S L Mann

Montclair Residential Home

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

Montclair residential home provides accommodation and support to up to 15 older people, many of whom are living with dementia. At the time of our inspection the service was full with 15 people receiving support. Some people had been living at the home for over 20 years.

At our last inspection on 17 March 2015 the service was rated 'good' overall and for each key question. At this inspection the service remained rated 'good' overall.

Systems and processes remained in place to keep people safe. There were sufficient staff to meet people's needs and safe recruitment practices were followed. Staff identified and mitigated risks to people's safety and escalated any concerns as required, including reporting to the local authority safeguarding team when necessary. People continued to receive their medicines as prescribed and accurate records were kept in regards medicines management.

Staff had the knowledge and skills to undertake their duties and were supported to participate in regular training courses, including obtaining additional relevant qualifications. Staff adhered to the Mental Capacity Act 2005 and followed lawful practices for those that did not have the capacity to consent to aspects of their care. Staff continued to support people with their nutritional and health needs.

Caring relationships were established between people and staff. Staff respected people's individual differences, supporting them to practice their faith and maintain relationships with relatives. Staff offered people choices and respected their decisions. People's privacy and dignity was maintained.

People continued to have their needs met. Staff were knowledgeable about the people using the service and the level of support they required. Clear care plans were maintained and on the whole updated in line with changes in people's needs. There continued to be a complaints process in place which ensured people's concerns were listened to.

The provider continued to have systems in place to monitor the quality of service delivery and obtain feedback from people, relatives and staff. The provider was due to undertake their annual review of service delivery and informed us they would use learning from participation in local research projects to further enhance the quality of care. The provider was not aware of their responsibility to clearly display their CQC rating on their website, as well as at the service. At the time of our inspection the information on the service's website did not sufficiently display their CQC performance rating. The provider informed us they would ensure this was corrected.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? Some aspects of the service were not well-led. The provider had not clearly displayed their CQC performance rating on their website. The provider assured us action would be taken to address this.	**Requires Improvement**

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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 checked 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 22 August 2017 and was unannounced. The inspection was undertaken by an 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.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, one relative, four staff including the provider, and two visiting professionals. We viewed four people's care records and records relating to staff recruitment, training and supervision. We viewed medicines management processes and records relating to the management of the service. We undertook general observations at lunchtime and throughout the day.

Good

Is the service safe?

Our findings

There continued to be sufficient staff to keep people safe and meet people's needs. There were three staff available during the day and two at night to support people. In addition, the provider was often on duty during the day to provide additional support. Staffing was flexible to accommodate trips out and access local amenities. There were staff that 'lived in' at the service in a separate flat who were available on call to provide additional assistance when required. We observed staff providing prompt care and support, and being attentive to people's needs.

Since our last inspection some new staff had been recruited. The provider continued to follow safe recruitment practices. This included obtaining references from previous employers, undertaking criminal record checks and checking staff's eligibility to work in the UK. We saw that staff had previous experience of working in a care setting and appropriate qualifications.

Staff continued to assess and identify risks to people's safety. This included risks associated with their mobility, nutrition and skin integrity. Management plans were developed and incorporated into people's care plans about how to mitigate those risks. In addition, information was included about the level of support people required to stay safe in the community. The staff we spoke with were knowledgeable about some of the common risks to people's safety and were able to identify signs when a person developed a urinary tract infection, their skin was breaking down and the risks associated with diabetes. Staff were aware of what preventative measures should be followed and escalated any concerns they identified. The provider had processes in place to review environmental risks and ensure a safe and secure environment was provided. This included in regards to fire safety, gas safety, electrical safety, and use of lifting equipment.

Staff were aware of the processes to follow in the event of an incident or accident. Staff informed us they would obtain support and medical assistance in the event of an incident and report all incidents to the provider, completing the required paperwork. For one person who had had a recent fall, we saw that whilst the incident process had been followed, their care records had not been reviewed or updated in response with any changes in their support needs. We spoke with the provider about this who said they would ensure this person's care records were updated.

Staff continued to follow safeguarding adult procedures. They documented any concerns they observed, including completing body maps of any bruising and discussed their concerns as a team so additional action could be taken to prevent any further injury or possible abuse. When safeguarding concerns were identified the staff liaised with the local authority safeguarding team so further investigation could be undertaken if it was felt necessary. There had been no substantiated safeguarding concerns identified since our last inspection.

People continued to receive their medicines as prescribed and safe medicines management processes were followed. Medicines were stored securely and at an appropriate temperature. Systems were in place to check the accuracy of medicines delivered and to ensure all medicines were accounted for. Accurate records

were kept of all medicines administered or if they were refused. There were systems in place for the secure disposal of medicines. Where staff had concerns that a person was regularly refusing their medicines, they discussed this with relevant healthcare professionals.

Good

Is the service effective?

