

Coverage Care Services Limited

Montgomery House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Montgomery House is a large nursing home providing personal and nursing care to 74 people aged 65 and over at the time of the inspection. The service can support up to 90 people.

The home is divided in to five separate units. Three units delivered nursing care and two units delivered personal care under the residential care model. People had access to a communal activities room, a hairdressing salon and secure outside space. The home is situated on a main road and is next door to a large medical practice and leisure facilities.

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

Governance systems were in place, but we noted a few areas of required improvement that the provider needed to address. We identified some omissions of information which the provider remedied during the inspection but had not identified via the auditing systems in place. Staff appeared clear on their roles and responsibilities however we received feedback that questioned the approachability of certain staff members in the team.

People told us they were happy with the care received and achieved positive outcomes.

People were protected from harm by staff who had been trained in safeguarding. Risk assessments were person centred. People were supported by sufficient numbers of staff and received their medicine as prescribed. People were protected from the risk of infection and accident and incidents were monitored and reports were completed and reviewed by the management team.

People's needs were assessed before they moved in and throughout their time at the service. Staff received training and were supervised on a regular basis. People had access to a balanced diet and regular fluids. 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.

The building was adapted to meet people's needs and decorated in a homely way.

People had access to health care services and the provider worked with numerous other agencies to support people to receive consistent care. People were treated with kindness and respect. People were involved in decisions about their care. People's dignity was protected, and they were supported to maintain their independence.

People had access to meaningful activities and were enabled to develop new friendships. People had access to a complaints procedure and complaints were fully investigated.

End of life care was delivered in line with national guidance.

The service sought to continually improve and worked with in partnership with others. People, staff, families and other stakeholders had the opportunity to engage with the service.

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 requires improvement (published 17 July 2018). We found that the provider was in breach of Regulation 17 (Good Governance). At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Montgomery House

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.

Inspection team

This inspection was carried out over two days. Day one was carried out by three inspectors, a specialist advisor 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.

Day two was carried out by two inspectors.

Service and service type

Montgomery House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 14 people who use the service and five relatives. We spoke with a visiting health professional and 12 staff which included nurses, care assistants, an activities co-ordinator, domestic staff and members of the management team including the registered manager and the director of operations. We looked at 10 care files, three staff recruitment files and numerous records held by the service including audits, complaints, and maintenance records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We sought clarification from the provider regarding some of the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and monitored on a regular basis. Risk assessments were person centred and focused on enabling people to do what they wanted to do, as opposed to restricting them. Information about changes in people's risk assessments were shared with staff as part of the handover process to ensure staff were kept up to date.
- We identified more detail was required for one person who was at risk of self-harm. The triggers leading up to the risk and how the person may respond were not included in the assessment. This information was added before the inspection was concluded.
- Staff were confident using the equipment in the home and we saw that equipment was serviced on a regular basis. We raised an issue with the home with regards to one of the air flow mattresses and it not being clear what the correct setting should be. The person using the mattress had improved skin integrity and the mattress was due to be removed so we could not see an impact from this omission. However, we recommended the home liaised with the involved parties to ensure moving forward there was clarity in the guidance given to staff.
- Personal Emergency Evacuation Plans (PEEP's) were in place for people which informed staff how to help people leave the building should an emergency occur.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who had received training in recognising and reporting any concerns.
- Local safeguarding policies were in place and staff had access to whistleblowing policies.
- Staff told us if they had any concerns they would speak to a manager and report what they had seen or heard. One staff member told us that they were unsure how to report the service external of the provider. The Director of Operations stated they would review this with the team as the information was part of the providers induction programme.

Staffing and recruitment

- People were supported by sufficient numbers of staff. One person told us, "Staff are good and watch over us to make sure we are safe." Another person told us, "Sometimes I think the staff are a bit stretched but they do come as quickly as they can."
- We reviewed the rota for the home and saw that shifts were covered in advance and in line with the staff dependency tool used. One staff member told us, "We have been short staffed in the past, but things are good now."
- Staffing levels in the home were reviewed weekly and discussed with staff representatives and the providers management team. The registered manager told us, "We have had a big turnover of staff which was

necessary. Thankfully we are now fully recruited. We have peripatetic staff who help cover shifts and only use agency staff to cover annual leave and sickness. Sometimes we do move staff around however this is only done when there is an emergency and we need everyone to pull together across the different units."

- Staff were recruited following the application of safe recruitment procedures. These procedures included checking people's qualifications, experience and background.

Using medicines safely

- People received their medicine on time by staff who were trained to administer. One person told us, "I have to take some tablets and the staff make sure I take them when I need them."
- Staff had access to protocols that explained how certain medicines needed to be administered. For example, how to adjust insulin based on a person's blood sugar results and how to administer medicine only needed on an 'as required' basis. We saw that the protocols were reviewed on a regular basis.
- Medicine was stored securely and in line with manufacturer's instructions. Systems were in place for staff to record what was happening with a person's medicine such as, if the person had refused their medicine, or they were awaiting a pharmacy order.
- Medicine errors were investigated, and action taken to resolve any factors leading to the error.

Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place. We reviewed the Infection control audits which demonstrated the home was assessing itself against agreed standards.
- People were supported by staff who had received training in infection control and had access to Personal and Protective Equipment (PPE). PPE includes the use of gloves and aprons which were available to staff to use when supporting people with personal care.
- The provider employed domestic staff who worked throughout the home and maintained a clean environment. Records were kept to evidence that any equipment used was also cleaned on a regular basis and items such as mattresses were checked to ensure there was no damage.

Learning lessons when things go wrong

- Accident and incident forms were completed and investigated by the management team. Trends were examined and if necessary referrals made to other agencies such as the falls clinic.
- Where investigations highlighted improvements were required, these were shared with the staff team. Where actions had not been completed by the staff team; further investigations were carried out.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care files contained a range of assessments related to their physical, mental and emotional wellbeing. Assessment tools used were in line with current best practice and reviewed on a regular basis. We noted some files had reviews pending however, most files were consistently reviewed each month.
- People were able to come to the service on a respite basis and evaluate the service for themselves. One person told us, "I am here for a trial to 'suss the joint out' so to speak. So far so good, I might decide to stay."
- Key health concerns such as wound care, were monitored and information was shared with external professionals as needed.
- Staff monitored people's presentation throughout the day and we saw care adjusted pending people's health and current mood.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their role.
- New staff received an induction from the provider which included compulsory courses required by all care staff as well as the values of the organisation. Staff with no previous care experience were supported to complete the Care Certificate, which is nationally recognised induction programme.
- Staff received three monthly personal development reviews which aimed to ensure they felt supported and able to progress in their role.

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

- People were supported to maintain a balanced diet and had access to fluids throughout the day. One person told us, "The food is very good. There is usually a good choice and a good portion. We always have, plenty to drink and the staff are always coming around to check that we are drinking." We observed people having a choice of meal at lunch time and alternatives being made for people who wanted something different.
- Most staff had received training in nutrition and hydration and information was stored in people's care plans around any specific need they had. At meal times we saw people with additional needs being provided with crockery and utensils which were suitable, and food prepared to the consistency they could manage.
- People's weight was monitored monthly and if a significant change was observed then referrals were made to the GP to explore the underlying cause.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with numerous agencies to support the delivery of people's care. We were made aware that communication between the service and some health care teams needed further attention to ensure there was a more joined up approach to the sharing of information.
- The registered manager was able to demonstrate the positive steps that had been taken to adjust the systems and processes in place, to ensure they worked for all parties.

Adapting service, design, decoration to meet people's needs

- Montgomery House is purpose built to meet the needs of people requiring nursing care. People had access to en-suite toilets and there were adapted bathrooms within each of the separate units which people could access.
- The home was pleasantly decorated. Soft furnishings and pictures of people engaged in various activities were used to create a homely atmosphere.
- Clear signage was used around the home to help orientate people and their visitors.
- Various doors were key coded for security however the number was displayed near the door to ensure people were not unnecessarily restricted.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and get support when required. One person told us, "If we are ill everything is taken care of and the doctor is called."
- The local medical practice confirmed that they visited the home several times a week as well as seeing people in the surgery.
- People confirmed that they saw healthcare professions such as the chiropodist and optician.
- People's care files evidenced referrals were made to various agencies as the need arose. For example to the fall's clinic, the memory team, or speech and language therapy.

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 Act 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed under the MCA and where people had capacity their wishes were respected. For example, if people did not want to have equipment that was recommended their right to refuse was respected and included in the care plan to ensure staff were aware that the person had made a choice.
- When people lacked capacity to make a specific decision, the correct process was followed. Best interests meeting were held and applications to deprive people of the liberty were submitted to the local authority and renewed within the given time frames.
- Where covert medicine was used we saw that best interest meetings had been held and that there was input from professionals who supported the person such as community mental health team.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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.

- People were treated with kindness and respect. One person told us, "All the staff are very kind and bend over backwards to help us." Another person told us, "The staff know us as individual people and treat us like that."
- We observed staff interacting well with people during the inspection and taking time to ensure people were not rushed.
- Staff were frequently seen speaking with members of the nursing and management team to ensure any changing needs were addressed straight away.

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

- People were involved in decisions about their care. We observed people being asked before any task was completed and given time to respond. One person told us, "I know I am a bit forgetful, but I haven't lost it completely and the staff appreciate that and treat me accordingly."
- People's care plans evidenced their involvement and information was recorded around how people wanted their care to be delivered.
- Information was displayed around the home about the local advocacy services that people could access if necessary.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected. The service had identified three dignity champions from within the staff team to promote dignity in care.
- People were supported with personal care behind closed doors and staff were seen knocking on doors before entering. Where a person's own behaviour may compromise their dignity, an entry was made in their care plan to ensure staff were aware.
- Care records were kept securely to ensure confidentiality was maintained.
- People were encouraged to support themselves and maintain independence where possible. One staff member told us, "We are encouraged to let people help us with daily tasks around the house as this helps maintain their independence."

