Downlands Care Limited

# Mountside Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

Mountside Residential Care Home is registered to provide support to a maximum of 52 people and 33 people were living at the service at the time of our inspection. The service is registered for older and younger people, who may be living with a physical disability, dementia, and a learning disability.

People's experience of using this service and what we found
The provider's systems failed to identify that care and treatment was not provided in a safe way. Audits did not always identify risks to people and provide a safe environment. Staff practice was not always effectively monitored.

An infection prevention control audit was carried out by CQC during the inspection. The provider was not meeting government guidelines for COVID-19. There was a lack of clarity regarding the testing of staff. There had been no COVID-19 person specific risk assessments completed for staff during the pandemic, and not all people had had COVID 19 person specific risk assessment and visiting risk assessment undertaken. Infection control audits and cleaning schedules were not in place.

Care and treatment was not consistently provided in a safe way. We were not assured that staff had all received essential training and the specific training necessary to meet people's individual needs. There was no evidence that competency assessments had been undertaken to ensure safe delivery of care, such as medicine administration.  The management team did not have oversight thatagency staff had had the necessary training to work at Mountside Residential Care Home.

Not everyone's specific health needs were identified and planned for to promote responsive care to ensure their safety and well-being, for example, care plans for mobility were very generic and not individual to each person.  People who lived with a mental health disorder did not have individual  care plans and risk assessments to enable staff to ensure their health and well-being.

People told us that they were looked after well and enjoyed living at Mountside Residential Care Home. One person said, "I really think they look after us well during a difficult time," and "Good food, nice staff not a lot to grumble about."

Staff were open and transparent during the inspection. Staff were respectful to people and wanted to deliver good care. One staff member said, "There has been lots of changes, residents are lovely but we need to work as a team and support each other."

Rating at last inspection:
The last rating for this service was Requires Improvement (published 30 December 2020)

Why we inspected:
We carried out an announced inspection of this service on 25 November 2020. Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contained requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Inadequate This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mountside Residential Care on our website at www.cqc.org.uk.

Enforcement:
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection.

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

Follow up:
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.
If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not safe.<br>Details are in our well-Led findings below. | **Inadequate** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Inadequate** |

# Mountside Residential Care Home

**Detailed findings**

## Background to this inspection

The inspection
This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12. (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors.

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

The service had a manager who has not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider, including the previous inspection report and the action plan supplied by the provider in January 2021.

We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, and eight members of staff, including senior care staff and the housecleaning team. We were able to speak with one visitor during the inspection and two family members contacted us following the inspection.

We reviewed the care records of six people and a range of other documents. For example, medicine records, two staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training and supervision data. We spoke with three professionals who regularly visit the service.

Inadequate

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Preventing and controlling infection

● We were not assured that the provider was preventing visitors from catching and spreading infections. There was a visiting procedure that included recording people's details, COVID-19 risk assessment and an Lateral Flow Devise Test(LFT) test in the porch area. However, this was not always fully implemented and followed. We saw a person arrive for an interview. They were in the service and had not completed an LFT test. Contact with relatives and friends had been supported and now included a designated visiting room used by appointment. People's individual care plans for visiting had not been reviewed or updated to reflect the changes in Government guidelines.

● We were not assured that the provider was meeting shielding and social distancing rules.
Individual COVID-19 risk assessments had not been completed for people or staff, any increased vulnerability had therefore not been identified or managed. Social distancing was difficult due to narrow corridors and people's understanding. Staff had taken some measures which included spaced chairs in the lounge and dining room and the activities person talked about small group activities to support social distancing.

● We were not assured that the provider was using PPE effectively and safely.
On the day of the inspection most of the staff working in the service were agency staff. The manager had not checked they were only working in this service or had completed suitable training and were competent regarding infection control and COVID-19.
Although regular staff had completed online training on COVID-19 no assessment of their understanding or competency had been completed. For example, an observation of hand washing technique.
There was a good supply of PPE and staff were seen to be wearing this PPE appropriately.

● We were not assured that the provider was accessing testing for people using the service and staff.
Staff and people were being tested regularly. However, this programme did not follow Government guidelines. For example, staff were not having a Polymerase chain reaction test (PCR). There was no procedure to support this practice. We could not be assured that the testing completed was effective. The manager assured us the testing programme would be changed to follow Government guidelines and would include agency staff working in the service.

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
An infection prevention and control (IPC) audit had not been completed, and there was no identified person to lead on IPC. This meant infection risks were not being identified effectively. For example, two chairs in the designated visiting room had damaged surfaces, some bathrooms had cracked tiles and exposed woodwork that could not be cleaned effectively. There were two cleaners working in the service and although the service looked clean and they told us about their cleaning practice, there were no cleaning schedules to support effective cleaning practice or to demonstrate that regular cleaning, especially of high touch and high 'traffic' areas had been done.

