Care Quality Commission

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 responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Mountside Residential Care Home is registered to provide support to a maximum of 52 people and 31 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, and dementia.

People's experience of using this service and what we found
The provider, manager and staff team had worked hard to address the areas for improvement following the last inspection. Although improvements had been made, further time was needed to fully embed these changes into day to day practice and to meet the regulations.
Improvements had been made to the provider's governance systems and these had identified some of the shortfalls found at this inspection. However, the systems were not fully embedded and some audits had not been completed since July 2021. There was a lack of clear and accurate records regarding changes to peoples' health and well-being. For example, oral care, specific health needs including weight loss, and daily records. Changes to peoples' health and well-being were not always planned for and monitored effectively, such as falls and skin injuries. The provider's systems failed to identify that care and treatment was not always provided in a safe way.

People were not always protected from the risks of abuse and harm because staff had not followed the organisational policy and procedure, following a recent alleged abuse incident. This has now been progressed and risk to people mitigated.

Improvements had been made to aspects of risk management, but we found that care and treatment was not consistently provided in a safe way. Incidents and accidents were not all recorded and reflected in peoples care plans. Some people have had multiple falls and there was no evidence of preventative measures taken. Therefore, opportunities of learning from accidents and incidents to aid prevention of a re-occurrence had been missed. There were some injuries that had not been communicated to senior staff and this meant that there was a lack of risk monitoring. Weight loss was not pro-actively managed and there was a lack of guidance for staff to follow for those at risk of choking. Environmental risks had been identified but there were some trip hazards that had not been actioned. This was dealt with when identified during the inspection by the maintenance person and the risk of trips mitigated. Personal emergency evacuation plans were not all accurate and updated to reflect changes to the environment, (stair gates), mobility and health. This was attended to by the second day of the inspection.

Improvements had been made to the provision of person-centred care. However, this was a work in progress and not everyone's specific health needs were identified and planned for to promote responsive care to ensure their safety and well-being. For example, oral care, and deterioration of mobility. There was also a lack of guidance of how to manage people who lived with dementia.
Improvements had been made to the management and prevention of infection control. Government COVID-19 guidance was followed to ensure peoples' health was protected.
Some people confirmed they were involved in their care planning and felt listened to. End of life care

planning and documentation guided staff in providing care at this important stage of people's lives. Further training in end of life care was being sought from the local hospice.

Complaints made by people were taken seriously and investigated. There was a need for clearer recording which the manager was aware of and taking steps to address.

People told us that they were looked after well and enjoyed living at Mountside Residential Care Home. One person said, "This is my home, I feel I am safe and they are good to me," and "I wouldn't want to live anywhere else."

Staff were open and transparent during the inspection. Staff were respectful to people and wanted to deliver good care. One staff member said, "Changes are happening, but we are a good team, we need to communicate better though, still got improvements to make."

Rating at last inspection:
The last rating for this service was Inadequate (published 15 May 2021)

Why we inspected:
We carried out an announced inspection of this service on 6 and 9 April 2021. 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 Personalised care, 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 Inadequate to Requires Improvement. 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 Home 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 continued breaches in relation to safe care and treatment, person centred care and good governance at this inspection.

This service has been in Special Measures since May 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Care Quality Commission

Mountside Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.
This was a focused inspection to check whether the provider had met the requirement notices of Regulation 9, (person-centred care), 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 Care 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 plans supplied by the provider in January and May 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 visited on a further day to speak with the registered provider and the manager. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first and second 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 10 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 six members of staff, including senior care staff and the housecleaning team. We were able to speak with two family members who 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.

Requires Improvement

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 inadequate. At this inspection this key question has improved to requires improvement.

This meant some aspects of the service were not always safe.
At our last two focussed inspections the provider had failed to provide safe care and treatment for people There was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found improvements in some areas at this inspection, not enough improvement had been made to the management of risk to people, and the management of medicines, and the provider was still in breach of Regulation 12. We also found a new breach of Regulation 13, Safeguarding service users from risks of abuse and improper treatment.