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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised to their needs. Care plans were continually developed as the staff got to know people better. Most care files contained information about people's history which ensured their individuality was maintained and activities could be geared towards known interests.
- Activities offered to people were meaningful and varied. For example, people went out in to the community, people had access to holistic therapy sessions, church services and various group activities were facilitated. Two people had recently been supported to go away on holiday.
- People told us that the staff were responsive to their needs. One person said, "If you need anything doing you only have to ask, and it happens. We never have to wait, and we are encouraged to enjoy our life here to the full and I certainly do." We reviewed the call bell analysis and could see that calls were answered in a timely manner.
- People's protected characteristics such as their religion, sexuality, and ethnicity were clearly defined in their care files.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of the pre-admission process and care plans reflected people's communication needs. For example, one person's care plan had been developed in to a pictorial format to ensure the person could access what had been recorded.
- Information was displayed around the home and included up and coming activities, menus and developments in care that people might find interesting.
- Staff pictures were on display in reception and within the different units to support people to recognise and remember staff names.

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 were supported to maintain relationships and to create new friendships. We observed several families and friends visiting during the day as well as people chatting to others that lived at the home. One person told us, "I am quite content sitting here in the garden chatting with friends."
- People had access to activity co-ordinators who were able to evidence that a range of in-house activities,

special events, and community outings occurred on a regular basis. The service followed a model of arranging activities that was nationally recognised and designed to encourage people to be meaningfully engaged.

- Several activities were run in conjunction with external groups such as, the local nursery.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure and they told us they knew how to raise concern if needed. During the inspection only one relative raised a concern with us which we reviewed as part of the inspection process. We could see that concerns had been investigated and that staff were following the care plan in place. We recommended staff ensured the records related to this person's care were monitored to ensure information was being documented that could be shared with the family if needed.
- Staff were knowledgeable of the people being supported and would speak up if they felt something was wrong. One relative told us, "Staff are very quick to deal with a problem and they read my [relative] really well. So [relative] is quite happy and content here."
- Complaints were acknowledged, and outcomes and lessons learnt were shared.
- Where the registered manager was unable to resolve a complaint on someone's behalf we saw that members of the senior management team would offer support and if this did not enable a satisfactory outcome that people were signposted to the Local Authority Ombudsman.

End of life care and support

- People's wishes in relation to their end of life care were considered and documented. Several people had Do Not Attempt Resuscitation (DNAR) agreements in place. This information was clearly visible to any staff member accessing the person's care file in an emergency.
- As people's health deteriorated, and they required end of life care, the provider had clear pathways in place to ensure care was delivered in line with national guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent, as processes were not fully embedded.

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

- Governance systems were in place however we found some omissions of information within the care files reviewed that required the attention of the management team. For example, a risk assessment for serious self-harm did not provide sufficient guidance for staff. Also, one person was using an airflow mattress and the home had no record in place to show what the correct setting should be. Although both these concerns received immediate attention; the systems and processes in place had not picked up on these prior to our visit. We also noted that while daily records were completed, there were some gaps in some of the monitoring charts in place, which we highlighted to the staff on duty.
- We discussed with the registered manager oversight of the input of external professional. The registered manager confirmed they were in regular dialogue with various teams and reviewing the processes in place to ensure there was continuity of care and the relevant information was shared and recorded.
- Staff appeared clear on their roles and responsibilities however we received feedback from both people and staff which questioned the approachability of certain staff within the service. This information was shared with the registered manager on inspection who informed us that this was an historical issue that was being addressed within the team.
- We received feedback from the local authority acknowledging that Montgomery House had acted on concerns they had raised during recent contract monitoring visits and that they were satisfied with the progress made. These concerns were mainly linked to the training figures which we could see from the training matrix have improved.

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

- People told us they were happy with the care they received. One person said, "The staff are brilliant and how you see them now is how they are, all lovely." One person's relative told us, "[Relative] is very satisfied with the all levels of the service they receive and with all aspects of the care provision. It was the right choice for them to come here."
- People had experienced positive outcomes since moving to Montgomery House. We saw examples where people had become more sociable and certain people's health conditions had improved.
- A visiting professional said, "The nurses know people well and residents seem happy."

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 provider understood their responsibilities under the duty of candour. Accident and incident forms were completed, and information was shared with interested parties. One relative told us, "If there is ever a problem or change, we are notified immediately."
- Where the home had made a mistake or omission we saw that they shared this information with people, including the commission.

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

- People, their families, staff and other stakeholders were offered various opportunities to be involved in discussions about how the service operated. Meetings with residents, families and the staff team were held on a frequent basis. One staff member told us, "We have regular staff meetings and discuss how we can improve the care on our unit. We also have the chance to discuss any concerns the staff may have."
- Information was displayed around the home about forthcoming activities and a newsletter was produced by the home. This ensured people were aware of what was happening and gave them the opportunity to speak to staff, if they had any queries.

Continuous learning and improving care

- Montgomery House is a member of several professional networks and shared best practice with the staff team.
- Information was displayed around the home that promoted an increased understanding of areas such as sepsis, food allergens and the MCA.

Working in partnership with others

- Montgomery House worked in partnership with a range of different organisations. These included organisations that promoted meaningful activities for people, community integration as well as continued professional development.