

Mount Vernon Terrace Residential Care Home Limited

Mount Vernon Terrace

Inspection report

23-25 Waverley Street
Arboretum
Nottingham
Nottinghamshire
NG7 4DX

Tel: 01159784345

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mount Vernon Terrace is a residential care home registered to provide the regulated activity 'Accommodation for persons who require nursing or personal care' to up to 16 people. However due to 2 of these rooms being double rooms, the registered manager reported they would support a maximum of 14 people at any one time. The service provides support to younger and older adults who require support with their mental health. At the time of our inspection there were 12 people using the service.

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. At the time of inspection there were 2 people being supported with personal care.

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

Medication was not always managed safely. Care plans lacked some guidance for staff, but these were updated immediately after the inspection. Personal emergency evacuation plans (PEEPS) contained some incorrect information, but these were updated during the inspection.

People were not supported with regular person-centred activities.

The environment needed some work to make sure people were safe and free from harm such as infections and injury, but there were planned works evidenced by the provider.

There were appropriate levels of staffing and safe recruitment processes in place. Staff had received adequate training, including agency staff.

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

People's privacy, dignity and independence was promoted. Resident and staff meetings had been held. Staff and people told us about improvements at the home since the new provider and registered manager took over.

Care plans did not always contain all the information required to care for people in a person-centred way. People were supported with regular activities, where they chose to be engaged in this activity.

Business records did not always contain up to date information. Systems and processes needed to be improved to identify gaps in care plans. People and staff were positive about the management of Mount Vernon Terrace. The registered manager was quick to put things in place where areas of concern were highlighted to them.

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.

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 the service under the previous provider was good (published on 29 November 2019).

Why we inspected

The inspection was prompted in part due to concerns received from the new registered manager and provider about the conditions within the home and neglect of people when they took over the service. A decision was made for us to inspect and examine those risks.

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.

The overall rating for the service has changed from good with the last provider, to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

The registered manager acted immediately after the inspection to address the concerns identified.

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

Enforcement

We have identified breaches in relation to safe care and treatment and 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Mount Vernon Terrace

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.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Mount Vernon Terrace 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. Mount Vernon Terrace 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual, 2 domestic and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 person who was receiving the regulated activity and other people who used the service. We looked at 2 recruitment files, 2 care plans, 2 medication administration records and multiple documents about the oversight of the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medication administration records (MAR) and stock count records did not always align. This meant the provider could not be assured people were receiving their medicines correctly. People may have been at risk of ill health from not receiving medicines to support their mental health.
- Action had failed to be taken to address concerns when a person was regularly refusing medicines which their care plan recorded as essential for their mental health and safety of themselves and other people. This refusal of medicines had not always been appropriately documented. This put the person and others at risk.
- Care plans lacked some information to guide staff on how best to support people if their mental and physical health deteriorated. For example, signs and symptoms for staff to look out for were not always listed.
- Physical health and personal hygiene care plans did not always contain strategies for staff to use if people continually refused personal care, in particular where a person had experienced infection in the past due to poor personal hygiene. This put the person at risk of further risk of infection when they continually declined personal care.
- Some areas of the premises put people at risk of injury, particularly those who were independently mobile. Wardrobes were not always attached to walls, bedroom furniture was damaged, and the water-pipe casing in one bathroom was also damaged.
- People were at potential risk because plug sockets were overloaded. This was identified in an external fire risk assessment completed before our inspection. However, no action had been taken at the time of our inspection to address this risk.

People were sometimes exposed to care and treatment which was not always safe. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans (PEEPS) did not always contain the most up to date information, such as correct room location or capacity of a person. PEEPS were updated to reflect the correct information on the day of the inspection.
- The registered manager was quick to act on the risks identified. Immediately after the inspection they provided updated care plans for people and a list of scheduled improvements to the environment. These included securing wardrobes to the walls and installing additional plug sockets to reduce overloading.

Preventing and controlling infection

- Light pull cords needed replacing in some rooms due to being dirty, and not all waste bins were the recommended foot-operated pedal type. We were told by the manager at the inspection this would be

resolved immediately.

