Keychange Charity

# Keychange Charity The Mount Care Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

Keychange Charity The Mount Care Home (known locally as 'The Mount') was inspected on the 16 and 17 May 2017 and was unannounced.

We last inspected the service on the 14 and 15 June 2016. This was a comprehensive inspection completed within six months of the previous inspection as the service was rated inadequate and special measures had been applied. The inspection in June 2016 found some improvements had been made but the service was rated as Requires Improvement. There remained a rating of Requires Improvement in the responsive and well-led sections of the report. There was a breach of regulation as people's care records were not always complete and contemporaneous. We received an action plan that said the registered manager would put this right by the end of October 2016.

The Mount provides residential accommodation for up to 28 older adults who may be living with dementia. A number of the people have a high level of independence. Nursing care is provided by the community nursing team. When we inspected 23 people were living at the service.

A registered manager was employed to manage the service. 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 on holiday when we inspected and in the following days. A member of staff was in charge in the absence of the registered manager.

Robust leadership and governance from the registered provider had not continued since the last inspection. Quality assurance systems including auditing of parts of the service was inconsistent and did not ensure the service was able to meet the requirements of the regulations, or ensure a quality service to people.

Some records such as those around complaints and monitoring staff training were not available for us to review. We were told these may have been kept by the registered manager in a form that was not accessible by senior managers.

People's medicines were not always being managed and administered safely. Staff were signing that they had given medicines before they had administered them, not when they had observed people had taken them, which is unsafe practice. People's medicine administration records and stock of medicines were not accurate. People's prescribed creams were not being managed to ensure they were used and recorded as given accurately.

Risks to people were not always assessed, reviewed and monitored appropriately to ensure people remained safe and free from potential risk. People were not assured to be safe in the event of a fire. Personal emergency evacuation plans (PEEPs) were in place but everyone's needs had not been assessed in respect

of being able to safely evacuate if needed. Action on a fire risk assessment in December 2016 had not taken place. This detailed a number of concerns that would affect people's safe evacuation. We have referred our concerns to the fire service.

People were not being protected from risks posed to their health and safety. Water temperatures, window restrictors and heated surfaces were not being checked to make sure they were safe. This included not checking the water of baths or showers before people were bathed. Since our inspection, this has now been addressed and we have been told new audits are now in place to keep people safe. Staff were not always following safe infection control procedures. This was especially so in respect of the laundry when soiled washing was left on the floor. Equipment did not have a cleaning programme to prevent cross contamination.

People's capacity to make decisions was not assessed in line with the Mental Capacity Act 2005 (MCA). People did not have specific assessments in place which advised what they could decide by themselves and how they could be supported by staff. Decisions had been made in respect of people's care without detailing if this had been in people's best interests.

Records of how people's care was planned had not been updated for some time. People's needs had not been updated when needed. For example, when one person had a fall, the care plan had not been updated to reflect this. The admissions process lacked detail and was not robust enough to ensure the service was able to meet people's needs quickly. One person's records had been lost. The records had to be rewritten but prior to this the history of this person was reliant on staff memory, meaning that staff could not be sure they were delivering person centred care.

The service was moving to an electronic care planning system. There was no timescale to when the care plans and risk assessments were being transferred. Staff responsible for care were enthusiastic about the new system as they could access handover and daily records easily. They also used this to record hydration records. Staff felt this had given them more time to spend with people.

Staff were recruited safely but all the information required was not immediately available. This was due to records of people's checks not being filed. The records were found and added to the files we reviewed. There were enough staff to meet people's needs however; 15 percent of staffing was from an agency. Some people commented they found this difficult as they did not always know the agency staff but the service tried to ensure the same staff came often to promote consistent care.

People told us they felt safe living at the service and were cared for by staff who were kind and respectful. Family were also positive about the staff and felt their loved ones were well cared for. Everyone said staff ensured their dignity and independence were maintained. People felt staff would support them to be in control of their care for as long as they could. Staff spoke about the people they looked after in caring tones. People, family and staff felt they could make suggestions about the service and how care was given. Staff made sure people were not isolated and would check to make sure people in their rooms were alright and did not need anything. People at the end of life were supported to be pain free and pass away knowing they were loved.

People received enough food and fluids to meet their needs. They enjoyed the variety and choice of food offered. Kitchen staff worked well together and with people to seek any alternative to help people eat what they liked or wanted. People could see their GP and a range of health professionals as needed. People and their family were happy people's health needs were met.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We have found breaches of the regulations. We are considering our actions in line with our enforcement policy. We will publish a supplementary report at a later date which will show what action we have taken.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe.

