Mountfield Care Home Limited

The Mount Residential Home

Inspection report

226 Brettell Lane
Amblecote
Stourbridge
West Midlands
DY8 4BQ

Tel: 01384265955

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
The Mount is a care home that provides nursing and personal care for older people, some of whom are living with dementia. At the time of the inspection, 14 people lived at the service. The home was established over two floors, with a range of communal areas included dining spaces, a large garden and smaller lounge spaces.

People's experience of using this service:
People told us they felt safe and well looked after in the home and this was supported by the views of relatives. Staff knew and understood the risks to people and ensured that steps were taken to reduce the level of risk as much as possible.

People received their medication at the right time and there were sufficient staff on duty to keep people safe and ensure their needs were met.

Staff were recruited safely to ensure they were suitable to work in the home and were well trained and supported by the provider. People's health needs were closely monitored and staff ensured people saw external health professionals when they needed to.

The provider was working in line with the principles of the Mental Capacity Act 2005 and people's consent was obtained before care and support was delivered. Where people could not make decisions for themselves, the service ensured decisions were made in people's best interests.

People were supported by caring staff who took time to get to know people and allowed people to maintain their independence. There was a clear complaints policy in place and people could choose whether to take part in the activities that were on offer.

Improvements were required to some audits and checks to make sure errors and gaps found at the inspection were identified. People and staff were happy with the way the service was led and managed and the registered manager led by example in offering warm and personalised care to people.

More information is in the detailed findings below.

Rating at last inspection:
Requires improvement (report published 24 November 2018).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 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 responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

The Mount Residential Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and one assistant inspector.

Service and service type:
The Mount is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service us run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information

helps support our inspections.

During the inspection we spoke with four people and two relatives to ask about their experience of the care provided. Some of the people living at the home were not able to tell us about their views of the care they received, so we used a Short Observational Framework for Inspection (SOFI). A SOFI is a way of observing people to try and understand their experiences of living in the home. We also spoke with five members of care and domestic staff, the cook and the registered manager. During the inspection we also spoke with one visiting professional.

We reviewed a range of records. This included two people's care records and medicine records. We also looked at two staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse

● People and their relatives told us that staff kept people safe in the home. One relative told us, "The care is very good here and she is safe." Care plans contained details of how to support people if they became upset or anxious and we saw staff using this information to support people.

● The provider had effective safeguarding systems in place. Staff knew how to recognise abuse to protect people from harm and were able to tell us who they would report concerns to.

● Records showed that incidents and accidents, such as falls, were monitored and analysed so that changes could be made to reduce the risk of further harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment.

● Risk assessments were in place to reduce the risks to people and staff understood how to reduce these risks. For example, one person presented a risk to other people on occasions and we saw how staff kept a presence in communal areas as detailed in the relevant risk assessment.

● Incidents and accidents were investigated and actions were taken to reduce the risk of re-occurrence. For example, records showed that one person had had two falls. Staff made appropriate referrals to health care professionals and a sensor mat was now in place to monitor the person's movements during the night.

Using medicines safely

● Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage and disposal of medicines. We observed people being told what medicines they were taking and why. Some people were taking liquid medicines as they found these easier to swallow.

● Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. Some people could not ask for their medicines but staff were able to explain how they would decide if these medicines were given.

Staffing and recruitment

● People and relatives told us they thought there were enough staff on duty to meet people's needs and keep people safe. We saw that people did not have to wait for assistance. One person told us, "Staff come when I press my buzzer." One member of staff told us, "I have the time to get to know people here."

● Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Preventing and controlling infection

● The home was clean and staff used personal protective equipment to reduce the risk of infection. People and their relatives were happy with the standards of cleanliness.
● Plans were in place to create a separate sluice room to help control the risk of infection. The current laundry was adequate but external professionals had recommended a separate sluice room to improve infection control

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed prior to admission and were reviewed every month.
- The visiting professional told us that management team made referrals to healthcare professionals appropriately in order to deliver care in line with best practice guidelines.

Staff support; induction skills, knowledge and experience
- People were supported by staff who had received appropriate training to enable them to be cared for effectively. The registered manager had a system in place to monitor and ensure that staff training was up to date, and refresher training was completed.
- New staff received an induction programme and had the opportunity to shadow more experienced staff. One member of staff told us, "I was eased in when I started and did three shadow shifts which was really helpful."
- Staff received face to face training which was supported by regular 1:1 supervision with the registered manager. Staff felt well supported; one member of staff told us, "I get all the training I need and have had additional training to help me become a senior."

Supporting people to eat and drink enough to maintain a balanced diet
- People enjoyed the home cooked meals and were supported to sit where they wanted to for meal times. One relative told us, "[Person's name] likes their food – the food is excellent."
- Drinks were provided throughout the day and we saw that people had a choice of what they wanted to eat.
- People were assisted when required at mealtimes and staff took care to make sure people were sitting comfortably so that they could enjoy their meals and specific dietary needs were met.

Adapting service, design, decoration to meet people's needs
- Communal rooms and bathrooms were clearly identified with words and pictures. This made it easier for people to find their way around the home. We talked to the registered manager about adding signs to people's bedrooms and they agreed to introduce this.
- People could choose to spend time in their rooms or in communal spaces. This enabled people to have some privacy when family and friends visited. Bedrooms were personalised and people were able to have their personal belongings with them.
- There was a tidy and private accessible garden with ramps and handrails for people to enjoy in warmer weather and a lift to help people move safely around the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

● People had access to visits from external healthcare professionals such as GPs, community nurses, chiropodists and opticians. They were also supported to attend health appointments.