- Some people's bedrooms or mattresses were not fully clean and free from malodour, but steps were in place to address these issues by regular deep cleans and where people's behaviours meant mattresses were damaged. For example, we saw evidence these mattresses were regularly replaced and whilst mattress protectors were offered these were declined by people.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were mostly 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 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.

Visiting in care homes

Visiting in Mount Vernon Terrace was aligned to government guidance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager alerted the local authority and Care Quality Commission (CQC) to concerns about allegations of abuse.
- Staff had received training in what signs of abuse to look out for and told us they felt confident the registered manager would take action if allegations of abuse were made.
- People told us they felt safe. One person when asked if they felt safe told us, "Course I do!"

Staffing and recruitment

- Where a staff member had not completed all their employment history in their application form as required, the registered manager spoke to the staff member on the day of inspection to establish the reason for the gaps in the record and this matter was resolved.
- Staff had received appropriate Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was adequate staffing at all times to meet the needs of the people supported. Rotas showed this, staff confirmed it and we saw evidence of sufficient staff on the day of inspection. One staff member said about staffing, "They are always about. People don't want for things."

Learning lessons when things go wrong

- The registered manager was quick to put things in place following areas of concern highlighted at the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There was no one under a DoLS at the time of this inspection.

- Care plans contained contradictions about people's capacity. This was identified to the registered manager and care plan records were updated immediately after the inspection to reflect the appropriate information.
- People's capacity was assessed where appropriate.
- People were supported to make their own decisions when they had capacity, even if staff felt decisions were not wise choices.
- An independent mental capacity advocate (IMCA) was facilitated to support a person. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The call bell system in place was not working correctly. The provider had not assessed whether or not people required the use of call bells. This meant people's needs around call bells may have been overlooked.
- Where toilet seats were observed to be missing throughout the home, we were told by the registered manager they would all be replaced immediately. We were told by the provider they are regularly vandalised by people who live at the service.

- Mount Vernon Terrace has had extensive decorative and soft furnishing improvements since the new provider took over the service. The registered manager said time is needed for improvements to be made throughout the remainder of the home. The ground floor bathroom and showers were dark and uninviting, but we were told there were plans to improve this area of the home.

Staff support: induction, training, skills and experience

- All staff have received the appropriate training for their role. One person told us about the staff who support them, "They know what they are doing. They are trained too!"
- Agency staff received an induction when they attended Mount Vernon Terrace for the first time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were pleased with the quality and quantity of food provided. One person told us, "They cook well you know."
- People were involved in deciding what meals were cooked at the home. There was a 4-weeks rolling menu, which had been decided in cooperation with the people supported. One resident told us, "If I bothered to ask, they would cook what I want. But I just leave them to it."
- People with a low weight have seen an increase in their weight since the provider took over Mount Vernon Terrace.
- People who had capacity with diabetes were provided with low sugar diet choices to ensure they could select this option if they wished.
- Staff reported improvements in people's diets since the new provider has been in place. One said, "[People] had really unhealthy diets but [this has] improved [...] service users have been positive about the change in food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care professional support when needed. Where people had repeatedly missed appointments at hospital before the current provider's registration, appointments were re-made by the registered manager so people could access the healthcare they needed.
- People have been supported by staff to reduce the amount they smoke. People were supported to access annual GP check-ups. Staff supported people to live healthier lives in this way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had all completed equality and diversity training.
- Care plans contained sufficient detail to guide staff on people's equality and diversity needs.
- We observed positive interactions between staff and people who are supported at Mount Vernon Terrace. People were positive about the way they were treated. One person we spoke to told us, "I like it here."
- Staff felt people were supported in a positive way. One staff member said, "Staff are really good to people. I wouldn't mind living here."

Supporting people to express their views and be involved in making decisions about their care