People's medicines were not always managed safely.

People's risks were not always assessed and managed appropriately

People benefitted from a clean environment but staff were not always following safe infection control procedures, which could put people at risk.

People were protected from the risk of harm or abuse because there were good processes in place to ensure staff knew how to recognise abuse and what action to take.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Records were not available on staff training and support. People said they benefitted from well trained staff.

People's rights were not always being protected or in accordance with legislation.

People benefited from having their nutritional and health needs being met well.

### Is the service caring?

**Good**

The service was caring.

People were positive about staff and how they were caring for them. People felt important and special to staff.

People felt staff were kind, compassionate and treated them with respect.

People said their dignity was always protected. Family spoke positively of the staff.

People could make choices about how they spent their day and wanted their needs met.

People were cared for at their end of life.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's records and care plans lacked sufficient detail to ensure people's needs were up reviewed and up to date.

People were able to attend planned activities but there was little evidence of constructive activity during the inspection to ensure people received regular engagement and stimulation to maintain their wellbeing. People's religious needs were met.

People felt they could raise any concerns through the service complaints policy but this was not freely available for us to view even though people said they had raised complaints.

## Is the service well-led?

**Inadequate**

The service was not well led.

People were at risk as systems to review the safety of the service were not in place.

People did not benefit from effective or robust quality assurance and monitoring systems that led to continuous improvement.

People did not always benefit from good leadership and management.

People, family and staff were able to feedback about the service and make suggestions for change which the service acted upon to ensure improvement.

# Keychange Charity The Mount Care Home

**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.

The inspection took place on the 16 and 17 May 2017and was unannounced.

The inspection team was made up of one inspector and one specialist advisor who was a nurse with experience in the care of older people.

Prior to the inspection we asked for feedback from the local authority. We reviewed our records of the service including notifications. Notifications are specific events registered people are legally required to tell us about.

During the inspection we spoke with 15 people and 1 visitor. We reviewed the care records of five people in detail and part records of a further two people. This was to ensure they were being provided with their care as planned. We spoke to these people where it was possible; we also observed how staff interacted with people in the dining room and lounge.

We also spoke with nine staff and read four staff personnel files. We reviewed the medicine and infection control audits. A number of records were not available for us to review; the report will detail what records were not available. The registered manager was on holiday during the inspection. We were told records we required may have been kept by the registered manager but were not immediately accessible by others in their absence. We gave the provider more time to locate and send these records such as those for training, but they have not sent the information.

We left a questionnaire to be given to family or friends. We received three of these back.

Inadequate

# Is the service safe?

## Our findings

At our last inspection in June 2016, we judged the Safe section of the report as requires improvement. There remained minor issues with the administration of medicines at that inspection. We recommended the provider reviewed the latest guidance in respect of medicines management in care homes to ensure practices were in line with this. We continued to find issues with the administration of medicines on this inspection. We also found risks were not always been managed safely.

Medicines were not always managed or administered safely. One person told us they were regularly having their medicines placed in a pot in their room. They told us they had returned to their unlocked room at 4.30pm recently to find their medicine in their room waiting for them. They told us they used to administer their own medicines but were finding this was not right for them so had asked staff to take over all their administration. However, staff were leaving medicines for the person to take unobserved and without assistance. While we were talking to the person, they 'found' a medicine on their side table and took it. They did not know what the medicine was for. At lunch the same person had their medicine placed on their side plate. We asked the person why the medicine was there and they told us it was to be taken after they had finished eating. We spoke with the staff member who was administering the medicines and they confirmed with us that they had signed the medicine administration record (MARs) when leaving the medicine not when it had been seen to be taken. This meant they could not be sure the person had in fact taken the medication as indicated by the MARs. There was also a risk that medicines left unattended, in an unlocked room, could be accidently taken by another person.

The provider's policy stated staff should sign the MAR only after witnessing the person had taken their medicines. This was in line with current guidance. When we checked the current MARs there were no gaps in the records. However, as staff were signing for medicines put in a pot and or left, rather than having observed the medicine being taken, adequate intervals between doses could not be guaranteed. People were possibly having too small or too large an interval between their medicines and were not receiving them at the time prescribed.

