

# Bexley Independent Living Services Limited

## Mountview

### Inspection report

1st Floor Office  
118 Upton Road  
Bexleyheath  
Kent  
DA6 8LX

Tel: 02083060269

Date of inspection visit:  
12 December 2017

Date of publication:  
10 January 2018

### 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?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection of Mountview Care Home took place on 12 December 2017. Mountview 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. Mountview care home accommodates seven people in one adapted building.

At the last inspection of Mountview 21 December 2015, the service was rated Good. At this inspection we found the service remained Good.

Mountview had a registered manager in post. 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.

People told us that they felt safe in the service. Staff had been trained in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to report any concerns in line with the provider's procedures. People's needs were met by sufficient number of staff who had undergone safe recruitment checks. Risks were assessed and management plans were developed to mitigate risks identified.

Medicines were administered to people appropriately, clear records were maintained and medicines were stored safely. The environment was safe, clean and hygienic. Staff followed good infection control procedures. Staff kept record of incidents. These were reviewed by the registered manager and actions were discussed with staff so that lessons can be learned.

People's individual care needs had been assessed and their support planned with input from relevant professionals where required to ensure they are met. Regularly reviews took place to ensure support delivered to people continue to meet their needs.

Staff were trained, supervised and had the skills and knowledge to meet the needs of people. People received food and drinks to meet their nutritional and dietary needs. Staff worked effectively with health and social care professionals. People received support to attend health appointments and to maintain good health. The service had systems in place to enable smooth transition when people moved between services. There were suitable facilities and adaptations available for people to use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff understood people's needs and treated them with respect, kindness and dignity. Staff communicated with people in the manner they understood. Staff supported people to express their views. People's relatives were involved in their care planning and their views respected.

People received care tailored to meet their requirements and preferences. People were encouraged to follow their interests and develop daily living skills. People were encouraged to be as independent as possible. The service provided information to people in an accessible format. People were supported to maintain their religious and cultural values. People knew how to make a complaint if they were unhappy with the service.

The service sought feedback from people and their relatives and used them to improve the service. Staff received the support, direction and leadership they needed. There were systems in place to monitor and assess the quality of service provided. The service worked in partnership with external organisations to develop and improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Mountview

## **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 was planned to check 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.

We undertook this unannounced comprehensive inspection on 12 December 2017 and it was carried out by an inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us about incidents and events that occurred at the service. The provider completed a Provider Information Return (PIR). This is a form that requires providers 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 our inspection we looked at four people's care records, the medicine management records for the seven people using the service; and five staff files including their recruitment and supervision records. We also reviewed other records relating to the management of the service such as health and safety, complaints and quality assurance. We spoke with three people who used the service, the assistant manager, three care staff and , the team leader and two visiting healthcare professionals. We also undertook general observations of how people were supported and received their care in the service. After the inspection we spoke with one relative to obtain their views of the service.

## Is the service safe?

### Our findings

People indicated by their gestures and facial expressions that they felt safe at the service and their relatives told us people were safe at the service. One relative told us "[Loved one] is definitely safe at Mountview Home."

People continued to be protected from the risk of abuse. Staff had been trained in safeguarding adults from abuse. They knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff told us they would report any concern to their manager if they suspected people they supported had been abused. One staff member said, "I will let [assistant manager name] know immediately." They told us they felt confident that their concerns would be investigated and people would be protected. Staff understood how to 'whistle blow' to outside organisations if necessary to protect people. The assistant manager and registered manager understood their responsibilities to protect people from abuse.

People continued to be protected from the risks associated with their behaviour, mental and physical healths, activities of daily living and safety in the community. Staff completed assessments of risks and created action plans to manage harm identified. We reviewed a management plan in place for one person in relation to dealing with their behaviour which challenged others and put them at risk as a result. The plan included one-to-one monitoring and engaging people in activities they enjoy. Staff had also involved the person's GP to review the person's medicines and the community mental health team to agree other strategies. We observed staff engaging this person in one-to-one activities and helping them express their feelings appropriately. Staff demonstrated they understood the risk management plans for people and daily care notes showed they supported people accordingly. Support plans were reviewed and regularly updated to ensure they continued to reflect people's needs and guided staff on how to effectively support people in a safe way.

