

Voyage 1 Limited

Mountearl

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mountearl is a residential care home providing personal care to up to 9 people. The service provides support to people, with mental health conditions and a learning disability across two separate units, each of which has separate adapted facilities. The home was at full capacity at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support: The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care: The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture: People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 February 2018.)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our 'safe' findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our 'well-led' findings below.

Mountearl

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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors.

Service and service type

Mountearl is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mountearl is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed intelligence we held about the service including information about important events. We used all this information to plan our inspection.

During the inspection

We spoke with 4 care staff, the registered manager and the operations manager. We reviewed the care records of 3 people living at the home and 4 staff records. We reviewed a range of records in relation to the management of the home including incident and accident records, premises documentation and medicines records. Following the inspection we received feedback from 3 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as intended by the prescribing GP, however, medicines recording systems required some improvement. For example, where people were prescribed PRN 'as and when required' medicines, this was not always clearly recorded on people's medicines administration records (MAR).
- We shared our concerns with the registered manager who showed us that these gaps had been identified through a medication audit. We were satisfied with their immediate response
- Notwithstanding the above, MAR were completed without any gaps or omissions. Records also showed staff received ongoing medicines management training, to ensure people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff were able to identify different types of abuse and how they may present. Staff were clear on how to escalate potential concerns and told us, "I can report it (concerns) to the CQC and the local authority."
- Records showed that the provider liaised with the local authority where necessary.

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

- Risks to people were clearly assessed and managed. This addressed a range of areas relevant to individual need such as support in the community, falls, choking and behaviours that could present as anxiety or distress.
- Staff had a clear understanding of the people they supported, and could identify when people were presenting as dissatisfied, overwhelmed and/or distressed; and had the necessary skills and knowledge to support them safely.
- The premises was safe for the people that lived there, with regular checks to ensure that equipment and safety of the building was maintained for the people that lived there.
- Incidents and accidents were thoroughly investigated and reviewed to minimise the risk of repeat incidents. Where appropriate findings of incidents were shared with stakeholders and guidance provided was implemented into the delivery of care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where people were subject to DoLS the provider ensured these were applied for in a timely manner.

Staffing and recruitment

- People continued to receive support from sufficient numbers of staff, to keep them safe.
- Staff were positive about the staffing levels within the service. Comments included, "If you look at the ratio for amount [of people] we support and the allocated hours yes we have enough staff" and "I think there's enough, we can take people out. If we go for a walk, or if there is an activity you are assigned to that person to take them out."
- During the inspection we observed staff responding to people's needs swiftly in line with their preferences.
- The provider undertook pre-employment checks to ensure only suitable staff were recruited. We reviewed the staff recruitment files and found these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors were supported to access the home safely and were able to use PPE where deemed necessary.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives were satisfied with the management of the service. Comments included, "[Registered manager] is lovely, the kind of person where you have a good conversation."
- Staff felt well supported and found the home a positive place to work. Staff told us, "[Registered manager's] people management is top notch. She welcomes anyone with any suggestions, it's an open door" and "She observes the environment and is good at making changes. We are here to do a job and we have to maintain it."

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

- There was clear oversight and management of the service. The registered manager carried out regular quality checks to ensure areas for improvement were identified and promptly took action.
- The registered manager was clear on the regulatory requirements, and the need to submit notifications of significant incidents to the CQC. Records showed that the service was compliant with this.
- The registered manager understood their responsibility under the duty of candour and ensured apologies were made where mistakes occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff views were regularly sought. This included questionnaires in pictorial format to support people to record their responses.
- People's goals were regularly reviewed through keyworker meetings. A staff member said, "Keyworkers are champions for the people we support and we help advocate for them."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other agencies to provide continuity of care for people. This included GP's, psychiatrists, psychologists, chiropodists and opticians. Where people required support with their behaviours the home liaised with the providers Positive Behavioural Support team and the local authority.