Records of stocks of medicines could not be guaranteed to be accurate. For example, one person's PRN (as required) medicine for anxiety was noted as '0' (zero) stock on their MARs, but when we checked there was stock in the medicine cabinet. One person's pain relief medicine was prescribed PRN but the homely record book and MAR both showed they had three doses on the same day and at the same time. This meant it looked like they had the same medicine twice. Homely remedies are those which can be bought without a prescription. We asked staff to count the PRN and homely remedy stock against their MAR. This confirmed the person was not given more than prescribed. Staff advised the person's PRN pain relief had run out so they had given three doses from homely remedy stock until a new prescription could be put in place. We asked the service to complete a stock check against the MARs audit of all medicines to ensure the MARs and stock accurately reflected each other and to ensure people had enough stock should they require a PRN dose. We have been told the stock has been checked but not to whether this is an accurate record against the MARs. We have asked again for this information but it has not yet been provided.

The use of PRN medicines were not being reviewed to ensure their use remained safe and appropriate. Two people we reviewed were taking their PRN all the time and at the maximum dose. The care plans and MARs did not record for what pain this had been prescribed for. There was no recorded evidence that staff were then speaking with the person and their GP to discuss the regular use of this pain relief medicine, or whether the person required this medicine on a regular basis.

Covert medicines were being given to one person without an assessment in line with the Mental Capacity Act 2005 (MCA) being in place. Covert medicines are when people are given medicines without their knowledge. The provider advised the person had a Deprivation of Liberty (DoLS) applied on their behalf. However, there was no recording of a best interests decision. There was also no record of strategies to work through and who could decide if covert medicine administration was the only way forward. There was also no system in place to review this. Staff eventually located a fax from the person's GP that indicated giving medicines by grinding "Just before administration" and putting in food or drink to see if the person would take the medicine this way. Staff had not checked with the pharmacist to ensure this did not make the medicine less effective and what was the appropriate method i.e. what hot or cold food and fluid to give the medicine in.

Risks associated with people's medicines and risks of choking had not always been assessed. The same person mentioned above had been reported as struggling to swallow tablets sometimes; staff were working with the GP to source liquid medication where possible. However, the fact this person was struggling to swallow tablets meant there may have also been a risk of them struggling to swallow in other areas. These risks had not been assessed and there was no information on how to reduce any identified risks in all areas of their life, such as nutrition, as well as in respect of swallowing medicines.

The provider's medicine's policy stated that reviews of risks associated with people administering their own medicines should be reviewed regularly. The policy stated, "The resulting decision should be recorded in the service user's care plan, and be regularly reviewed. Reviews should take place at each care plan review, or more frequently if indicated by changes in the service user's condition or abilities". We found a person who administered their own medicine had a risk assessment but it was undated. Their ability to administer their own medicines had been assessed on 23 January 2017. No reviews had taken place since. This person had a lockable cabinet provided to store their medicines which we found unlocked in a room that also did not lock. This had not been considered in the risk assessment when completed or since that time. Staff spoke with the person to remind them to lock the cupboard.

There were also no risk or assessment of capacity in place for people who administered part of their prescribed medicines such as inhalers and creams. One person who administered their own inhalers was noted as having been to see the memory nurse and had a diagnosis of moderate dementia. There was no assessment of the risks associated with this and whether they were continuing to manage these medicines safely. There was also no supporting care plan to give any guidance to staff in respect of what support the person may need or what role staff had in enabling the person to maintain their self-administration. A person choosing to administer their own insulin had a risk assessment and care plan in place for self-administration but this had not been reviewed since 27 September 2016.

There was no risk assessment in place for two people taking a blood thinning medicine. They had regular blood tests and staff were ensuring they carefully recorded the correct dose on the MARs. Staff however, did not have the required advice to hand to support this person if needed. For example, their higher risk of bruising was not explained and there were no details for staff of what to do if this happened.

People's prescribed creams were seen to be opened and undated with multiple creams available in people's

en-suites. This meant more than one of the same cream was open in at least one case. There was no body map or similar method to give clear guidance of where the cream was to be used. The use of the creams was recorded on the MARs by the care assistants as having been administered.

In June 2016 people's care plans lacked clear information regarding how staff should care for people at risk of skin damage or had behaviour which sometimes challenged staff. The risk of falling was not being looked at to reduce the risk to people as a whole. For example, by having an overview of falls at the service to determine any patterns such as staffing levels. We found ongoing concerns about risk assessments on this inspection.

