very good. The meal times were a social and enjoyable occasion for people. Nearly everyone ate in the dining room sitting with

their friends. The dining room was light, pleasant and dining tables were laid ready for use. One person told us, "They always ask what we want and don't give us too much." The cook said the food was mostly made from fresh produce with some frozen vegetable used. On a daily basis people were asked what they would like from the menu. There was always a choice and people's allergies, cultural and personal likes and dislikes were taken into consideration when the menu was planned. Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their care and support plans and in the kitchen so staff were aware of any specific dietary requirements, such as pureed food, fork mashable and fortified. Fortified food was used for those people who had lost weight and contains high calories such as full cream. Where necessary people's food and fluid intake was recorded. People were weighed regularly and if there were any concerns staff contacted the GP for advice or requested a referral to the dietician.

People's individual needs were met through the design of the premises. The building had been adapted and an extension added in 2014. There was a rolling plan of redecoration for the older part of the building. There was a large outside area and terrace which people could access in good weather and communal lounges and seating areas gave people a choice of areas to use, for example if they wanted to sit quietly or had visitors and the main lounge was busy there were further areas in the extension that could be used. There was level flooring throughout the ground floor, with one slight ramp that allowed people to be as independent as possible with walking aids.

Is the service caring?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

Peoples' dignity was promoted. We saw people were dressed appropriately in suitable clothing of their choice. Each person had a single room which was fitted with appropriate locks and people told us they could spend time alone if they wished. Some people had made their room very personal by bringing in their own furniture, paintings, and other precious belongings. We saw rooms that were very personalised. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with dementia were treated in the same way as people who were not living with dementia. They were offered the same opportunities to join activities and chose where they spent their time. One staff member said, "Everybody is treated the same way." One person told us, "There's usually something to do every morning and afternoon, but I chose to stay no one forces us to attend." One person told us they liked to spend their time downstairs and chose not to attend activities.

People were able to express their views and were involved in making decisions about their care and support and the running of the home as much as possible. Those who lived with dementia were supported to share their views by staff, for those that couldn't family members were involved. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Care records were stored securely in the staff office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and confirmed they had received training.

The management team and staff had continued to improve the décor and environment for the people who lived there and shared their plans for further development. All lounges and communal areas had been rearranged and brightened with pictures to reflect people's interests. The reception area was welcoming and inviting for visitors

Peoples' rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones if they wished to. Lounge areas were welcoming and we saw people enjoying spending time in this area with visitors during the day of our visit. Newspapers and books were available. There were items of interest from the provider, such as their vision and values, newsletters, details of events that had taken place, the weekly activities programme, health information booklets and advice about advocate services. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' preferences were recorded in the care plans and staff knew people well. Care staff gave us insight into people's personalities and how they wished to spend their time. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017. At that inspection we found a breach of the legal requirements and areas to improve. This was because the provider had not ensured people received a person centred approach to care. We asked the provider to make improvements in relation to risk management to ensure people were safe at the home.

This inspection found that improvements had been made. Further time is needed however to ensure that improvements are embedded in to everyday practice and sustained.

The service used electronic care planning records and each person had a care plan in place. We have identified in the safe question that two care plans had not been updated following accidents which had resulted in their care needs changing. This was an area that requires further development to ensure staff were responsive to changing needs and individual care plans updated to reflect this.

Senior staff met with people before they moved in to ensure that the service at Mountside could meet their needs. We looked at the most recent arrival's care plan. Overall the admission was well recorded and evidenced that the person was involved in the process. The care plan contained a good level of information that guided staff to deliver the care the person needed and in a way the person wanted. People felt the care provided was 'just for me' and focused on their needs. Comments included, "Really look after me well, when I felt unwell they made suggestions to make me better and got the doctor in to see me." One person confirmed their lifestyle preferences choices were met, "I go to bed when I want, go downstairs if I feel like it, and offered choices about food."