● We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
The service relied on agency staff whose skills and competency had not been checked or assessed. The provider had not been assured the agency staff were not working at other services increasing the risk of cross infection. The manager was recruiting staff to minimise the use of agency staff and was ensuring they were completing online COVID-19 specific training. Staff skills and competencies had not been assessed to ensure that all staff followed best IPC practice.

Staff had not been risk assessed to identify and minimise any infection risks to safeguard them or people. For example, risks for those staff unable to have a COVID-19 vaccine.

● We were not assured that the provider's infection prevention and control policy was up to date.
A limited COVID-19 risk assessment had been completed but the policies and procedures referred to a dynamic risk assessment. This had not been completed. Suitable risk assessment had not been used to reduce potential risks. For example, there was no environmental risk assessment to ensure all areas could be effectively cleaned. The manager knew where to find the most recent Government guidelines but had not always implemented them effectively to support infection control policies.

The provider failed to assess the risk of, prevent, detect and control the spread of infection. This is a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was admitting people safely to the service.
People were tested before admission and only admitted if negative to COVID-19. People were then isolated for 14 days in line with Government guidelines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.
● Risks to people had not always been assessed and their safety had not always been monitored and managed safely. For example, mobility changes had not been updated following significant changes and people's level of pain had not been assessed.
●Risk assessments had not been updated following the development of a wound, which meant that

prevention of further skin damage was not being monitored and mitigated. Minimal information regarding seven wounds was documented. We were told that there were photographs to monitor progression of wounds but these were not available. There was no record of how the wounds started or at what stage staff identified the wound and what action they took. There was no information in some peoples' care plan to guide staff on how to support people , for example with required pain relief, position of limb to support wound healing and comfort.

● There were some people who lived at Mountside Residential Home with a mental health conditions such as schizophrenia, bi-polar and alcohol related illnesses. There was no information in their care plans or risk assessments to guide staff on how to support these people with their mental health and highlight triggers that may cause their mental health to deteriorate.

● We looked at food and fluid charts for those people who were experiencing weight loss or difficulty in eating and drinking and were being monitored. The food and fluid records were not completed consistently or in full, which meant that staff would not be able monitor peoples' intake effectively.

● Some carpets were trip hazards as they were rucked and had holes and were threadbare, although the manager was aware of these no action had been taken to make them safe.

● From talking to staff, viewing the training programme against the rota and meeting people with varied needs, we were not assured that staff had the necessary training to meet peoples' needs. Staff told us that they had not had training in managing behaviours that challenge, mental health or Parkinson's disease. There was a high use of agency staff and the management team did not have an overview of their training or competency. Agency staff told us they had not had been assessed for competency whilst working at the service. Agency staff had also not received an induction when commencing work at Mountside Residential Home.

● The training programme evidenced that not all staff had undertaken essential training. The deputy manager informed us that it was a priority that all staff received essential training. However, this had not been achieved.

● Staff competencies had not been undertaken following completion of e-learning training. This meant that the provider could not be assured that staff were competent in their roles.

● Accidents and incidents were documented and recorded on each persons' care file. The records were not all fully completed with actions taken or signed off by a senior staff member.

● We were not assured that learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were not clearly documented. Action from incidents and accidents were not shared with all staff or analysed by the management team to look for any trends or patterns.

The provider had not ensured the safety of people by assessing the risks to their health and safety and doing all that is practicable to mitigate any such risks or ensured that staff had the qualifications, competence, skills and experience to support people safely. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● The management of medicine was not undertaken in a safe way which put people at risk. There were gaps in people's Medicine Administration Records (MAR); there was a risk that people had not received their medicine, and this could impact on their health. For example, anti-hypertensives to control their blood pressure.

● MAR sheets contained no times of administration, and were labelled breakfast, lunch, tea and supper. Whilst this is not a problem for once a day, or twice a day medicines, it was not safe for those medicines which are time specific such as medicines for Parkinson's disease and pain relief. Staff were not writing in the times these medicines were given which is essential as they are 'time specific'. There was no guidance

for staff in the MAR to remind staff of the importance of timings for these medicines. This left people at risk of either receiving too much or not enough medicine to manage their pain and Parkinson's symptoms.
● There were people who did not receive their prescribed essential medicines. The reason recorded were 'asleep' and 'refused'. There was no evidence that these were re-offered or that the GP was informed. One person had refused their essential antipsychotic medicine for eight days. Staff had not considered the health impact on the person of not receiving their essential medicine.
● Where people required 'as and when' medicines, such as pain relief (analgesia) and mood calming medicines, there was not always a protocol with guidance in place for staff to follow. This meant staff may not have the necessary knowledge to give these medicines safely.
● Management of controlled drugs (CD's) was not safe. We found 10 ampules of a controlled medicine had not been entered or checked in by two staff members for a month, in line with the providers policy. The audit for checking controlled medicines had lapsed over the past four months. This meant the provider could not be sure that controlled medicines had been given and kept safely.