Most people had risk assessments in place in respect of their risks of falling, risks of malnutrition, risks of developing pressure damage skin ulcers and any risks when being supported by staff to mobilise. Some assessments had no dates of when they had been completed; therefore we could not identify when these risks were originally assessed or when they were due to be reviewed. Also where there were dates, there was no regular pattern for reviewing these and many had not been reviewed since dates in 2016. For example, one person had risk assessments for the risk of malnutrition, mobility, falls and 'aggression' recorded for October 2016. These had not been reviewed. Some people at the service had lived there a while so we asked staff if there was a system of how people's risk assessments (and associated care plan) were reviewed. Staff told us all risk assessments should be reviewed.

One person's records said they had fallen on the 2 February 2017 and the paramedics had been called. There was no falls risk assessment in place before or following this incident to ensure this person's needs could be reviewed and appropriate preventative actions put in place. The service was still not completing a whole home falls audit to review how many falls had taken place and whether lessons could be learnt from this. Staff told us these used to be completed but had not done so since October 2016. There was no explanation as to why this had lapsed.

Risks associated with specific health needs were also not always assessed. For example, two people with diabetes did not have risk assessments in place. One person with diet controlled diabetes did not have a completed nutritional assessment, risk assessment and diabetic care plan in place. This did not ensure their diabetes was well managed.

Risks in the event of a fire had not been considered for one person who was high risk due to their use of oxygen and requiring seated evacuation. They were also at the highest point in the building and their use of this room had been assessed for ease of access to the passenger lift but not fire safety. The fire service have attended and given their advice on how this person's means can be met in this room; staff have reviewed the person's evacuation to ensure they are seated.

There was no evidence that those who were mobile and could be in communal areas were considered or involved when deciding on evacuation. There was no set meeting point for people to go to if they had to evacuate by themselves. Should the alarm sound, staff were being sent to find out if there was a fire before considering calling the fire service. This was to rule out a false alarm but precious time could be lost. The service's contingency plan was not fully written down. For example, the details of the place of safety were known by staff but were not written down which meant new staff or emergency services would not have this information. Staff did not have a printed list of people currently living at the service. The only version available was on the computer which would not be accessible in the event of a fire. A 'grab bag' (including torch, reflective tops for staff and thermal blankets for people) was available in the hallway, but it also contained personal data in respect of phone numbers and personal emergency evacuation plans. Staff were asked to move this to a location which was readily available for staff but to ensure personal data was

protected.

Concerns from a fire risk assessment and health and safety assessment completed in December 2016 by an external contractor had not been followed up. This included questions about the risk of some doors not closing when required or meeting the standard to keep people safe behind them should this be required. Other checks mentioned in this report, such as checking the emergency lighting, had not been put in place. The fire service have been made aware of our concerns in respect of fire safety. The fire service have since attended the service and given advice.

People were not protected from the risk of scalding. Prior to people having a shower or bath staff were not checking the water temperatures to make sure they were running at below 44oC to prevent scalding. There was no regular check of the showers or baths to ensure the temperature regulators were working. In March 2017, the water temperatures of sinks accessed by people were recorded to be running at well over 44oC and therefore a risk of scalding. Staff had not checked them again after a plumber had been called to repair the boiler and valves that regulate the temperatures. We requested the waters be rechecked. Water temperatures were checked by staff on the 18 May 2017 and reported to us to be still reading in excess of 44oC. This meant that people remained at risk of being scalded. A plumber was called to address this and staff were given the means to record temperatures before bathing people.

People were not protected from the risk of falling from a height. We found two large and one small window to be unrestricted. The two windows opened well in excess of the recommended 100mm gap. We established there was no audit or check of all windows. In one of the rooms we found the window opened to a maximum width meaning that a person living with dementia would not have been able to keep themselves safe should they have chosen to access the window for themselves.

People were also not protected from the risk from hot surfaces. There was no audit or check in place to ensure any heated surfaces such as radiators were safe.

People were not protected from the risk from equipment that may not be working correctly. There was no system in place to check people's air mattresses were working correctly to minimise pressure skin damage for vulnerable people. We found two of the mattresses were flashing a potential fault. One mattress was set to medium weight when other records would state this was not the case. This person had other bariatric equipment provided. They therefore could be at risk of skin damage due to their mattress being set incorrectly.

There was no system in place to ensure the first aid kits were adequately stocked and in date. Senior staff told us they waited for staff to tell them stock was not available. This meant these could not be relied on in an emergency. Wheelchairs, frames, stand-aids, slings and hoists did not have any check in place to ensure they remained safe to use. They also did not have a cleaning programme in place to ensure they protected people from the risks of cross contamination.