Staff knew how to respond to unforeseen emergencies such as fire, power cuts, and floods to keep people safe. There were clear evacuation procedures displayed around the home on how to evacuate the building safely. Staff told us and records showed that the procedure was practiced regularly through fire drills to ensure staff felt confident to apply it in emergency.

The service maintained staffing levels sufficient to meet people's needs safely. One person told us that staff were always around to support them. One relative told us, "There are always staff available to support people." Staff told us they were sufficient to meet people's needs. One staff member said, "Staffing is fine. We are enough on every shift." The assistant manager told us the provider was flexible and always willing to provide additional staff to support based on people's needs and activities happening at the home. We observed that people received support from staff adequately and promptly. Rotas showed that the service was adequately covered. Staff were happy to do extra shifts to cover short falls of staffing and emergency absences.

People received their medicines as prescribed and medicines were managed safely. We reviewed the

medicine administration record (MAR) sheets for four weeks period prior to our visit and they were completed correctly. Medicines were stored in a locked cabinet in the office and only staff had access to it. The room temperature was monitored to ensure the potency of medicines was kept. Staff carried out regular checks and audits on medicine stocks to reduce the risk of misappropriation. We did a random check of three people's medicine stocks and they tallied with records. This showed that medicines were well managed for people.

The service had adequate procedures to reduce the risk of infection. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves and other items of clothing that protect people from the spread of infection. The service was clean and well maintained.

Staff maintained record of incidents and accidents. The registered manager and assistant manager reviewed these and devised an action plan so lessons can be learned from them. Handover and team meetings were used to discuss incidents and actions or lessons learned. For example, one person received one-to-one support following an incident.

## Is the service effective?

### Our findings

People indicated and their relatives told us staff carried out their jobs well. A relative told us "[Loved one] is very well looked after. They are always clean, well dressed, well fed. They [staff] are good at supporting the residents."

People's needs continued to be assessed and planned to ensure their needs were met. Care needs assessments covered people's physical, mental health, social, activities and personal care needs. Staff involved relevant professionals such as psychologists and specialist nurses in assessing people's needs and devising strategies to support people appropriately. Support plans were in place which clearly set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. We saw records of Antecedent-Behaviour-Consequence (ABC) charts used in recording behavioural concerns maintained for one person. This was aimed at understanding the person's behaviour, triggers and reactions so that support can be tailored to meet their needs. Staff demonstrated they understood people's needs and how to support them.

Staff told us and records confirmed that staff received, training, support and regular one to one supervision to be effective in their roles. Staff felt confident and supported in their roles. One staff member told us, "I get monthly supervision. I feel supported." Another said, "I had induction when I started. I have done loads of training and I get the support I need from [Assistant manager name] and all the staff here." Notes of supervision meetings showed discussions about people, health and safety concerns and other matters relating to service delivery. Training records showed staff had completed courses the provider considered mandatory and essential to supporting people appropriately such as safeguarding, medicine management, Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS). Appraisals were conducted annually where staff received feedback on their work performance. Training needs were also discussed with staff during supervision and appraisal meetings.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

People consented to their care before it was delivered. People's relatives were also involved in making decisions about people's care where required. One relative we spoke with confirmed that staff consulted them in decision making. Staff understood their responsibilities in enabling people to make their own decisions and respecting their choices. Records showed that mental capacity assessments had been completed for people where there were doubts about their capacity to make decisions.



People's liberty and freedom remained protected at the service. The registered manager and assistant manager understood their responsibilities to maintain this. People had valid DoLS authorisations in place and the conditions were complied with by the service. We saw that authorisations were reviewed regularly to ensure they remained valid.