Our findings

A relative said, "[The staff] seem to have a lot of training, you could not fault the staff... They seem very knowledgeable and know what they are doing." A visiting professional told us, "They do commit to training here. It feels very important here and you can tell the staff are well skilled. They know their job." Staff confirmed there was good access to training and the staff we spoke with felt they received the training they required to undertake their roles. They felt encouraged by the provider to continue their studies and were supported to complete additional qualifications in health and social care. Staff records showed staff had completed the provider's mandatory training and for the majority received regular refresher courses. However, we identified that staff had not received refresher medicines awareness training within the last year in line with good practice guidance and the provider's own policies. We spoke with the provider about this who told us they would arrange for refresher training to be delivered.

The provider had a masters degree in dementia care and was supporting one of the deputy managers to enrol in a degree course with the University of Bradford to further enhance their knowledge and skills in providing good quality dementia care. The provider had disseminated their learning from the courses they had attended and supported staff to develop their skills to work with people living with dementia. This assisted staff in ensuring appropriate communication when supporting people with dementia and how to empower people.

People continued to be involved in decisions about their care. We saw that people were able to decide when and how they were supported with their personal care and staff respected any decisions made, including supporting a person to have their personal care needs met later in the day if that was what they preferred. Staff were aware of who had the capacity to consent to care decisions and we saw mental capacity assessments were undertaken if staff felt a person may not have the capacity to consent to certain aspects of their care. Best interests meetings were held for those unable to make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider continued to adhere to the DoLS authorisations in place and did not restrict people's liberty unlawfully. Records were kept of when people's DoLS authorisations expired and staff arranged for people's needs to be reassessed to ensure the restrictions in place were still appropriate to maintain a person's safety.

One person said about the food, "Very tasty, a good choice, you can have as much as you like." A relative told us, "The food here is very good, cooked on the premises and lots of choice and smells really nice." A range of food was available with choices offered at each meal time and a varied menu. Staff were aware of people's dietary requirements and provided suitable meals. Adaptive equipment was provided to support people to eat and drink independently, whilst protecting a person's dignity and minimising the risk of them spilling food and drink down their clothes. People were regularly offered food and drink to ensure they ate and drank sufficient amounts to meet their needs.

Staff continued to support people with their health needs. Staff told us they would communicate any changes in people's health with senior staff. Each person was registered with a local GP and staff organised for the GP to undertake home visits if they had concerns about a person's health. We saw people also had access to a dentist, optician and chiropodist to ensure their primary health needs were met and those that required it were visited by a community nurse. If people required specialist healthcare support or attended regular hospital appointments, staff supported them to do so.

A homely environment was provided which met people's needs. At our previous inspection we observed some communal areas were cluttered with equipment impacting on people's enjoyment of these areas. At this inspection the communal areas were free from unused equipment and provided a range of spaces for people to enjoy. We saw people spending time in the different communal areas interacting as a group, spending time with family members or having some time on their own. The environment was decorated and furnished as a large family home, with a variety of reminiscence objects around the home for people to view and touch.

Good

Is the service caring?

Our findings

One person said, "Everyone is very nice, they do care. I think they like me… [The staff] really do listen, nothing is too much trouble. They are always there." Another person told us, "The staff are wonderful, always checking if everything is ok." And a third person said, "[The staff] smile all the time." A relative told us, "[The staff are] so welcoming when you arrive. That helps a lot when you are worrying about your family." They also said, "Everyone one of them is so kind, we have had such a tough time but they could not do enough here to make you feel better, they show real care and respect to my wife. I am very content now to leave her it helps so much not to worry." A staff member told us, "We like [people] to feel like it's their home."

We observed caring interactions between staff and people. Everyone was involved in the lunch time experience and activities with lots of laughing and smiling. Staff were aware of how people communicated and information about people's communication methods were included in their care records. We observed staff using a combination of verbal and non-verbal communication, including the use of touch and sensory stimulation to engage with people. We also observed staff orientating people to where they were and the time of day to help them understand what was happening and reduce the risk of confusion, for example, reminding them it was coming up to lunch time.

Staff supported people to make a choice. One person said, "I have got choices, everyone likes to have choices." A visiting professional told us, "[The staff] do really know who lives here and they work well with the relatives to support and help in all the decision making processes." We observed staff offering people choice and we saw people making day to day decisions.

People were supported to practice their faith. People using the service were of Christian faith and members of the Church of England and Catholic Church visited regularly to support people with prayer, communion and enjoyment through music and hymns.

People's family and friends were encouraged and supported to visit. There were no restrictions to visiting times and staff told us people's family often visited them. People's care records documented those that were important to people and staff often engaged people in conversations about their family as they knew people enjoyed speaking about this.