People were not always protected from good infection control practices. In the laundry, some contaminated laundry was being stored on the floor with clothes and towels also stored on the floor. Staff told us people were provided with laundry bags that were a net design and could be placed on carpets and the laundry floor which could then lead to issues with cross contamination. Higher risk contaminated washing was placed in soluble red bags and brought down to the laundry and placed in a separate container. However, this container did not have a cleaning programme to manage infection control effectively.

We saw staff were wearing canvas foot wear and false nails and nail varnish. A staff meeting in July 2016

stated this was acceptable by the registered manager if the nails were kept short. However, false nails, nail varnish and canvas shoes are an infection control risk. Guidance produced by the Department of Health states canvas shoes and nail varnish provides a risk of infections being transmitted. Nail extensions have been updated as an exclusion by such bodies as the Royal College of Nursing.

COSHH (the system used to understand and protect people from the risk from chemicals) were being managed by staff in the laundry and kitchen. However, the laundry was unlocked and easily accessible to people in the service. Chemicals were available in the room which could place people at risk of accidental consumption. Staff told us the latch had failed and been removed. On previous inspections we had been told this would be fitted with a key pad lock and this had not taken place.

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

People told us they were happy in how their medicines were managed. One person said, "All my drugs are given by the wonderful staff." The administration of medicines we observed on the second day was very person centred, kind and caring. For example, staff did not interrupt people's lunches but let them eat. Medicine errors were investigated with staff retrained and checked to ensure they were competent before administering medicines again. Stock requiring cool storage was maintained safely. There was a signing out and monitoring process for the insulin stock and clear records kept of exactly how much was held. People's MARs were fully completed with reasons for refusal and the reason and times of giving people's PRN medicines written on the back.

Staff called a plumber to address the water temperatures and records sent to us on the 19 May 2017 stated the water temperatures were now reading no higher than 44.1oC. Temperature checks were put in place for staff to record the bath temperatures before people had a shower or both. An audit of bath and shower temperatures would now be included with the sinks. We were sent a record of bath and shower temperatures on the 23 May 2017 and these were reading below 44oC.

On the inspection, staff told us window restrictors were in place but had failed. These were repaired the same day and it was reported to us that all windows now met safety requirements. We were told a system for checking these and heated surface would be put in place.

An infection control audit was last completed in February 2017. People told us their rooms were kept clean and we found there were no adverse odours at the service.

Staff were recruited safely however, the files were missing confirmation of all necessary checks being in place. Staff located the information on the computer and added these to the staff records we reviewed. Staff completed a probationary period before their appointment was confirmed.

People told us they felt there were enough staff to meet their needs. They told us their call bells were answered quickly. Evidence was not available to us to demonstrate how they knew they had enough staff. A dependency assessment was completed on at least one file we reviewed but we could not establish how this was then used to inform staffing levels. Also, this had been filled in when the person first moved into the service and not updated since. We observed that people's call bells were answered quickly.

People told us the service employed the services of a lot of agency staff at present; there had been a high staff turnover. People told us they found this difficult at times as it was different faces. Staff told us there were staff vacancies but the service was actively seeking to employ staff. The provider has told us the

number of agency staff use was 15 per cent. Staff also told us they tried to ensure they employed the same small group of agency staff for continuity.

People felt safe with staff in how they used the various pieces of equipment such as hoists and stand aids. They felt staff would act to keep them safe if needed. One person said, "The staff are very good; if you want anything you just press the bell and they come." Staff were knowledgeable about recognising abuse and how to report this; they felt action would be taken. They also stated they would blow the whistle should this be required. People told us they felt safe living at the service. They felt they could speak to any of the staff and something would be done about any concerns. One staff member said, "People here are safe because we are well trained. We are here to protect others, looking out for abuse." Another said, "We look for changes in behaviour, you have to report, to be able to whistle blow to eliminate risk."

Requires Improvement

# Is the service effective?

## Our findings

At this inspection we checked whether the staff were receiving training to carry out their role effectively. Systems to have an overview of staff training were not readily available. At the inspection in June 2016 the service had a system that included a training matrix. This had been put in place following our previous concerns. We requested to see the updated version of this so we could review staff training since the last inspection. We were told this was probably being held by the registered manager on their own computer so no training matrix or similar oversight tool was available for us to view. The quality assurance manager confirmed there should be a training matrix available. Unsuccessful attempts were made by the provider to locate this document. In the absence of the training matrix, we asked for a list of the training that staff were expected to have in place. This was also not available. The four staff files we reviewed had some training certificates in them but these were from a range of dates but without something to cross reference them against, we could not be sure staff were up to date with training to enable them to meet people's needs effectively. We asked the provider to send us this information once located, but this has not been received.