People told us that they enjoyed the food provided to them at the service. "One person said, "I like the food. It's nice. " People's care records showed their individual needs and preferences in relation to eating a healthy balanced diet. We saw that people had access to food and drink throughout the day and were able to help themselves whenever they wanted. The menu had a range of options including vegetables and fruits.

The service had systems in place to ensure people received consistent, effective and individualised support within and outside the service. Each person had a hospital passport which stated their medical requirements. Care records also contain personal profiles of each person which detailed their care and support needs, communication requirements, allergies, next of kin and GP details. Staff ensured people had their hospital passport and personal profiles with them when they went to hospital or leave the service. The information provided in these documents helped in ensuring continuity of care when people leave the service.

People remained supported to meet their day to day health needs. People received support from staff to attend hospital appointments and check-ups with their GPs, dentist, dietician and opticians. Staff also worked with relevant professionals such as mental health teams, psychologists and specialist nurses to support people with their mental health and behavioural needs. We spoke with two professionals who visited the service on the day of our inspection to discuss one person's care, they told us staff followed strategies agreed to support people with their mental health needs.

The service had facilities suitable for people. Each person had their own en-suite and furnished bedroom. People's rooms were decorated with colours of their choice and individualised with personal items such as photographs. There were large communal areas for people to socialise and relax. The bathroom and toilet facilities were adapted with grab rails to help promote people's independence. There were call bells in the toilet and in people's rooms so they can call for help when needed.

## Is the service caring?

### Our findings

People remained cared for by staff who were caring and compassionate. One person told us, "All of them [staff] are nice. I like them." A person's relative said, "The staff are very kind, caring and professional. Staff treat people well. I have not seen anything that will make me think otherwise."

We observed staff interacting with people in a positive manner and communicated in ways people understood. Staff and people chatted about their time at the day centre. They shared jokes and laughed. The atmosphere was pleasant and relaxed. People were comfortable discussing issues and their concerns with staff, and staff listened and provided reassurance. We also observed different staff members on various occasions attend to one person who was agitated. They spent one-to-one time calming the person and making them comfortable.

People's care records detailed their backgrounds including education, family, social networks, and individual preferences. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs. These were detailed in their care records. We saw staff communicate with people using Makaton, pictures, signs and facial expressions and body language.

People, and where required their relatives continued to be involved in decisions about their care and support. We observed staff offering choices to people about what they wanted to do, eat and where they preferred to spend their time. Staff respected their choices accordingly. One relative we spoke with told us staff always involved them as when required. They confirmed they were kept informed of their loved one's care and support. Care records showed that people and their relatives had input in their care planning and their views were taken into account.

Staff continued to support people to express their views about their care. People had allocated keyworkers. A keyworker is a member of staff who was responsible for ensuring their well-being, and progress. They supported people to express their views at meetings if the person wished. On the day we visited, a person's key worker was present in a multidisciplinary team meeting taking place to discuss the person's care. The professionals involved in the meeting told us the staff knew the person well and gave all relevant information. Staff knew how to arrange for independent advocates for people if required.

People's privacy and dignity remained supported by staff. Staff knocked on people's doors before entering and we heard them sought permission from people before going into their rooms. We observed staff support one person to the toilet. They closed the door and waited outside to give the person privacy and respect their dignity. Confidential and personal details about people were discussed in private rooms to maintain confidentiality.

## Is the service responsive?

### Our findings

As we found at our last inspection, people received support appropriate to their needs. Senior staff developed care plans which contained detailed information about people's individual needs such as those relating to their mental, physical, interests and goals they wanted to achieve. Care plans also provided information to guide staff on the best possible ways to support people with their needs. For example, one person was supported to keep fit and maintain a healthy diet with the aim of managing their weight and health condition. Care plans were reviewed and updated as required to ensure it continued to reflect people's needs.

The service provided information to people taking into account their disabilities or sensory need. Care plans, menus, activities plans, hospital passports, and complaints procedure were available in pictorial, widgets and easy read formats to ensure they were accessible and easy for people to understand. Staff understood people's communication needs and presented information to them in the way they understand.