The provider had not ensured the proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we contacted the provider requesting immediate and longer-term assurances about people's safety. In response, we were told an external consultant had been employed to support the manager to make improvements to infection prevention and control the and medicines. We have also received updates of initial improvements made.

Staffing
● People told us that the staff "Were kind" and "seem to be enough staff." Comments from staff included, "Communication is our biggest challenge, it's not easy working with lots of agency, they are all good, but we need a staff team, we are not working as a team" and "We have had a lot of staff changes, but I think we are going forward now."
● There were enough staff on shift at the service to support people. The manager agreed that an extra member of staff during the day would help staff in completing documentation and implement changes. Rota's confirmed staffing levels were consistent with agency staff usage. It was noted that 90% of staff on duty on the first day of inspection were agency staff.
● The provider was continuing to recruit to staff vacancies. This meant that agency usage would be reduced as new staff join the team. The manager explained that there had been a high turnover of staff during the pandemic, which had impacted on team working and team building.
● We looked at two new staff recruitment files and found that these were not fully completed. For example, they were missing photographs for the identity check, and both only had one reference. Evidence of a criminal record bureau check was not initially found but was provided on the second day of the inspection. This was an area that required improvement.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. A staff member said, "We have had e-learning training." Another staff member said, "I would follow the guidance and inform the manager."
● The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. The manager told us that the outcomes would be used as a learning tool in the future and

discussed with the staff team.

● The provider had an equalities statement prominently displayed in the entrance of the home. The statement recognised the organisations commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Requires Improvement

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People told us, "I am happy with the care", "Good place to live, and "It's been a difficult time with the pandemic, the staff have been wonderful, I get the care I need."
Before coming to live at Mountside Residential Care Home, senior staff completed an assessment of people's needs. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived. However, some of the assessments viewed were poorly completed and lacked information regarding the reason the person was coming to live at the home.
● Not all care plans were personalised or contained up to date information to guide staff on how best to support people with their assessed needs. Care plans and risk assessments had not all been updated to reflect changes in peoples' health and well-being for example, changes in skin integrity, mobility and mood and behaviours. for example, one person's mobility had decreased and they now needed a walking frame and the support of two staff. Their care plan noted they had good mobility and needed no staff support. The care plan had not been updated to inform staff about the person's current support needs. This meant new and agency staff would not have the necessary information to support people safely and responsively.
● Care plans reflected people's physical, social and mental health needs. However, some of these were very generic and not person centred. For example, the skin integrity care file/risk assessment stated 'seating has been assessed' but the wording and position was the same for all the people (six) we reviewed even though their needs differed.
● People were not always involved in developing their care plan. One person said, "I can't remember being asked about what I want care wise, but I can't complain."
● Some people lived with a mental health illness and these were not reflected within their care plan or risk assessments. This meant staff had no guidance to follow to manage the conditions and support people appropriately. This was highlighted as a concern because staff had not received specific training to understand and manage illnesses such as schizophrenia, Korsakoff disease and bi-polar disorders. For example, one person had been refusing their essential antipsychotic medication and the impact of this had not been considered and the GP not informed.
● People's social care needs were not fully explored within the care plan and risk assessments as to how the pandemic and lack of visitors or trips out had impacted on people and their well-being.
● The management of pain for some people had not been tailored to meet their needs. For example, one person with a wound expressed how much pain they were in. However, there was no reflection within the care plan or risk assessments of how pain was managed. There was no evidence that regular analgesia was offered, or the effect of pain relief monitored.
●

The provider has not ensured that people received appropriate care that met their individual needs and reflected their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's needs were attended to quickly, although a small number of people told us they had to wait sometimes for staff, especially those on the upper floors. One person said, "When I ring my bell, they are sometimes quick, but sometimes lots of us ring at the same time. They seem to be slower at night".
● Most people were supported to social and leisure interests and enjoyed one to one and group activities provided by the service. The activity co-ordinator told us of the re -introduction of church services and the making of Easter bonnets. At present activities were in small groups and one to one sessions ensuring social distancing. One person told us, "It's been different because of the COVID, but we are asked if we want to play games, not that exciting."

Improving care quality in response to complaints or concerns
● There was a satisfactory complaints policy. People also had access to a 'service user guide' which detailed how they could make a complaint.
● People told us they knew how to make a complaint. However, not all complaints were recorded and acted on to find a solution. One person said, "I have made numerous complaints, but nothing is done." Staff knew of complaints but had not taken them forward as they felt it was just the 'person.' A visitor contacted CQC and said that they had raised concerns, but it had not been taken forward in a way that gave them confidence it would be resolved.

