

Barchester Healthcare Homes Limited

The Mount & Severn View

Inspection report

41-43 The Mount,
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 and 25 February 2015 and was unannounced.

The Mount & Severn View provides accommodation, personal and nursing care for older people and people living with dementia for a maximum of 58. There were 56 people living at the home when we inspected.

The home had a registered manager in post who was present for our inspection. 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.

People told us that they felt safe living in the home. Staff told us that they had received safeguarding training and knew how to protect people from potential abuse. They were also aware of their responsibility of reporting concerns of abuse to the manager and other agencies. There were sufficient staff on duty to keep people safe.

Summary of findings

We saw that staff were nearby to support people when needed. Staff had access to risk assessments that told them how to support people in a safe way. Accidents were monitored and action taken to reduce further risks.

People told us that they were involved in their assessment and care planning and this ensured they receive care and treatment the way they liked. Staff told us that they were supported by the manager and had regular supervision and training. People's consent for care and treatment was obtained and where people lacked capacity a best interest decision had been made to ensure they received the appropriate support.

People told us that they were happy with the meals provided to them and we saw that where necessary people were supported to eat their meals. People told us that they had access to other healthcare services when needed and a record was maintained of when healthcare professionals had visited.

People told us that staff were caring and treated them with respect. We saw that people were supported in a kind and caring manner and this was done in a way to promote their privacy and dignity.

Staff were aware of people's past history and their interests and this information was included in their care records. People told us that they had access to various social activities in and outside the home and staff supported them to pursue their interests. People were aware of how to share their complaints and concerns. Complaints were recorded and showed what action had been taken to address them.

People told us that they were happy with the service and were involved in regular meetings that enabled them to have a say in the way the home was run. Staff said that the management team were supportive and listened to their views. The service provided was regularly monitored and quality audits were carried out to ensure people received a safe and effective care and treatment.

Summary of findings

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 safe.

People were supported to take their prescribed medicines. Staff were aware of how to protect people from abuse and there was enough staff on duty to keep people safe.

Good



Is the service effective?

The service was effective.

People were supported by staff who had access to regular training and supervision by the manager. Where people lacked capacity to consent to care and treatment, best interest decisions had been made to ensure they received the appropriate support. People had a choice of meals and were supported to eat and drink sufficient amounts.

Good



Is the service caring?

The service was caring.

People were involved in their care planning and received care in a kind and compassionate way, their rights to privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their needs and staff were aware of how to support them. Action was taken to resolve people's complaints and to improve the service.

Good



Is the service well-led?

The service was well-led.

People were aware of the management structure and had a say in how the home was run. Quality monitoring audits were in place to ensure people received an effective service.

Good



The Mount & Severn View

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 was planned to check 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 23 and 25 February 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was experienced in caring for older people and people who have a learning disability.

Before our inspection we spoke with the local authority to share information they held about the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 10 people who used the service, two relatives, three care staff, an activities coordinator, one nurse, the deputy manager and the registered manager. We looked at two care plans, risk assessments, medication administration records, accident reports, staff rotas, training records and quality audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

One person told us that the staff were nice and that made them feel safe. Another person said, “I feel safe living here because I am able to lock my door.” Staff told us that they had received safeguarding training and were aware of how to protect people from potential abuse. Staff had access to the provider’s safeguarding policy that told them how to protect people. They told us that poor care practices and abuse would be reported to the manager. Staff told us about other agencies they would share concerns of abuse with to ensure people were protected.

Records were maintained of accidents and these were regularly reviewed to find out if there were any trends and where necessary action had been taken to reduce a reoccurrence. For example, risk assessments were reviewed to ensure staff had up to date information about how to safely support people. Staff told us that they had access to various risk assessments. Moving and handling risk assessments told staff how to support people safely with their mobility and the equipment required. We saw that people were provided with the equipment as identified in their risk assessment.

People told us that staff were always nearby to assist them when needed and the manager said there were enough staff on duty to meet people’s needs. One person said, “There are enough staff and they speak to me respectfully.” We saw that staff were nearby to support people when required. One relative said, “I have no concerns about the staffing levels.” People were supported by a team of registered nurses and care staff. The manager told us that the provider’s recruitment practice ensured that appropriate safety checks were carried out before people started to work at the home. This was confirmed by the staff we spoke with. These checks ensured that people were suitable to work in the home.

One person told us that the staff supported them to take their prescribed medicines and they were happy with this arrangement. They said, “I like my medicines and on a spoon and the staff know this.” Another person told us, “Staff explain what my medicines are for.” Staff were aware of the support people required to take their medicines and signed the medicine administration record when medicines had been given to people. Medicines were securely stored and records were maintained of medicines in stock and those that had been disposed of.

Is the service effective?

Our findings

People told us that they were involved in their assessment and care planning. One person said they had been involved in their relative's assessment before they moved into the home and we saw these assessments in people's care records. Staff told us that the manager supported them and that they had access to regular supervision and training and the records we looked at confirmed this. One staff member said, "You can talk to the manager anytime." Another staff member told us, "The management support is very good." The provider's recruitment procedure included an induction for new staff and this was confirmed by staff who said this had supported them into their new role.