● Staff were vigilant and monitored people's health closely, including monitoring people's weight. One person had recently been diagnosed with a serious health condition due to staff spotting a concern whilst delivering personal care.

● There were effective systems in place to ensure staff knew about changes to people's care and support. These included handover meetings and communication books.

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.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff demonstrated they had a good understanding of the MCA and consent. One member of staff told us, "We always assume people have capacity here and people's understanding does fluctuate at times. We always ask people what they want and sometimes they can tell us".

● Mental Capacity assessments had been completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment.
Where DoLS authorisations had expired, the registered manager had made timely new applications.

● Family members, advocates and staff were involved in making best interests decisions where appropriate. Staff told us about one person who could not make a choice of meals but needed a soft diet due to the risk of choking. They explained that they ensured the person had the 'soft option' from the menu each day as this was in their best interests.

Good

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.

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 their relatives were positive about the staff's caring attitude. One relative said, "If I do miss any of my visits, I don't feel concerned because I know the staff will look after [person's name]."
- We observed staff supporting people with patience. For example, one person became distressed on a number of occasions throughout the day and staff took it in turns to offer reassurance and support which helped the person to relax.
- Staff enjoyed working in the home and were respectful to people. For example, we saw staff calling people by the names they preferred. One member of staff said, "The care is good here and we look after them. I think all the people are happy here".
- Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. Staff respected people's individuality and diversity and understood how peoples past experiences could affect their responses now.

Supporting people to express their views and be involved in making decisions about their care
- People were asked to make choices about everyday life in the home such as what they wanted to wear and where they wanted to sit. Staff told us how people who had no verbal communication made their choices known. For example, one member of staff told us, "When [person's name] sticks their tongue out, it means that they are hungry."
- One relative told us their family member did not like mixing with others so was supported to stay in her room and have access to hobbies they enjoyed.

Respecting and promoting people's privacy, dignity and independence
- People's independence was respected and promoted. Staff supported to people to do things for themselves where possible. For example, we saw one person being given finger food which allowed them to feed themselves.
- People's dignity and privacy was respected. For example, we saw relatives visit people in their rooms so that they could enjoy some privacy and people told us staff always knocked on their bedroom doors before entering.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always felt welcome.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Care plans contained a section called 'This is my Life' which allowed staff to become familiar with each person's background and current feelings.
- Care plans were reviewed and amended when peoples' needs changed.
- Staff were knowledgeable about people and their needs and how individuals preferred to communicate. For example, one member of staff told us, "[Person's name] can communicate verbally sometimes but they also use body signs like rubbing their hands to let us know what they need." People's communication needs were identified, recorded and highlighted in care plans.
- There were activities organised on the day of inspection that people enjoyed and we saw that people had a choice of whether to join in. We saw that a board with lots of false light switches had been put up for one person who used to live at the home. This person had enjoyed playing with switches and staff told us how much they had enjoyed using this board. We saw other people enjoying painting and drawing during the day and another person told us they liked knitting in their room. The registered manager told us that they wanted to introduce more trips to local places of interest.
- Relatives told us they were kept informed of any changes to people's support or health needs.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. There was a complaints policy available in the home for people and their relatives to use.
- We saw that the provider had received one formal complaint in the previous 12 months. This has been investigated promptly and outcomes shared with the person concerned and their family.

End of life care and support

- Care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral. No-one in the home was currently receiving end of life care.
- We saw there were cards and letters from relatives whose loved ones had passed away at the home, thanking the staff for their care and kindness.

Requires Improvement

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

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.

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

- The provider had notified us of various incidents and events as they are required to do so, but had not notified us of the outcomes of DoLS applications. We spoke to the registered manager about this and these were submitted a few days after the inspection.
- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, health and safety and care plans. Whilst most audits were effective, we found that checks on the stock of medication had not identified recording errors that were found at inspection.
- The registered manager and provider did spot checks through the night on a monthly basis to ensure people were receiving good care.
- The registered manager told us the provider took an active interest in the running of the home and was in daily contact to check if any support was needed.

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

- Some records required improvement to ensure people received high-quality care. For example, there were no protocols for medicines that were given 'as and when required'. Some people could not ask for these medicines. Staff could tell us how they would decide whether to give people these medicines but a written protocol would ensure staff were acting consistently and in line with medical guidance. The registered manager assured us that these would be introduced.
- The registered manager led by example and had created a culture where there was a focus on people's needs and a commitment to provide high-quality care. Staff and relatives spoke positively about the registered manager. Relatives comments included "Lovely manager."
- Records showed that relatives were promptly informed if anyone had a fall or accident in the home.

Continuous learning and improving care

- There were systems in place for staff to discuss standards and quality of care and identify areas for improvement. Staff told us that the registered manager would challenge staff and address areas of underperformance. We saw this reflected in supervision records.
- One member of staff told us, "[Registered manager's name] is very upfront and honest and this helps me learn."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● The registered manager and other senior staff were visible throughout the day and took time to speak to people, their relatives and the staff team.

● People and their relatives had been asked what improvements they wanted to see in the home, although responses had been limited. A residents meeting was planned for the evening of the inspection.

Working in partnership with others

● The service had good links with the local community and the provider worked in partnership for people's benefit. The registered manager reported that working relationships were good with other partners such as the local GP, dentist and pharmacy.