Systems and processes to safeguard people from the risk of abuse
● People were not always protected from the risks of abuse and harm because staff had not followed the organisational policy and procedure, following a recent alleged abuse incident.
● An incident occurred where staff did not seek advice from either the management team on call or raise a safeguarding alert with the local authority. Staff had not completed an incident report or taken an initial statement from the people involved. It was three days before it was reported and there were further delays due to the lack of information recorded.
●There was no reflection of the incident in the respective care plans of actions taken to keep the people safe or how they would prevent any further distress to the people involved.
● Records of wounds in people's bedrooms evidenced skin tears and injuries but these had not been reported to senior staff or the management team or recorded in accident reports or care plans. There had been no referral to safeguarding as unexplained injuries. There was no evidence that the injuries were treated appropriately.

The provider had not ensured service users were protected from abuse and improper treatment. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us "I feel safe and looked after," and "The staff look after our safety." Staff told us, "We receive training in safeguarding and I would feel confident of going to the manager if I had concerns."
● 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.
At the last inspection 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.
At this inspection improvements had been made, but there were still improvements needed to fully meet the regulation.

● Risks to people had been assessed however the documentation was not reflective of changes to people's health or accidents and incidents. Due to the lack of clear care documentation, this was further explored by talking to staff who were not always able to tell us details about the people they supported. For example, one persons' bedroom chart identified a skin tear but whilst staff were recording 'nearly healed', there was no other documentation found regarding the skin tear, such as size and depth. This had been recorded from 3 October 2021 to 17 October 2021. We spoke with two senior staff members who were not aware of the injury. This was not an isolated case.
● 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. There was no record of how the wound started or at what stage staff identified the wound and what action they took. There was no information in 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.
● 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. For example, two people have had in excess of 20 falls over a 12-month period. Action from incidents and accidents were not shared with all staff or analysed by the management team to look for any trends or patterns.
● Food and fluid records for those who were losing weight were not being completed consistently or in full, which meant that staff would not be able monitor peoples' intake effectively. Two people had lost 13 kgs plus in six months but this was not reflected in their care plans or risk assessments. There was no guidance to offer fortified food. The daily records over a week identified that one person was not eating their main meal and only half their other meals. Staff were aware of these details and had informed the GP but had not been proactive in offering 1-1 assistance during mealtimes or offering at different times. We observed two mealtimes, where the person was walking with purpose from lounge to dining area consistently without eating any of their meal. Staff did move the meal from one area to another, but staff did not remain with the person to encourage them to eat or arrange any further meal to replace the one not eaten when cold.
● Due to an incident where a person was found near the stairs, stairgates had been installed, however there had been no risk assessments completed to ensure this was the safest option for people. The fire risk assessment had not been updated to reflect the use of stairgates and how this may impact on people evacuating during an emergency.
● Personal emergency evacuation plans (PEEPS) had not been updated to reflect changes to people's health and to the environment, such as stairgates to the stairs which would hinder people's escape.

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. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection we received information that risk assessments, skin integrity and peoples care plans were being reviewed as a matter of priority to mitigate risk. We saw updated PEEPS on the third day of the inspection.
● At the last inspection the training programme had not assured that staff had the necessary training to meet peoples' needs. This inspection showed that training had progressed and all staff were committed to the training programme. The training programme evidenced that staff had undertaken essential training.

● There was still a high use of agency staff and the management team had an overview of their training and competency. It was identified that one agency staff member on their first shift on the 11 October 2021 had not undergone an induction. This was immediately addressed by the manager.
● Staff competencies were being undertaken following completion of e-learning training. This meant that the provider could be assured that staff were competent in their roles.

