

Care UK Community Partnerships Ltd

Mountfitchet House

Inspection report

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Essex
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Mountfitchet House is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people and people with nursing care needs, some of whom may be living with dementia. At the time of our inspection there were 58 people using the service.

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

Staff were provided with training relevant to their role; however, we found safe moving and positioning practices were not always being followed. People's care was not always provided in line with their care plan guidance and preferences. The provider's induction programme did not always evidence how staff who were new to care learnt the required knowledge and skills.

Staff were safely recruited, with relevant checks completed prior to them starting work and there were enough staff available to meet people's needs.

We received mixed feedback about the quality and variety of food and drink provided. However, people and relatives confirmed this was improving. The service was well equipped and adapted to suit people's needs. People told us they were supported to take part in different social activities, although some people said they would like more opportunities to go out and a wider range of in-house activities.

The provider had processes in place for monitoring the safety and quality of the service and sought regular feedback from people and those important to them in order to identify and action areas of improvement. Risks to people's safety were assessed and documented; however information was not always fully updated as people's needs changed.

People's medicines were managed safely by staff who were trained to administer them. Staff followed safe infection prevention and control practices and the service was clean and well maintained. Staff were aware of how to recognise and raise safeguarding concerns. People and their relatives felt comfortable making complaints or raising any issues with the registered manager.

People spoke positively about the kind and caring attitude of the staff. 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. People and those important to them were involved in the care planning and review process.

The provider worked in partnership with other healthcare professionals to meet people's needs and adapt promptly to any changes in their health. People, relatives, and staff spoke positively about the culture and leadership of the service. The provider had built strong links within the local area, enabling people to feel involved in their community.

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 outstanding (published 20 September 2018)

Why we inspected

We received concerns in relation to the management of safeguarding concerns and complaints, the management of medicines and whether care was being provided in line with people's preferences. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found some evidence that the provider needs to make improvements. Please see the Effective section of this full report.

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.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Mountfitchet 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 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 1 inspector, a professional specialist advisor with a background in nursing 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.

Service and service type

Mountfitchet House 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. Mountfitchet House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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. We also spoke with 6 people and 3 relatives about their experience of the care provided.

We spoke with 9 members of staff including the registered manager, clinical lead, nurses, and care staff. We also received feedback from 2 healthcare professionals who have regular contact with the service.

We reviewed a range of records. This included 6 people's care plans, multiple medicines records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and documented. However, we found some risk assessments had not been updated to ensure they fully reflected people's current support needs. For example, where people's mobility needs had changed, information had been updated in the care plan but not within the risk assessment. This meant staff may have contradictory guidance about how to support people safely.
- Despite the contradictions in documentation, we found staff were aware of people's current needs and the associated risks. People and their relatives did not raise any concerns around the management of risks to people's safety.
- The provider responded promptly to our feedback to confirm the relevant risk assessment documentation was being fully updated.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place; staff had received safeguarding training and knew how to raise concerns.
- The provider engaged with the local authority to discuss safeguarding guidelines, ongoing investigations, and outcomes. Appropriate notifications were submitted to CQC when necessary.
- The provider kept a tracker of the safeguarding concerns raised; however, this did not always clearly record the actions the provider had taken. Following the inspection, the provider updated the tracker to ensure more detail was included.

Staffing and recruitment

- There were enough staff available to support people's needs. During the inspection we found staff were visible throughout the communal areas of the service, ready to offer support when required. We observed staff responding promptly to people's requests.
- The provider had completed the appropriate employment checks prior to staff starting work to ensure they were safely recruited.

Using medicines safely

- People received their medicines as prescribed. Staff had received medicines training and the provider had assessed their competency to ensure they understood how to support people safely.
- People's Medicines Administration Records [MARs] accurately detailed what medicines they were prescribed and staff had signed to confirm administration.
- People who were prescribed 'as required' medicines [for example, medicines to relieve pain] had clear protocols in place to monitor when and why these medicines were administered. Where medicines needed

to be administered covertly [for example, given in food or drink], the relevant assessments had been completed and guidance was in place for staff to follow.