People said they were aware of their care plan and that their care needs had been discussed with them. One person said, "I came here because I wasn't safe at home, it was all arranged with me, I chose the home I used to live near here. They look after me very well, they asked me if I wanted a male or female carer, and my likes and dislikes about food." Another person said, "Showers whenever I ask for one, I choose my clothes. I go out with my family." A third person said, "I would go to the manager if I had a complaint or to a member of staff, activities are good, get us moving." Relatives told us, "They tell us what's happening and let us know when appointments are made, very kind and responsive when we query things."

Care records were detailed and evidenced that staff knew people well. Levels of need were clear, for example, where someone had very complex needs they had been assessed as 'very high dependency needs'; with the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person's need was assistance with mobility. The outcome was for staff to ensure their walking aids were always near them and that they had their call bell nearby in case they felt unsteady. Staff followed these care directives and this person was seen walking confidently around the home. Another person who had poor vision had directives for staff to follow that included, making sure the floor area was always clear and that a commode was near the persons bed at night. This was the person's preference so as not to be at risk of falls. The family confirmed that staff ensured that the floor was clear from hazards and that the

commode was placed appropriately in accordance with her relatives wishes. Night routines were clear, describing all care that needed to be given to support them. Other care records detailed their interests and gave staff information that they could use to engage with them. Staff had a good understanding of people's needs and could describe care needs well. This meant that care delivery was responsive to people's individual needs.

Staff received updates about each person during the daily shift handover. We joined one handover session which showed that staff discussed everybody and how they were and identified those that needed encouragement with food and fluids. Staff said they felt the handovers were beneficial especially if they had been off duty for a few days.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage or could not participate in these conversations, with the person's permission, discussions had been held with family and those closest to them. We looked at the care plan for one person who was approaching their end of life. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts. We discussed the gold standard framework for end of life care and the management team confirmed that they were planning to introduce this learning within the home.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff had now received guidance and training in relation to AIS and people's care plans contained details of the best way to communicate with them. Information was found to show that the impact of people's sensory support needs such as vision impairment of the risk they faced such as trip hazards had been considered. There were people who lived with a depression type illness and staff had considered this within the documentation and there was guidance for staff to follow to identify risks to their well-being such as lack of appetite, isolation and mood changes.

There was an activity person employed at Mountside and a varied activity program in place. The programme of activities included bingo, arts and crafts, reminiscence, films, floor games, word games, music for health, hairdresser visits, crafts and outside entertainers and speakers. The activity staff member involved people in choices and plans for future activities to ensure these were meaningful and reflected people's individual needs and choices. People told us they had fun as a group and there was always something going on. On the day of the inspection there was a visiting singer which was thoroughly enjoyed by all the residents. People told us, "I read the papers and we chat about the headlines with people." People who preferred to stay in their rooms or did not enjoy group activities told us they were always told what was on offer in case they decided to attend. Visitors told us, "There are trips out and the activities on offer seem really good."

There was a complaints policy and procedure. The complaint log confirmed that complaints received were recorded and responded to appropriately as stated in the organisational complaints procedure and policy. People and visitors told us they did not have any complaints or concerns at this time, but if they did they would raise them with staff or the manager. Comments included, "I would go to the manager, he is usually around when we visit. Staff will always answer any questions."

Technology was used within the home to enable people to communicate internally to staff in the home using the call bell system and, externally to receive calls from friends and relatives on the landline or their mobile phones. A broadband system was in place which enabled people to use the internet if they chose to. There were systems to monitor response times to call bells and these were randomly checked to ensure that all calls were answered within five minutes. The provider had recently implemented a computerised care planning system which had proved successful.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated. Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. The last survey had been sent out in April 2018. 15 responses were received and collated. The survey results were shared with people and families. One visitor said, "I have been asked to complete forms about the service - I also give feedback all the time."