Using medicines safely
● At the last inspection the management of medicine was not undertaken in a safe way which put people at risk. This inspection found improvements had been made. However further improvements to the management of controlled medicines were needed especially how errors were acted on. For example, some errors were identified following a medicine count, and this was not acted on immediately and action taken.
● There had been two incidents regarding the stock levels of a controlled medicine. The audit for checking controlled medicines had lapsed again over the past three 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 continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People received their prescribed essential medicines. The completion of medicine administration records had improved and were completed in full.
● There was a policy that staff followed when people either refused their medicines or were asleep. Staff would re-offer and then if continued to be declined would inform the GP. This ensured people received the medicines necessary for their health and wellbeing.
● Where people required 'as and when' medicines, such as pain relief (analgesia) and mood calming medicines, there was a protocol with guidance in place for staff to follow.

Preventing and controlling infection
At the last inspection the provider failed to assess the risk of, prevent, detect and control the spread of infection.

At this inspection we found improvements had been made to assess the risk of, prevent and control the spread of infection.

● We were 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. 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 been reviewed or updated to reflect the changes in Government guidelines.
● We were assured that the provider was meeting shielding and social distancing rules. Individual COVID-19 risk assessments had now been completed for people and staff, any increased vulnerability had been identified or managed. Staff had taken measures to support social distancing which included leaving spaces between chairs in the lounge and dining room
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff. Staff and people were being tested regularly as per the government guidance.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Infection prevention and control (IPC) audits had been completed regularly, and there was an identified person who was the manager, to lead on IPC. This meant infection risks were being identified effectively. The service looked clean and staff told us about their cleaning practice. There were cleaning schedules to support effective cleaning practice and to demonstrate that regular cleaning, especially of high touch and high 'traffic' areas had been done.

● We were somewhat 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, assessed or recorded. The manager acknowledged this oversight and took immediate action.

● We were assured that the provider's infection prevention and control policy was up to date.

● 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 if coming from hospital.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing

At the last inspection improvements were needed to recruitment processes of both permanent staff and agency staff. This inspection found improvements had been made.

● We looked at staff recruitment files and found improvements had been made. For example, references had been chased and all staff had a disclosure and barring service (DBS) check on file. We found one inconsistency regarding vaccination details which was being followed up by the manager.

● People told us that the staff were "Lovely and very kind" and "I don't have any concerns regarding staff, I think staff have left, but we do get new ones." Comments from staff included, "A really good team, some have left, but most of the agency staff have been coming for a while now, and know us," and "We are recruiting." The provider confirmed that recruitment had been difficult but they have an ongoing recruitment drive.

● There were enough staff on shift at the service to support people. The manager monitored response times to call bells and was also looking at deployment of staff to reduce falls and injuries. Call bells were answered promptly during the inspection. On the third day of inspection, an agency staff member had not reported for duty, staff worked hard to ensure that people received the care they needed, and the deputy manager assisted people.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
At the last inspection the provider had not ensured that people received appropriate care that met their individual needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst improvements had been made, not enough improvement had been made at this inspection to fully meet the regulation and the provider remains in breach of regulation 9.

● 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."

● As at the previous inspection we found 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 whilst updated had not been changed to reflect changes in peoples' health and well-being. For example, following a choking incident guidance was not in the care plan or risk assessment despite being sent specific guidance from the speech and language therapist. Specific cutlery advised to be used was not being used and the person was not being monitored/observed during their meal times. The care plan and guidance was immediately put in the person's care plan and risk assessment during the inspection
● Oral health was an area that needed to be taken forward, we found people's dentures left in their rooms and one person told us that her dentures were missing. The care plans did not reflect this. We also found dry toothbrushes and no evidence that people were supported with oral care. The manager was asked to take immediate action to address the shortfalls. Following the inspection, we received confirmation that people's oral health was reviewed and that staff training was underway.
● Care plans reflected people's physical, social and mental health needs. However, some of these were still very generic and not person centred. For example, mental capacity and dementia. The dementia care plan detailed generic issues but had not been personalised to each individual's needs. People told us of disturbed nights where people who lived with dementia were vocal and up walking around the premises. This was not highlighted in their care plans with guidance of how to manage this.
● 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 continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Improvements were seen in care plans of how staff supported people who lived with a mental health illness. This meant staff now had guidance to follow to manage the conditions and support people appropriately.
● People's social care needs were now 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.
● Most people were supported to participate in social and leisure interests and enjoyed one to one and group activities provided by the service. The activity person was well thought of by people and the feedback regarding activities was positive. There are plans to recruit further activity staff to ensure everyone gets the activity experience in their own room as some prefer to stay in their rooms. At present activities were in small groups and one to one sessions ensuring social distancing.
● Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.

