

Moundsley Hall Limited

Moundsley House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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: Moundsley House is part of a purpose built care village development which consists of five care homes. It is registered to provide accommodation, personal and nursing care for adults. People with a dementia related condition lived in Clarence House which was part of Moundsley House. There were 47 people living at home on the days of the inspection.

People's experience of using this service: Evidence was not fully available at the time of the inspection of all the premises checks and tests which had been carried out. New checks and tests on the electrical installations, gas and legionella were carried out following our inspection. Signage around the home was not always clear for those living with a dementia related condition. We have made a recommendation about this.

People and relatives spoke positively about the caring nature of staff. One relative told us, "I would describe this as a home from home, I feel like this is my second family now." We observed positive interactions between people and staff.

Electronic care plans were not always accurate and some were more detailed than others. There was an activities programme in place. Several relatives told us that more activities would be appreciated. Musical entertainment and exercise were carried out on the days of our inspection.

Audits and checks were carried out to monitor the quality of the service. These were not always effective at ensuring that shortfalls were identified and timely action taken.

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

Rating at last inspection: Good (previous report 23 June 2016)

Why we inspected: This was a planned inspection in line with Care Quality Commission scheduling guidelines for adult social care services.

Action we told provider to take: You can see what action we told the provider to take at the back of the full version of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit. If any concerning information is received 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?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

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 ●

Moundsley House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out this inspection.

Service and service type: Moundsley House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers who were 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. One registered manager was a nurse and based at the home. The other registered manager was responsible for the general management of the home and other services within the care village.

Notice of inspection: The inspection was unannounced. This meant that staff and the provider did not know we would be visiting.

What we did: Our inspection was informed by evidence we already held about the service. We also used feedback received from members of the public, the local authority and Healthwatch.

The registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we checked the following records: Three people's care plans, one staff recruitment file, information relating to staff training, audits and quality assurance reports.

We spoke with four people who lived at the home, four relatives, an external music and exercise instructor, a director of the company, the company secretary, both registered managers, the deputy manager, the head of estates, four day care staff, five members of night staff and the administrator.



Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding policies and procedures were in place. However, these had not always been followed. A complaint had been received which contained safeguarding elements. This should have been notified to the local authority safeguarding team and CQC in line with legislation. The clinical registered manager immediately submitted the necessary notification to the local authority safeguarding team and CQC.
- There was one ongoing safeguarding investigation. Lessons learnt had been identified and action taken to prevent any reoccurrence.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Evidence of premises checks and tests which had been carried out to ensure the safety of the premises were not fully available at the time of the inspection. The provider stated these had been organised by their previous head of maintenance; however, they were unable to locate the relevant certificates. Checks were carried out following our inspection and we were sent evidence to show the gas and electrical installations were safe. They were still awaiting the legionella risk assessment. Checks had however been carried out on the water system.
- Checks and tests were carried out on moving and handling equipment however, wheelchairs were not always well maintained. Wheelchair audits highlighted that some foot rests were missing and several brakes were faulty. Following our inspection, the provider wrote to us and stated they had ordered 10 new wheelchairs early in December 2018, however there had been a delay in receiving these from the supplier.
- Staff and a relative raised concerns about the availability and use of hoist batteries which sometimes led to delays in providing care and support. Following our inspection, the provider wrote to us and stated that a new system had been introduced prior to our inspection, for the charging of hoist batteries.
- Moving and handling slings were shared and not laundered between each use. This was an infection control risk. Following our inspection, the general registered manager wrote to us and stated more slings had been purchased and they were liaising with the infection control team.
- Moving and handling procedures did not always follow best practice guidelines. We discussed this with the clinical registered manager who told us this would be addressed. Following our inspection, the provider wrote to us and stated, "All staff receive mandatory training regarding moving and handling and refresher

courses." They also stated that staff practices were observed.

- Whilst we acknowledged action had been taken to address the issues we raised, an effective monitoring system was not fully in place to ensure people's safety.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staffing and recruitment

- People's needs were met by the number of staff on duty. However, some staff told us more staff would be appreciated. Several night staff said they had to start early to assist people to get up. We passed this feedback to the registered managers and provider. Following our inspection, the general registered manager wrote to us and stated, "Staff are reminded we operate a 24-hour service and people's needs and choices can be met at whichever their preferred time is. There has never been a requirement to get individuals up at a certain time."
- Safe recruitment procedures continued to be followed.

Using medicines safely

- One relative said, "They are good at giving her, her tablets. If they have a problem, they will leave it for a while and then go back...The GP attends twice each week and he will look at what's wrong and prescribe anything."
- Protocols for some 'when required' medicines were not available. This was addressed at the time of the inspection.
- One person had their medicine administered via a patch applied to their skin. Records did not evidence that their patch application had been rotated in line with the manufacturer's guidance to prevent side effects. The clinical registered manager stated that this would be addressed.



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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered managers had made DoLS applications to the local authority for authorisation in line with legislation.
- Mental capacity assessments had been carried out for decisions such as the use of bedrails and covert [hidden] medicines. MCA assessments had not been carried out for the use of sensor alarms. The registered managers stated this would be addressed immediately.

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

- People's needs were assessed before they moved into the home to ensure they could be met. A range of assessments were undertaken which were based on best practice guidelines.