The manager had a good understanding of the Mental Capacity Act (MCA). We saw that MCA assessments had been carried out and showed whether the individual had capacity to consent to their care and treatment. Where people did not have capacity a best interest decision had been recorded to ensure they received the appropriate care and support. The manager told us that a Deprivation of Liberty Safeguard (DoLS) was in place for some people. DoLS are required when this includes depriving a person of their liberty to ensure they receive the appropriate care and treatment. Some staff were unaware of MCA and people who had a DoLS in place and this meant that people's liberty may have been restricted unlawfully. During our inspection the manager took action to ensure that care plans clearly identified that a DoLS was in place, the reason why and the restrictions in place to ensure the person received the appropriate support.

One person said, "The food is perfect and we have a choice." Staff were aware of what the individual liked to eat and the support they required to eat and drink enough. People had access to special equipment to help them to eat and drink independently. Where people required support with their meal, we saw that this was carried out in a caring and dignified manner. Menus were displayed on the dining tables and people had a choice of meals. We heard staff asking people what meal they wanted. People told us that they had access to drinks at all times and during our inspection we saw staff routinely offering people drinks. One person said, "I can have a cup of tea when I want one." Where there were concerns that people may not be drinking or eating enough, we saw that charts were in place to monitor how much they ate and the amount of drink they had. Where people had swallowing difficulties discussions with staff and the care records we looked at confirmed they had access to a speech and language therapist to support them.

People told us that they had access to other healthcare services when needed. One person said, "Staff will call the GP if I feel unwell." The provider had links with five GP practices who carried out home visits when required. Where people had a health conditions, we saw that they had access to a specialist nurse to support them. One relative said, "The staff will call the GP when they need to." Care plans provided staff with information about people's healthcare needs and records were maintained of visits from healthcare professionals.

Is the service caring?

Our findings

One person said, “The staff are caring and treat me with respect.” Another person told us that their relative was unwell and said, “Staff have done their best to make [Person] comfortable.” We saw that people were treated with kindness and compassion. For example, we saw a staff member approach a person in a caring manner and provided them with a cushion to make them more comfortable in their chair. A relative told us, “Their kindness is above everything, they go above and beyond.” We saw that one person required support to manage their behaviour and staff did this in calm and patient manner. Staff were aware of the person’s health condition and the impact this had on the person’s behaviour. A relative said, “When I go home, I don’t worry about [Person].”

People told us that staff often asked them how they would like to be cared for. One person said, “I am happy with my care.” Another person said that it was their choice to stay in their bedroom and staff respected this. A relative said, “The care is good and staff do listen to you.” People told us that they were involved in their care planning and care records showed that discussions had taken place about how people liked to be cared for.

People told us that staff did respect their dignity and right to privacy. We saw that when required people’s clothing were protected during meal times and people’s faces were discretely wiped to maintain their dignity. We heard staff talk with people in a polite manner and supported them with their personal care needs in a private area. We saw staff knock on people’s door and asked permission before entering.

Is the service responsive?

Our findings

People told us that before they moved into the home they had been involved in their assessment and care planning. One person told us that they had been involved in their relative's care planning. One person told us about their past career and interests and this information was included in their care plan. Staff were aware of the person's interest and provided them with support to pursue this. We saw that the person had access to reading materials about their interests. There was an activities coordinator in place who supported people to pursue their hobbies and interests. People told us that they had access to social activities in and outside of the home. During our inspection we saw people taking part in social activities. One person said, "I go

to the lounge and take part in board games and stretching exercises." People were supported to attend places of worship when they wished. People told us that they were able to maintain contact with people important to them. One relative said, "I am able to visit the home at any time."

One person told us, "I've never complained but I know the procedure." Complaints were recorded and showed what action had been taken to resolve them. We saw that complaints were responded to in writing and where necessary a meeting was carried out with the complainant. Where necessary changes had been made to improve the service. For example, concerns had been raised about the lack of heating in one room and the necessary repairs were carried out. A relative told us that they had complained about the food and said, "The food is a lot better now."

Is the service well-led?

Our findings

People told us that they were asked if they were happy with the service they received and regularly meetings were carried out with them. This enabled people to have a say in the running of the home. One person said, “I don’t see the manager often but I am asked what I think of the service.” People told us that they were given a survey to complete about the service they had received. The manager said that quality assurance surveys were routinely given to people. A report of the outcome of these surveys was displayed in the reception area and also included in the provider’s quarterly newsletter. Staff told us that the manager was supportive and that they were involved in regular meetings and their views were listened to. A relative told us that meetings were carried out with relatives and they had been asked to complete a quality assurance survey. This enabled relative’s to have a say about the service provided.

People told us that they were able to share information with the manager who listened to them. The manager was aware of people’s needs and the support they required and was confident that staff were skilled to care for them. One relative said, “The home is well managed and the manager

is approachable.” Staff were aware of the management structure and during our inspection we saw staff being supported by the manager and nurses to ensure people received the care they required.

The service provided to people was regularly monitored and quality audits were carried out to ensure the safe management of medication but this audit did not identify the shortfall we found during our inspection. Audits were in place to monitor the number of falls people had sustained. The manager said this enabled them to review the safety of the home and ensure where necessary action was taken to reduce further risk.

The manager told us that during ‘resident of the day’ all the individual’s needs relating to their care, support, choice of meals, social activities and access to facilities would be reviewed. Action would then be taken to ensure that the person received a service the way they liked. Regular ‘stand up’ meetings were carried out with staff who were in charge of specific units. For example, the cook, maintenance, activities coordinator and a nurse. We were present during one of these meetings and heard discussions about the service provided and action needed to ensure people received an effective service and to drive improvement.