Staff files we reviewed did not have any recent supervision records. The deputy manager said they had recently completed five one to one supervision sessions with staff. However, there were no records for us to review. They confirmed there was no overview system to plan for staff supervision and appraisals to demonstrate these were completed regularly and to show which staff required supervision.

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

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

MCA assessments for specific issues were not being completed for everyone as required by legislation and were not always making sure best interests decisions were taken, recorded or identified who had been involved in the process. Along with the issue described in the safe section of the report, in respect of covert medicines, we also found people living with dementia were not having their ability to consent to their own care and treatment assessed and recorded. Staff therefore did not have the information available so they knew when someone could make decisions for themselves and when they were doing this for people as part of a best interests decision. This meant people's human rights were not always being considered. For example, one person had an assessment of their memory in September 2015. This stated they "X presents with obvious cognitive impairment" and moderate dementia. This person's file stated that they were going to be put on medicine for their memory with no evidence this had been decided with the person's consent or as part of a best interests decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had completed 'consent to care and treatment' forms in their care records. People also had Treatment and Escalation Plans (TEPs) on their records. Most were filled in fully and had been completed by their GP with the MCA in mind.

Staff knew the importance of seeking consent and ensuring people had as much control as they could of their care. One person received regular support from an advocacy service.
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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had DoLS applications made on their behalf. One staff member described how they met the needs of someone subject to a DoLS to continue to be supported in a person centred way to have time outside the home. This was seen as a way to reduce the person's anxiety.
On a day to day basis staff were observed asking people for their consent to support them and enabling them to answer and make decisions in their own time. Staff also enabled people to make choices by using short phrases so people with memory issues could remember what was being suggested. For example, staff offered one person living with dementia to go to the toilet before lunch and time to decide.

Staff told us they were receiving regular training and we were advised that this was by a mix of online and attending training sessions in person. Staff told us there are at least 60 different online modules and the registered manager co-ordinated the training. An external trainer was employed to carry out first aid, fire, manual handling and medicine administration. Safeguarding training was provided by the local authority. We were told all staff members administering medication were currently up to date with their training. Any person discovered making an error was required to repeat their training. One staff member said they had just started their NVQ level 3 Health and Social Care training.

Staff told us they had supervision for times when they needed to review practice. Supervision is an opportunity for staff to review their personal and professional development. Staff said they felt they could ask if they needed help, support or to clarify anything. We were also told that some staff had had recent supervision.

One staff member said, "With the training we receive I feel prepared to do my job, I'm not out of my depth and I'm always supported by the seniors".

We were told staff were completing the Care Certificate as mandatory training when it applied to them. The Care Certificate was brought in for all staff new to care to improve standards of care nationally. We were told there were two Dementia Champions at the service, but we were not able to check what training they had in order to carry out this role and how this was improving the lives of people at the service living with dementia.

People told us they believed the staff were well trained and able to meet their individual needs. People spoke about how carefully staff used equipment like the hoist or stand aid. Family were also positive about the staff and their abilities. One family member said, "All the staff seemed to be well trained; my mum is very content" and another, "Every member of staff meets more than my requirements."

People's need to have a good diet and hydration to maintain their health and welfare was met. The kitchen team worked well with each other and people to provide a person centred approach to providing food.

People spoke positively about the kitchen staff. People said they had plenty to eat at main meal times and the portions were the size they liked. Snacks and drinks were available if and when people wanted them. One person was offered second helpings of the pudding at lunch if they wanted it. Staff knew what people liked to eat and what they disliked. One person coming on a short stay had been bought their own special cereal in advance of their stay. Kitchen staff kept food charts for people and monitored what food was uneaten at meal times. Action was taken if people were returning food. Staff from the kitchen spoke with people to see what was wrong. This was to check on quality but also to make sure people were feeling alright. Alternatives were offered and flexibility was built in to meet people's needs. We observed food being prepared for people just because someone felt like eating it at that time. Food was served on warmed plates. Kitchen staff passed any concerns to the care staff to ensure these were recorded and met.

One person said, "The food is very good; they always provide for me. Always a choice." Another person said, "There is always plenty to eat; that's no trouble" adding though they would like more choice of different types of meals, lunch could be late, sometimes going cold. We have passed this concern on to the provider.