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017. At that inspection we found a continued breach of the legal requirements. At this inspection we found improvements in some areas; but there were areas that required further development to ensure that the quality assurance systems were fully effective in identifying shortfalls in care planning and in food and fluid charts.

The systems in place to assess the quality of the service provided or to monitor and mitigate risks to people were not fully implemented or embedded into practice.

Whilst audits were carried out; these had not always been effective in bringing about improvements in record keeping such as food and fluid charts for those people identified as at risk of losing weight and becoming dehydrated. For example, the registered manager had asked staff to use the fluid records on the computer but staff were still using paper records. We looked at the paper food and fluid charts and found these were not consistently recorded. We found that some days records were incomplete and not an accurate reflection of the persons intake. Audits had been carried out but failed to identify the shortfalls found at this inspection. This meant that people were not always protected from potential risk of dehydration and weight loss. Care plan audits had not identified the lack of information to support people with injuries that had reduced their independence. This was an area that required improvement.

Staff had not yet attended training on General Data Protection Regulation (GDPR) which came into effect in May 2018. However staff were able to discuss these changes when asked. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. A review of records and papers that contained personal information about people living at the home had been completed. In line with the training and advice they had been given these had been removed from notice boards or places where visitors to the home or other people could read them.

People said Mountside was their home now; they were comfortable and staff looked after them very well. People and relatives said the provider and registered manager were approachable and available at any time. We saw people and visitors seek out the registered manager in their office which was open unless a confidential meeting or phone call was taking place. One person said, "The staff are very kind and the manager always comes to see us." Another said, "I know who is in charge, very good staff." A relative told us, "We see the manager and provider here chatting to residents, relatives and they make time for everyone. We think the home is very happy and well managed."

Staff told us the management style was good and that they felt supported and could talk openly to the management team and senior staff.

Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable and proud about the home and the people who lived there. There had been a change in staff in the past year, the majority were natural reasons such as relocation and maternity leave. Staff felt that the

staff team was now stronger and worked effectively with people at the centre of the service. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved in the past year. They were committed to embrace the changes and continue to grow and develop the service.

Staff spoke of the home's vision and values which governed the ethos of the home. The ethos of the home was embedded into how care was delivered and the commitment of staff to promote independence and provide good quality care individual to each person. The registered manager and staff had a strong emphasis on recognising each person and their identity. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was apparent staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

Quality monitoring systems had been developed since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation and redecoration. The registered manager said recording was an area that they wanted to continuously improve, especially daily notes. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as environment, training and menu choices.

Feedback was gained from people by annual satisfaction questionnaires and by regular resident meetings.

There was an open culture at the service. The registered manager was visible. He had a good understanding of people and their individual support needs. He said, "We are committed to improving and are working hard to ensure we are learning and driving improvement, we have learnt from safeguarding meetings and continue to learn."

The registered manager told us that they had an open door policy which had really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. People knew the manager and thought he was helpful, nice and approachable. One person said, "He's a good person." A visitor said, "A few changes lately, key staff have moved on, but the care is still good."

Staff told us they enjoyed working at the service. Two staff said that they had completed staff surveys in the past but could not remember if they had completed one last year. Staff told us, "Very happy here, well supported, some training still to do, I think I'm due my moving and handling training soon," and "I like working here, lovely residents." Staff meetings had not been as regular during the last four months of 2017, but had started again in January 2018. One staff member said, "We need staff meetings especially as we have new manager and staff."

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety. However, not all staff had read them, but knew they were kept in the office. One staff member said, "I would read the policy if I needed to." Another staff member said that they had read them when they first came to work at Mountside. Not all policies had an implementation date or review dates and this was something the provider was working on. The medicine policies were one identified as needing to be reviewed to ensure they were current.

We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals such as the GP and dietician, contacted, informed us that staff were kind and followed their guidance.

The provider was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.

From April 2015 it was a legal requirement for providers to display their CQC rating. The provider was displaying their rating correctly.