- A residents meetings took place and further meetings were scheduled every 3 months. At the meeting which took place we saw evidence that people's suggestions were listened to and implemented.
- People were supported, where they wanted this, to be involved in writing their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent with personal care as possible. Where people were supported to wash or bathe, their care plans specified staff should support them to do this as independently as possible. Staff confirmed this was the case.
- Staff were able to explain how they supported people with dignity and respect. We saw evidence of staff putting this into practice, such as knocking on people's bedroom doors before they entered.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were not always sufficiently personalised. In care plans, people's mental health needs were generic and contained information incorrectly about people being at risk of suicide and self-harm. When this was pointed out to the registered manager this was addressed and the care plans were appropriately personalised.
- Care plans sometimes lacked detail on how to care for people. For example, one care plan stated, 'Staff is to try and reassure [Name], make [them] feel safe and comfortable in [their] environment.' However, there was a lack of guidance in place on how staff should go about putting this into practice.
- People were supported to make their own choices. One person told us, "I get up when I want. Some time it's early dawn. Sometimes I stay in bed. But I can do what I want. No one makes me do different. I live my own life here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Residents were able to communicate verbally with staff and there were no special aids or adaptations required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had requested a day trip at a residents meeting and this request had been completed with those people who wanted to attend.
- There was little other evidence of regular purposeful activities being offered at Mount Vernon Terrace. One staff member told us, "We could do with more activities." Whilst another went on to explain the difficulties they had experienced with introducing activities, "I think more activities can be provided. We have started offering things, but they [people] are not used to being offered. So, it's a case of slowly getting them to engage with the outside world."
- People were not supported to maintain relationships to avoid social isolation.
- There were limited communal spaces at the home, including one lounge area with insufficient seating if all residents wanted to sit down. There is a gym in the basement. The games room had been closed for safety reasons due to a poor state of repair. There were plans from the new provider to improve this facility so

people could again access the games room.

Improving care quality in response to complaints or concerns; End of life care and support

- Systems were in place to identify concerns and complaints and to learn from these, however the provider had not yet received any of these at the time of inspection.
- Whilst no-one was receiving end of life care at the time of inspection, care plans were reflective of people's end of life wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies, the business continuity plan and hazard risk assessment did not always contain up to date information. This meant staff may not be guided to the correct information if they were to need to use these documents. The business continuity plan is a document produced by the registered manager or provider to outline what steps should be taken in the event of disruption to business such as flood or power failure.
- It had not been identified by systems and processes, that care plans lacked detail about what activities might be meaningful to people. Whilst one person's care plan stated a 'variety of meaningful activities to be offered', there was a lack of person-centred detail on what this may be for that person.
- Systems and processes also failed to identify the lack of detail in care plans about the risks and needs of a person supported by a staff member when receiving one-one support. This meant the staff member supporting the person may not have had all the information needed to know what the risks were and how best to support the person.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst improvements were made in care plans when the areas of concern were mentioned to the registered manager, there needs to be ongoing effecting systems and processes to detect when amendments are needed.
- People and staff were positive about the management. One person told us, "The manager [registered manager name] is nice." We observed positive interactions between the registered manager, staff and people supported.
- Management understood their role in dealing with allegations of abuse. One staff member said, "I reported it, and I am confident how it was acted on."

Continuous learning and improving care; Working in partnership with others

- Improved systems and processes were needed to monitor the ongoing works to the environment. There was no ongoing maintenance plan to record the dates of planned work and who was responsible for achieving this.
- Staff felt they could raise issues with the registered manager, and they would be acted on. One staff

member said, "If I find something that is wrong, I feel confident in complaining to the current [registered] manager" and another said, "The [registered] manager is good to us – we know where we stand and [they] listen if we are upset with something."

- Health and social care professionals and other organisations such as the police were consulted when appropriate. Records were kept of the communication with professionals.

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

- Resident and staff meetings were held. We saw evidence people were listened to as we saw steps taken to address the requests people raised. One staff member told us about the staff team meetings, "They are good. We are listened to."

- Staff spoke positively about the wellbeing of staff at the service. One staff member told us, "Morale is really good. Everyone feels positive that we are moving in the right direction."

- People told us they were happy at Mount Vernon Terrace and had seen a positive improvement since the new provider had taken over, one person said, "It's good here."

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

- The registered manager understood and acted in accordance with the duty of candour. When the provider took over this service there were widespread concerns about the environment and neglect of people at the home. These concerns were shared with the local authority and CQC immediately.

- The registered manager was open and honest in their interactions with CQC during this inspection. They identified where further work was needed to embed change, and approached the inspection positively, making improvements immediately.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always free from the risks of unsafe care and treatment. Medicines had not always been managed safely, people's care plans did not always contain enough information to guide staff and the environment needed improvement.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> |