Other comments included, "The food is alright; plenty to eat and if you don't like it you can have something else" and, "If there is something you don't like, they ask what I would like" adding when it was noticed they were not eating enough "X from the kitchen kept trying things; saying "What would you really like?"".

People confirmed they had fresh water or juice placed in their rooms each day and had plenty of drinks offered. We saw people had drinks offered at regular intervals. No one required support to drink but staff reminded one or two people as they could forget the drink was there. Staff kept electronic records of people's fluid intake which would alert if the person was not drinking enough. This would then be followed up on. A health professional confirmed they saw fluids were always available and this helped maintain the urinary health of those requiring a catheter or were prone to urinary tract infections.

People had their health needs met. People said the staff always responded to their health needs and called their GP if that was required. Records demonstrated that people were referred for further assessments as required. One person said they saw the asthma nurse and another had diabetic checks but this was not recorded. We spoke with staff about the importance of recording this and any action or advice given. People were noted in their records of having seen an optician and chiropodist/podiatrist as needed. One person said, "I can see my GP quickly."

Good

# Is the service caring?

## Our findings

At our last inspection we rated this section as good. We found this remained good.

People spoke very positively about staff and what they meant to them. People felt staff were always polite and treated them with kindness and respect. People said staff protected their dignity and would share appropriate humour. One person said, "The staff are wonderful; absolutely fantastic. They are polite and ready for a laugh; they gave me a wash when I wasn't feeling too well as they recognised that would make me feel better. They really are wonderful".

Another person said, "The staff are very lovely; every one of them are good. I can't say a word against any of them." Another said, "The staff are alright; they are kind and polite. They knock on my door." Other comments included, "The staff are all very good"; "The staff are alright; as good as gold" and, "I am well looked after. The staff are perfect in the way they look after me and see to all my wants."

Staff appeared to have an understanding of people's needs and the support they required. Staff spoke positively about those they were caring for. One staff member said, "We put people first, it's about them, giving them choice, I like to think I listen".

Staff demonstrated a sound understanding about promoting privacy and dignity. One staff member said, "We put people first, that's what person centred care is about, giving them choice. We approach with respect; knocking on doors, talking, trying to do everything as dignified as possible, always engaging the person, remembering the person. One person is not eating well at the moment. The kitchen staff are brilliant, making them all different things to tempt them. For example, hot chocolate with cream and sprinkles."

Another staff member said, "I spend as much time as possible with residents; share their interests, talk about their families, just listen, I never say I haven't got time. Person centred care is to involve a person in their care, what they like, their wishes, they must be in the middle".

Staff were observed to be kind, respectful and responsive to people's anxieties. For example, one person was waiting for their family member to come and taken them out for lunch. As people were moving to have lunch in the service, they became anxious. Staff reassured them that their family member was not late and patiently reminded them they would be there soon and not to worry. Reassurance that they would call if the family member was late was given along with a cup of tea.

Throughout the inspection we witnessed sensitive interactions and interventions between staff and people. For example, one staff member supported a person living with dementia to remain engaged with their hobby of colouring. The staff member said, "Colouring in is very important to X, so I make sure I always have a pencil sharpener in my pocket to ensure the pencils are always sharp".

People felt important to staff and felt the staff supported them to remain independent. One person said,

"They treat you as family; they look after me as if I am their mum; nothing is too much." People told us they were encouraged to do as much for themselves as they could and have control over their care. One person told us they were supported more by staff now as they felt less able to do all their care for themselves. However, this had been done with their say so and control. Another person said about their personal care, "The staff are really wonderful, they give me a good wash too".

People told us their visitors were welcomed and offered refreshments. One family member said, "The place is amazing; I am greeted and brought up to my mum's room. I am given coffee. Mum is happier than she's ever been. I feel confident she is being looked after and safe."

Staff spoke to us warmly about people who had passed away since our last inspection. Staff told us about the ways they aimed to ensure people knew they were cared for when they were coming to the end of their life. Staff told us that people were never left on their own and especially when they had no one else staff would be with them until they passed away. One staff member said, "We contact the GPs and district nurses promptly. Designated carers are allocated to provide the care and people are repositioned hourly. Pain relief is always available if required." Also we were told a family member was provided with a room recently so they were able to remain with their mother until the end of her life."