- The provider completed regular stock checks and audits to ensure medicines were given safely and documentation was completed accurately.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- The provider had processes in place for analysing and learning from accidents and incidents.
- The provider shared lessons learnt with staff during handovers, team meetings and 1:1 supervisions, in order to minimise the risk of a reoccurrence.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received a range of online and in person training relevant to their roles. However, we found staff did not always follow safe moving and positioning practices when providing support.
- During the inspection we observed staff supporting people to stand from a sitting position by putting their hands under people's armpits to guide them up. This type of support is not safe for the person and places them at risk of sustaining an injury. We were not assured staff understood this practice was not safe. Therefore, we could not be assured their knowledge and competency had been robustly assessed.
- We spoke with the registered manager about our concerns and they responded by completing an immediate meeting with the relevant staff to discuss the unsafe practices and arranging observations and retraining. Following the inspection, the provider confirmed retraining had taken place and shared their lessons learnt from the incident.
- Staff were provided with an induction when starting their role and completed an induction booklet to evidence their progress. However, where staff were new to care, it was not always clear whether they had been supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider's induction booklet included a section on whether the member of staff was completing the Care Certificate. However, we found this section had been marked as not applicable for 1 staff member despite them having no previous care experience.
- The provider told us they would review the induction documentation to ensure it evidenced how staff had received a robust induction relevant to their level of experience.

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

- People's needs were assessed and documented within their care plans. However, we found people's care was not always delivered in line with their care plans and did not always follow best practice. For example, 1 person's specific preferences around their continence care and support were clearly documented in their care plan; however, on the day of the inspection we observed staff were not providing support in line with these guidelines. This impacted upon the person's right to dignity and independence in their care.
- We spoke with the registered manager who responded promptly, arranging supervision, additional support, and training with the relevant staff to address the concerns with practice.

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

- We received some mixed feedback from people about the quality of the meals in the service; however,

most people confirmed improvements were being made. Comments included, "I like the food, the sandwiches have got a lot better recently" and "The food here is very good. It did deteriorate, but it's got better with the newer chef."

- The registered manager told us they regularly asked people for their feedback about menu choices and adjusted meals options in line with people's preferences.
- During the inspection we found the variety and quality of snacks and drinks provided varied. We observed some people being offered a range of different healthy snacks and nutritious drinks, whilst in other areas people were only offered biscuits. The registered manager told us they reviewed people's daily records to monitor what food and drinks had been offered; however, we found these had not always been fully completed by staff. Following our feedback, the provider told us they would speak to staff and complete checks on the snacks and drinks offered.

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 to access appropriate healthcare support. The provider had responded promptly to people's changing health needs, making referrals to other healthcare professionals when appropriate.
- The provider held regular clinical care review meetings to discuss people's needs and review the feedback from other health professionals involved in their care to ensure recommendations were being implemented appropriately.

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

- The service was well decorated and maintained with a range of facilities and communal spaces for people to use.
- People, relatives, and staff spoke positively about the environment of the home. Comments included, "This home has a homely feel" and "I chose this home because I liked the environment and I like the facilities they have here."
- The provider had adapted areas of the service to ensure they better met people's needs and promoted independence. For example, the garden had raised flower beds to enable people to continue gardening more easily. One person told us, "I do a lot of gardening on my own, my vegetable patch over there is doing well, that's all my own work. It's easy to do with the raised beds."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent had been considered by the provider.
- People's care plans contained mental capacity assessments for specific decisions detailing what decisions people were able to make independently and where they required support.

- The provider had submitted DoLS applications to the appropriate authorities when necessary and the registered manager had a tracker in place to ensure applications were re-submitted when due.
- Staff had received training in understanding the principles of the MCA.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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 and relatives spoke positively about the support they received from staff. Comments included, "The staff here are so friendly", "Staff are nice, jolly and upbeat" and "Staff are 100% caring."
- We observed staff speaking to people in a kind and caring way, taking their time, and listening to what people wanted.
- The provider had considered people's protected characteristics as part of their initial assessment. People's care plans contained information about what was important to them as individuals, including any cultural or religious beliefs and practices.

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

- People were supported to make decisions about their daily care. We observed staff offering people choices about where they would like to go and what they would like to do.
- People's care plans contained guidance about how they expressed themselves and how to involve them in their care.
- The provider arranged regular residents and relatives' meetings in order to gather people's views and feedback. One person told us, "We have regular residents' meetings to address different issues."
- People's relatives told us they were kept updated about people's care and felt involved in making decisions where appropriate. One relative said, "We get daily updates on anything going on here. We're well informed."