Staff support: induction, training, skills and experience

- There was a training programme in place. Some staff said more face to face training would be appreciated especially in managing distressed behaviours. The general registered manager stated that staff had not been turning up to the in-house face to face training and the provider therefore considered that e-learning was more accessible for staff.
- There was a supervision and appraisal system in place. Staff told us more support would be appreciated

from nursing staff. The general registered manager stated that staff had been reminded to speak with management staff if they did not receive the necessary support from nursing staff.

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

- People were supported with their food and drink. A relative said, "There's lots of lovely food."
- Staff encouraged people with eating and drinking and gave assistance where required. Kitchen staff helped support people in the dining room. One member of kitchen staff said to a person, "Would you like some more my lovely?" The person replied, "Thank you so much – you've been so kind."

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 with their healthcare needs. Staff worked with various agencies and accessed services when people's needs had changed, for example, consultants, GPs, dietitians, podiatry and dentists.

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

- People's bedrooms were personalised to reflect their individual preferences and to make their rooms homely.
- A sensory and relaxation room was available for people to use. Signage around the home however, was not always clear for those living with a dementia related condition.

We recommend that the provider follows best practice guidelines with regards to the décor of the premises to ensure that it meets the needs of people with a dementia related condition.



Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were complimentary about the caring nature of staff. Comments included, "Onwards and upwards – she is being cared for the best as possible. I'm more than happy with the way she has been accepted, nursed and looked after", "[Name of staff member] especially will sit with mum and show her books. I've seen them do little things like touch someone's hair" and "The staff have been very understanding and caring towards us and that means a lot."
- We observed positive interactions between care staff and other members of the staff team such as kitchen and housekeeping staff. One relative said, "Everyone takes time, the cleaners will come over and the housekeeping staff will take time and stand and have a chat with her."
- Staff reassured people whilst using moving and handling equipment. One member of staff said to a person, "We are going up now sweetheart - we're not going too high - there we go darling."
- Staff spoke enthusiastically about the people they cared for. One staff member said, "I just love it – I know all the residents and what they like." Another staff member said, "[Name] loves our dementia doll, she will hold it and cuddle it. They are all individual and have their own characters." A third member of staff told us how they had brought in their baby to show people. She told us, "All the residents loved [name] and their faces lit up."

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

- People and relatives were involved in people's care. Several people had an independent advocate. Information about advocacy was available. Advocates can represent the views and wishes for people who are not able express their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people respectfully. They knocked on people's doors before they entered and were able to give examples of how they promoted people's dignity.
- People's independence was promoted. One person used a wheelchair. They liked to propel themselves

around the home using their feet. This had been risk assessed together with the person's decision to not wear a lap belt because it hindered their movement.



Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Electronic care plans were in place. However, some contained inaccurate information which was confusing and some were more detailed than others. The clinical registered manager told us that this was being addressed.
- Several staff told us that because of staffing levels and the accessibility of equipment, care and support was not always responsive to people's needs. We passed this feedback to the provider and registered managers.
- The service was aware of the requirements identified in the Accessible Information Standard. Information was available in a variety of formats.
- There was an activities programme in place. Several relatives told us that more activities would be appreciated. Following our inspection, the provider wrote to us and stated they would carry out an additional survey about activities provision and take on board any suggestions they received from people and relatives.
- We spoke with the activities coordinator, she spoke enthusiastically about ensuring people's social needs were met. Musical entertainment and exercise were carried out on the days of our inspection.

End of life care and support

- Some staff had completed end of life care training with the local hospice.
- We asked staff about whether the service had a syringe driver. A syringe driver is a small pump which releases a dose of medicine at a constant rate. They are often used in the last few weeks and days of life but they can be useful for managing symptoms at any stage. Nursing staff explained that the service did not have a syringe driver and said that none of the people who had received end of life care had required medicines delivered via a syringe driver.
- We spoke with the clinical registered manager about contacting the local hospice for further information and best practice guidelines about the use of syringe drivers in case their use was indicated in the future.

Improving care quality in response to complaints or concerns

- A complaints system was in place. Information was available to show what action had been taken in response to complaints.

- One relative told us they had made a complaint. They explained they had received a response from the provider and were awaiting a final written outcome in relation to the concerns they had raised. We spoke with the provider's representative about this issue. They stated that a letter was being sent.



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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Quality monitoring and audits had not highlighted the absence of certain premises checks. Infection control audits had not identified the use of shared moving and handling slings. Care plans were not always accurate and some lacked detail.
- A system to ensure that notifications were submitted to CQC in a timely manner was not always effective. The clinical registered manager said they were aware of their responsibilities in relation to the Registration Regulations 2009 to inform CQC of all notifiable events in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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

- There were two registered managers in post. The clinical registered manager was due to leave shortly after our inspection along with the deputy manager. Following our inspection, a new manager was appointed. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- Meetings and surveys were carried out to obtain the views of people, relatives and staff.

Continuous learning and improving care

- Learning took place following accidents and incidents, safeguarding incidents and complaints. Action had been taken following one incident to ensure that there was no reoccurrence both for the individual concerned and other people who lived at the home.

Working in partnership with others

- Staff worked closely with health care providers to ensure people's health care needs were met.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	An effective system to ensure care and treatment was provided safely was not fully in place. Regulation 12 (1)(2)(a)(b)(d)(e)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system was not fully in place to enable the provider to assess, monitor and mitigate risk and ensure improvements were carried out in a timely manner. In addition, records relating to people were not always accurate. Regulation 17 (1)(2)(a)(b)(c)(f).