All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements but were aware that this was an area they needed to improve.
● A member of staff told us that for people who found it difficult to read, information was read to them to ensure that they were kept informed about important issues relating to their health and care.
● We observed that for one person who was sight impaired, staff provided constant reassurance to the person to ensure that they knew they were not alone.

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.
● The manager used resident meetings, care reviews and resident of the day in order to identify issues that people living at the home wanted to raise. For example, noise at night disturbing people and poor bed-making. People told us that bed making had improved.
● The manager kept a clear log of complaints. Complaints were investigated and responded to in a timely manner. The complaints log considered complaints received in all forms, from discussions with people and resident meetings.

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 manager confirmed that care plans remained a

priority to be reviewed.

Requires Improvement

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 Inadequate. At this inspection this key question has improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

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 July 2021 and CQC have received an application for their registration.

● At the last inspection in April 2020 we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service. Quality monitoring processes had progressed, but not all had been continued and further time for others were needed to embed them into day to day practice. For example, the controlled medicine audit had stopped in July despite irregularities being identified. This has been re-commenced.
● We found daily records relating to safe care delivery were incomplete and contained little information about the person, for example no details of wellbeing/emotions or mention of wound or skin integrity. Care plans and risk assessments had been updated but were superficial and did not include changes to people's nutritional status and weight loss and falls/mobility records.
● 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.
● There was no evidence that staff tracked pressure wounds for themes to use for prevention of 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. Staff discussed one person's wound and confirmed that they had requested a visit from district nurse, but this was not recorded in the person's care documents. There was no description of the wound or of what staff were doing to prevent further deterioration. This was rectified immediately.
● Accidents and incidents were not all recorded on an accident form or individual care documents.
● Whilst there was now an environmental audit/ 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. However, we were informed that new flooring was due to be laid in November 2021. The maintenance person actioned immediate risk during the inspection.

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.

● At the last inspection in April 2020 we identified that an infection control audit and cleaning schedules needed to be implemented. These had been implemented and a head of housekeeping employed.
● Following our inspection, we received information that the medicine audits had been recommenced and that a skin integrity audit was being undertaken.
● The Provider and manager spoke of their commitment to drive improvement and that changes were happening and were positive and enthusiastic about their plans. Following the inspection, we continued to receive confirmation of actions taken.

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 been happening in recent months due to the pandemic. A daily meeting for all staff had been introduced and outcomes from these meetings were recorded and taken forward. One staff member said, "we are definitely going forward, communication still needs to improve."
● People told us, "Very happy here, the food is good, staff are nice."
● The 'out of hours' service for emergencies were managed well and staff said the manager was always available.
● Handover documents helped the shift leaders deploy staff to ensure that peoples' needs were consistently met.
● We were told that the management team shared outcomes of safeguardings 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, "Lovely staff, nothing to complain about."
● Residents meetings and staff meetings were happening and feedback of the meetings was mostly positive.
● 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, "Changes again but staff are caring and do contact us when

needed."

● 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. The feedback was positive, "The provider is open and transparent and is working with us."

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 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 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. The provider had not ensured the proper and safe management of medicines. Regulation 12 12(1)(2)(a)(b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured service users were protected from abuse and improper treatment. Regulation 13 (1,2,3)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service. 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).