Staff respected people's privacy and dignity. One person's care records detailed that the person was to be provided with quiet, private space for prayer when their pastor visited. Staff also respected people's decision to spend time in the privacy of their room and did not enter people's rooms without the person's permission. Staff offered people support with continence care discreetly and in a manner that protected the person's dignity. Staff did not discuss people's care where others could overhear and there were signs throughout the communal areas reminding families and visitors that it was a shared space and this should be respected.

Good

Is the service responsive?

Our findings

One staff member told us, "Everyone is well cared for. Everyone has the activities they enjoy." All of the staff we spoke with felt people were provided with high quality care that met their needs and they would feel comfortable having one of their loved ones use the service if they required this level of support. A visiting professional said in regards to the person they were visiting, "[They're] cared for very well."

Since our previous inspection a key worker system had been implemented. Through this system staff were allocated to support individuals and take responsibility for ensuring their care records were up to date. We saw appropriate care records remained in place outlining the level of support people required with different aspects of their care. Staff were knowledgeable about the people they supported and were aware of people's support needs as well as their life histories, interests, families and what was important to them.

Staff empowered people to maintain their independence as much as possible. For example, at lunchtime one person was confused about how to use a knife and fork and preferred to eat with their fingers. Staff were available to remind the person about how to use cutlery but respected the person's decision to eat with their fingers and staff gave them the time to eat lunch at their own pace.

Staff used the information they knew about people's interests and hobbies to engage them in activities and provide stimulation for them throughout the day. One person said in regards to activities, "I am going now to the music man, he sings songs I know and they make me think about the good old times, we can all go in, very nice man. We have pages we can paint. I like painting I like all the different colours." We observed everyone during the music activity was interacted with, either by talking, being encouraged to sing, dance, or their hand being held. The visiting entertainer clearly knew the people using the service, reminding individuals of songs they liked and encouraging them to sing.

A relative told us if they had any concerns, "I would chat straight away to the manager. He is so good, nothing is too much trouble. I feel I could talk to [the staff] about anything, every one of the staff. There is no-one I would not ask if I was worried." A complaints process remained in place to ensure any concerns made were listened to, investigated and dealt with appropriately, as much as possible to the satisfaction of the complainant.

Requires Improvement

Is the service well-led?

Our findings

One person said about the provider, "He is great - cannot do enough for us. Everyone knows who he is." A visiting professional said about the service, "[It's] very well run, the manager keeps everyone informed. I have been coming here for over 10 years and I am always told about anything I need to know."

The service was not required to have a registered manager because the service was owned by an individual provider. 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.

Whilst the provider had displayed their previous CQC rating clearly at the service, they were not aware of their responsibility to ensure their rating was clearly displayed on their website. We saw the website had a link to the previous CQC report but the rating was not sufficiently displayed. The provider informed us they would ensure appropriate action was taken to ensure their CQC rating was clearly displayed both at the service and on their website. The provider adhered to other aspects of their registration and submitted statutory notifications about key events that occurred at the service as required by law.

Since our last inspection there had been a change in the management structure at the service. A business manager had been employed to support the provider and further strengthen management systems and processes.

There continued to be mechanisms in place to obtain feedback from people and relatives. A relative said in regards to whether the provider asked for their views, "Well yes we are, we are asked regularly and I always will say if I was worried about anything. I wanted [their family member] to be able to see the garden. We have been so fortunate here her room is just beside us, we can sit in the conservatory and look out at the garden. [It] makes me feel sometimes we are at home." Staff also felt empowered to express their views and opinions and provide feedback about service delivery. One staff member said, "We work really well as a team. Any problems we discuss as a team." They also felt able to express their views and opinions. They told us, "[The provider's] always there to listen."

The provider continued to have processes in place to review the quality of service provision. This included collating data on key events that occurred, for example, falls, infections, complaints and safeguarding concerns. This enabled them to identify any trends which indicated additional support may be required. The provider also undertook an annual service review which reviewed all areas of service delivery including obtaining formal feedback from people and relatives, as well as completing the Cardiff Lifestyle Improvement Profile for People in Extended Residential Care (CLIPPER) questionnaire. The CLIPPER questionnaire is a tool to assess people's enjoyment when undertaking tasks when they are not able to verbally communicate this. The provider's annual service review was due to take place in August 2017. The provider informed us most of the actions from the previous year's review had been implemented. In addition to the annual service review, checks were undertaken daily or monthly on the quality of service provision

and ensure adherence to the provider's policies and procedures, for example in regards to medicines management and care records.

The provider and staff participated in a number of local research projects. This included supporting occupational therapy and nursing students to learn more about how to work with people living with dementia and how their dementia can impact on their experiences of healthcare services. The provider had also participated in the Active Residents in Care Homes (ARCH) initiative led jointly by healthcare staff from a local NHS trust and researchers from a local university. This was an intensive project where occupational therapists and physiotherapists supported staff to improve people's wellbeing through meaningful activities. The provider informed us as part of their annual service review they would review and implement the recommendations from the ARCH project to further enhance people's experiences and improve quality of care delivery.