We recommend the provider consider current guidance on managing complaints and take action to update their practice accordingly.

End of life care and support:
● The manager and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life, and to receive appropriate care and treatment. 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.
● 'Anticipatory medicines' were available, so people remained comfortable and pain free.
● End of life care plans needed to be developed to ensure they were specific to the person's wishes and needs. The management team were aware of this and the new deputy manager confirmed that care plans were a priority to be reviewed.

Inadequate

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to sustain and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The manager had been in post since October 2020 and CQC had not received an application for their registration.
- At the last inspection in November 2020 we identified that an infection control audit and cleaning schedules needed to be implemented. These had not been started.
- The quality monitoring systems in place had not ensured the provider had oversight of the service. This had the potential to impact on safe support for people, medicine management, training and competencies and infection control procedures. For example, Government guidelines for COVID19 had not been adhered to. This has been referred to in depth in the safe section of this report.
- We found records relating to safe care delivery were incomplete and not up to date. Some care plans and risk assessments had not been updated since January 2021. For example, regarding people's wound care and skin integrity and mobility records.
- There was no evidence that staff tracked pressure wounds for themes to use for preventing further wounds occurring. Risk assessments were not being updated to reflect changes to skin and to guide staff on what action to take and when. Accidents and incidents were recorded on individual care documents but there was no overview kept to track themes and trends.
- Important mental health needs of people had not been recorded and there was no guidance for staff to follow to manage their mental health and safety. For example, one person suffered from a specific disorder and there was no management plan to support them safely. Staff could not discuss how they supported this person safely due to lack of training.
- Staff told us that supporting people with behaviours that could be unpredictable and could challenge was stressful, the provider had not ensured staff had received appropriate training to support them in this role.

● There was no environmental audit or programme for renewal or repair. Previously identified areas of concern, such as carpets with holes and rucks, which could be a trip hazard had not been actioned.
● Food and fluid charts for people identified at risk nutritionally were not consistently completed. There was no overview or fluid target set of what was appropriate for individual people so the provider could not be assured people were eating and drinking enough to remain healthy.

The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some peoples care records were not in place, accurate or complete. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we contacted the provider requesting immediate and longer-term assurances about people's safety. In response, an external consultant had been employed to make needed improvements to infection prevention and control and introduction of audits. We have also received updates of initial improvements made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us that staff meetings had not been happening in recent months due to the pandemic, but had restarted. A daily meeting for all staff had been introduced but no outcomes or actions from these meetings were recorded or taken forward. One staff member said, "I don't know what is going on, communication needs to improve." Another staff member said, "Agency staff are good but lots of staff have moved on so we have new staff, manager and deputy manager, I think as a team we feel unsettled."
● People told us, "I am happy here, I don't know the manager because he's new but I've got used to some of the temporary staff, they are kind."
● At the time of the inspection, it was clear that there was some instability within the staff teams, we received mixed feedback about the management of the service and staff feeling unsupported. The atmosphere of the home was subdued, and this if not managed, had the potential to impact on the people who lived there.
● The 'out of hours' service emergencies were managed well and staff said the manager was always available.
● Handover documents helped the shift leaders organise the staff to ensure that peoples' needs were consistently met.
● We were told that the management team shared outcomes of safeguarding's with staff and these were then taken forward as lessons learnt. The manager said that these was used as a learning tool to improve care delivery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The rating of the previous inspection was displayed at the home along with the registration certificate.
● Feedback from people at this inspection showed that people thought well of the staff. One person said, "Very pleased to live here", Another said, "The home has arranged my daughter to visit and to talk to me through the window I am so grateful for that."
● Residents meetings and staff meetings were put on hold due to the pandemic, but small meetings have continued. People told us if they had questions they would now go to a member of staff. Peoples and

families feedback had not been sought since the change of ownership.
● The manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations.

Working in partnership with others
● The organisation has continued to improve partnership working with key organisations to support the care provided and were working to ensure an individual approach to care.
● Feedback from a health professional said that the staff team had listened to advice and worked alongside them as necessary. Comments included, "Staff do contact us when they need to, to ask for advice," and "Are polite and professional."
● There was partnership working with other local health and social care professionals, community and voluntary organisations.
● There were connections with social workers and commissioners for people who lived at Mountside Residential Care Home.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider has not ensured that people received appropriate care that met their individual needs and reflected their preferences. Regulation 9 (1) (a) (b) (c) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is practicable to mitigate any such risks.<br><br>The provider had not ensured the proper and safe management of medicines.<br><br>The provider had not appropriately assessed the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated such as Covid19;<br>Regulation 12 12(1)(2)(a)(b) (g) (h) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured that there were effective systems to assess and quality assure the service.<br>Regulation (17) (1) (2) (a). |

The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user.
Regulation 17 (2) (c).