The service supported people to maintain their religious, ethnic and cultural needs and preferences, if they had any. Care plans contained information about these and their sexuality. Staff told us they supported people if they wished to attend religious services. The service celebrated various religious festivals in line with people's preferences.

People remained supported to maintain their independence. Staff encouraged people to do the things they can do for themselves. People were encouraged to be involved in domestic tasks and during meal preparation if they wished. The bathrooms and toilets had grab rails so people could support themselves with minimal supervision from staff.

People continued to be supported to maintain relationships important to them. People spoke with excitement about their planned family visits during the festive period. One person was going to their family for the period. Another person's relative was coming to spend time with them at the service. The service had made provision for this by ensuring there was a room available. A relative we spoke with told us they always felt welcomed by staff when they visited.

People were supported to do the things they enjoyed. Each person had an individual activities plan in place. When we visited four people were at the day centre. When they returned they chatted about the various activities they had participated in. One person told us about their weekly dance classes they attended. Staff supported people to visit places of interests such as parks and leisure centres. Staff also escorted people out for shopping and visiting cafes. Other people were free to come and go as they pleased.

People knew how to express their concerns or complaint about the service. One person said, "I will tell [staff name] if I am not happy." One relative told us, "If I have a concern I will speak to [Assistant manager] in the first instance, if it doesn't get resolved I will go to [registered manager/provider] hopefully my concerns will be addressed by him. If not, I will take it to social services." There was a complaint procedure available in pictorial and easy read format so that it was easy for people to understand. We saw the registered

manager had responded to two complaints made about the service in the last year. They had acknowledged, investigated and responded in line with the provider's procedure.

## Is the service well-led?

### Our findings

The service had a registered manager in place who was also the 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.

The registered manager was supported to run the service by the assistant manager. Both the registered manager and assistant manager understood their responsibilities in providing an effective care service to people, leading staff teams and fulfilling the requirements of their CQC registration. A relative told us, "The home is getting better and better. They have made a lot of improvement recently. It's beautiful and homely. I will rate them excellent. The managers are approachable."

Staff told us that they received the support and direction they needed to do their jobs. One staff member said, "I can speak to registered manager and assistant manager. They are approachable, easy to talk to. They listen and are supportive." Another staff member told us, "If I am not sure about anything I ask [assistant manager] and they always support me. I have learned a lot since I started." Regular team meetings took place to discuss issues regarding people and other matters relating to the service. Staff told us that they were able to discuss matters freely and as a team they found solutions together. Daily handover meetings also took place where updates were given about people's care to ensure continuity. Staff demonstrated they understood their roles and responsibilities and the aims and objectives of the service. Staff had worked in the service for many years; they showed interest and commitment in the job. The assistant manager also told us they felt supported by the registered manager. They received regular supervisions and had weekly update meetings.

People's views on how their service should be provided were obtained and acted on. The service consulted with people through house meetings to plan the menu and activities. People and their relatives were asked to give feedback about the service through surveys. The recent survey showed high satisfaction levels. There were no actions to follow up on.

The service had systems in place to regularly assess and monitor the quality of service provided. Health and safety checks and systems were completed weekly to identify any issues. Medicine audits took place weekly also. The local pharmacist conducted regular visits to the service to audit the medicine systems. There were no actions for follow up identified in the last audit.

The service continuously improves and develops the way the service was run. The registered manager and assistant manager had made improvement to the system for recording and documenting care plans to make it accessible. They had also developed a new system for recording staff training and supervision. The assistant manager told us they always aimed at improving the service and delivering quality care to people.

The service worked in partnership with external organisations such as social services, local authority commissioning and monitoring teams and day centres. People were able to use the local day centres to

socialise. The local authority conducted monitoring visits regularly to ensure people received the appropriate service that met their needs. The service had developed a body map documentation to be used to manage skin integrity.