Respecting and promoting people's privacy, dignity and independence

- People's care plans provided guidance about what areas they required support with and what they were able to do for themselves in order to maintain and promote their independence.
- People and relatives told us staff were polite, friendly, and respectful in their interactions. We observed staff considering people's privacy when deciding how to provide support.
- People's support was generally provided in a dignified way. However, during the inspection, we observed 1 interaction where staff did not respect the person's dignity in terms of their continence needs. We raised this with the registered manager who addressed this immediately, implementing additional supervision and increased monitoring.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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 and their relatives were involved in planning and reviewing their care. The provider had implemented a 'resident of the day' scheme where people and those important to them were asked for feedback about all aspects of their care and any requests or changes were documented to ensure their preferences were met.
- People's care plans contained information about their preferences for support such as the gender of the staff supporting them and their preferred daily routines.
- People's care plans provided an overview of their life history and what was important to them. However, this information lacked detail. Following our feedback, the provider told us they would review these sections with people to ensure more personalised detail was included.

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 and their relatives told us the service was well equipped for social activities with a pub, cinema room and hairdressing facilities on site. People also spoke positively about the friendliness and attitude of the lifestyle coordinators who were responsible for organising activities.
- We received some mixed feedback about the quality and range of leisure activities provided in the service. One relative told us, "[Person] loves the singing and the painting. They like going to the pub when it's open. They have nice events here and they celebrate everything." However, other comments included, "The pub is never open", "[Person] loved the speakers that came in to talk, but that hasn't happened again recently" and "They [the service] shared a minibus with another home but it's not been working for a while, so no trips in that."
- The provider told us they were aware of people's concerns and had already responded to people's feedback by asking for suggestions and trialling new, more tailored activities throughout the week. The lifestyle coordinator told us, "We've just started a walking club, where we walk to the village centre. We know residents want to go out a lot but the minibus is broken at the moment, we have in house drivers for when it's repaired."
- Following the inspection, the provider confirmed the minibus was in the process of being repaired, ready for future use.
- People were supported to stay in regular contact with their friends and relatives. People's relatives confirmed they felt welcomed into the home.
- The provider had arranged for church services to take place in the service. One person's friend told us, "We have a church service here often and you know it's amazing how many people come to it, it's so popular."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place to evidence how concerns were received and responded to. The provider kept an updated tracker of concerns raised and actions taken.
- The provider had responded to people's concerns and complaints appropriately. For example, we saw evidence the provider had addressed complaints about the quality of the meals prepared and reimbursed people following concerns about mislaid clothing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered whether people had any sensory and communication needs during their initial assessment and recorded this information in their care plan.
- We observed staff tailoring their communication to people's individual needs, using objects and aids to support people's understanding where relevant.

End of life care and support

- People's end of life care wishes were considered as part of the provider's initial assessment of their needs. Where people had expressed their wishes, these were documented in their care plans. The provider also noted where people did not want to discuss their wishes or make any decisions at that time.
- Staff had received end of life care training to support their understanding of how to provide dignified care which enabled people to remain comfortable and free from pain.

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 outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 those important to them spoke positively about the management and culture of the service. Comments included, "They seem to have taken years off [person] since they've been here, they've helped [person]" and "They're friendly and good-humoured. I think staff do a really good job here."
- The provider had introduced a 'Wishing tree' where people could share their wishes and goals and staff supported them to achieve these. One member of staff told us, "We try to do a wish for everyone, the Wish tree works well."
- Staff told us the management team were approachable and supportive. Comments included, "[Registered manager] is approachable and we know how to get help", "[Registered manager] has an open door policy" and "We work well together."
- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. People, relatives, and staff told us they felt consulted and involved in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had systems in place to monitor the safety and quality of people's care. The management team continuously analysed data relating to people's clinical support needs to ensure they maintained robust oversight. A range of audits were completed in key areas of people's support such as medicines management, health and safety and incident monitoring.
- There was a clear management structure in place in the service with easily identifiable lead roles. The management team were visible and accessible and people and relatives knew who to contact with any queries.
- The provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.

Continuous learning and improving care; Working in partnership with others

- The provider demonstrated a commitment to improving people's experience of care. Feedback received from people and their relatives, was used to identify issues and implement changes.

- The provider regularly audited their own compliance to identify areas for learning and improvement. Any actions were documented and reviewed with learning shared across the wider organisation.
- The provider worked in partnership with a number of different health and social care professionals to support people's changing needs. We saw evidence of regular input from relevant professionals in people's care plan documentation.
- The provider had built strong links within the local area, hosting social events, and inviting local community groups and schools into the service. The provider told us this had helped to establish the service within the community, providing people with the opportunity to meet others and feel part of their local neighbourhood.