

Barchester Healthcare Homes Limited

The Mount & Severn View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Mount & Severn View is a care home providing personal and nursing care to up to 58 people. Accommodation is provided in one adapted building consisting of two units. The service provides support to older people and younger adults some of whom are living with dementia or have a physical disability. At the time of our inspection there were 43 people using the service.

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

Risks to people were assessed and there were plans in place to mitigate risks. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19. People received their medicines when they needed them from staff who were trained and competent to carry out the role. People felt safe living at the home and with the staff who supported them. There were enough staff to meet people's needs. The provider's staff recruitment procedures helped to protect people from harm. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice.

There were effective systems to monitor and improve the quality of the service provided. The registered manager promoted an open and honest culture and was very visible in the home. They were aware of their legal responsibilities and of their responsibility to be open and honest when things go wrong. The views of people, their relatives and staff were sought and valued. Staff received the supervision and support needed to carry out their role effectively. The registered manager worked in partnership with other professionals to ensure good outcomes for people.

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 good (published 18 September 2019).

Why we inspected

We received concerns in relation to pressure care, use of equipment and completion of clinical tasks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Mount & Severn View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

The Mount & Severn View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mount & Severn View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We 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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the home and 3 relatives. We spoke with 6 members of staff which included the regional director, registered manager, deputy manager, maintenance staff, senior care and care staff. We looked at 5 care plans and medication administration records. We spoke to staff about recruitment procedures and staff training and looked at records relating to health and safety and the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were effective procedures to assess and manage risks which staff understood and followed. These included, risks associated with pressure damage to the skin, mobility and eating and drinking. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- People were provided with the equipment needed to help minimise any risks. For example, where people were at high risk of pressure damage to their skin, appropriate mattresses and cushions were in place and people were supported to change position in accordance with their plan of care.
- Wound management plans were in place which were understood and followed by staff. These reflected the advice of tissue viability nurses and were regularly reviewed to ensure they remained effective.
- Regular environmental and equipment checks were carried out to ensure risks to people were minimised. These included checks on hot water outlets, fire detection and alarm systems, nurse call systems, window restrictors and regular servicing of equipment used by people.
- Each person had a personal emergency evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.
- External contractors ensured equipment, such as moving and handling equipment and the passenger shaft lift were regularly serviced and maintained.
- Maintenance staff were employed, and any repairs were dealt with in a timely manner.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "The nurse brings my tablets regularly. They are excellent at that."
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.
- People's prescribed medicines were recorded on a pre-printed medicine administration record (MAR) and there were protocols in place to ensure staff followed a consistent approach for the administration of 'as required' medicines.
- Medicines were securely stored and there was an audit trail of all medicines held at the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I am safer here than I was at home. It's reassuring to know that staff are always about to help me. They [staff] are all so lovely and kind." A relative told us, "I feel they keep my [relative] safe."
- Staff had been trained to recognise and report any signs of abuse. Staff told us they would not hesitate in raising concerns and were confident action would be taken to keep people safe.

- Where concerns had been brought to the attention of the registered manager, they had informed the local authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

Staffing and recruitment

- People and staff told us there were enough staff on duty to meet people's needs and help keep them safe.
- Staff responded to any requests for assistance in a timely manner and they recognised when people needed support.
- The atmosphere in the home was relaxed and staff interacted and supported people in an unhurried manner.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest Government guidance.
- People and their relatives told us there were no restrictions on visiting. A relative said, "We can visit any time and are always made to feel welcome. All the staff are lovely."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People told us their choices were respected by staff. One person said, "I've never experienced being made to do something I didn't want to do." We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- The registered manager and staff, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person

concerned.

- The registered manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the manager explored the reasons and took steps to reduce the risk of it happening again.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager promoted a culture of openness and transparency. Staff felt valued and motivated to do their work. A member of staff said, "[Name of registered manager] really listens to us. Their management style has made staff freer and more comfortable to speak up and morale has improved."
- Staff considered the teamwork in the home was good. A member of staff told us, "The team are close knit and work well together. All the staff are friendly and respectful."
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters.
- There was a clear staffing structure in place and staff understood their role and responsibilities. Registered nurses were available to ensure people's nursing needs were met and senior care staff were available to support care staff.
- There were effective systems to monitor staff skills, knowledge and competence. Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- There were effective audits and checks to monitor and improve the quality and safety of the service provided. The registered manager met with clinical, maintenance and catering staff each day to discuss all aspects of the running of the home and the well-being of the people who lived there. Quality visits were also carried out by the provider's management team.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the registered manager and staff team. One person said, "I see the manager and deputy every day. They know me well as do all the staff. They are all lovely." A relative told us, "The care here is excellent, we are kept informed and we can discuss any issues with [name of registered manager]."
- People's views were encouraged and respected. Annual surveys provided people and their relatives the opportunity to express a view about the service provided. Following feedback from surveys, the management team produced a 'You said, we did' information sheet for people and relatives. This gave information about what action had been taken as a result of comments received. For example, more

entertainment and teapots at breakfast had been introduced following people's comments.

- The registered manager had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. Relatives were supported to visit people when they wanted. A relative said, "[Name of registered manager] knows the residents really well. There are very down to earth and offers a welcoming environment."
- People's protected characteristics such as religion and sexuality were discussed with them and recorded in their plan of care.
- There were good links with the local community which benefitted the people who lived at the home. These included visits from local school children.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.