Requires Improvement

# Is the service responsive?

## Our findings

On our last inspection in June 2016 we rated this part Requires Improvement. We found some care records had not been updated and others lacked detail and guidance to direct staff in how to meet people's identified needs. Also, in some records the events around people's needs were not always clearly recorded, so it was difficult to find where the event started, what action was taken or how the event was resolved for people. We judged this to be a breach of regulation and served a requirement notice on the provider to tell us how they were going to put this right. We received an action plan that stated this would be put right by the end of October 2016.

On this inspection we found concerns in respect of people's care plans remained. The standard of the records did not demonstrate staff were considering people's changing needs as we found people's care plans had not been reviewed often. We were also told there was not a current care plan audit taking place. Many of the records had no date of when they had been completed which meant it was unclear when the need had been identified or when it should be reviewed. This also meant it was unclear if any needs identified remained current.

Since the last inspection, the provider had introduced an electronic care recording system in January 2017. This was now being used for recording tasks of care, fluid intake, daily records and staff handovers. The main care plan and risk assessments continued to be in paper form held in individual folders. There was a gap between the paper and electronic systems in so far as what was in process of being updated on the electronic system and what should have been up to date on the paper files while this transition was taking place. Whilst care staff were enthusiastic about the new system we were concerned that given the service was using so many agency staff that they may not know how to meet people's current needs from reading records because the detail was not there to refer back to.

The admission process was not robust enough. There was some evidence to suggest some people were assessed prior to admission. However, the completion of an assessment form was different for different people. In some cases areas had been left blank for essential health needs, and people's needs were not accurately transferred from the referring agency. One person for example, was noted as having an allergy to penicillin in a later document but this was not in the initial assessment document. We asked staff to check on the accuracy of this to ensure they were safe. They contacted the person's GP and updated the record.

Another person's pre admission assessment was blank apart from mentioning they had an operation on their knee previously. They had arrived at the service on the 19 January 2017. There was a referral document that detailed other recorded health conditions. These conditions had not been transferred into the person's care plan. Staff had not picked these up and ensured a care plan was then in place and what their role was in meeting these needs. A simple search of the internet established these were for high blood pressure, gastric reflux and a risk of progressive renal disease. All other paperwork which was dated had then been completed on the 23 January 2017 with no recorded evidence of this having been reviewed to ensure it reflected their current needs. Also in the referral document a "history of recurrent falls" was recorded. The person was reported to have a fall on the 2 February 2017. Not only was there no risk assessment for falls

there was no recorded evidence a care plan had been considered to manage the original or this new potential need. An undated and unsigned mobility risk assessment stated they were low risk of falls. This had also not been updated following the fall as this was not mentioned.

Where dates were available on records, there was no recorded evidence that regular care plan reviews had taken place. For example, one person's care plans had been largely written on the 24 October 2016 with no recorded evidence of an update. This was despite this person living with dementia and demonstrating behaviour that could challenge. They were also subject to an authorised restriction of their liberty. This person could not verbalise their needs and no details were included of triggers and methods staff could use to support them. Assessments of pain and depression were left blank even though the information could have supported staff to understand the person's behaviour. When staff spoke to us about this person, individual staff were able to verbally describe this person's needs and how they supported them. Staff told us how they supported them and worked continually to understand and meet their needs. This information though, would not be available to new and agency staff.

One person who started a period of respite on the first day of the inspection was found to have no initial assessment or care plan in place when we asked for it. This could not be found and had to be re written. The fact this paperwork was missing had not been identified until we requested to read it but the person was moving in that day. Staff said this person often came for respite and they knew they had the paperwork somewhere but could not trace it. Staff did appear to know this person's dislikes and likes well and had made their room as they would like it and bought food in just for them, that they knew they liked. Staff also spoke fondly of this person and their looking forward to their coming. However, records did not reflect this information.

People living with dementia did not have a care plan in place to identify their individual experience of living with the condition. There was therefore no detail available to staff on how to support these people. There was also no planning about how to meet people's social and leisure needs and some people did not have any details about their life experiences, likes and dislikes. This meant staff could not be sure they were providing person centred care, especially for those people living with dementia.

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

Staff were informed about changes in people's needs with verbal communication and daily record documentation via their electronic system.

The service had a complaints policy in place which people could access. Feedback during the inspection confirmed there had been complaints received. People told us they had raised the odd issue. For example, one person told us they had raised a concern about how their laundry was handled. They showed us an item of clothing that had been shrunk in the dryer and did not feel their concerns were being addressed. There was a file entitled "complaints". No records in this file showed a complaint had been reviewed since we last inspected. Therefore there was no record available on how these complaints had been handled and whether they had been resolved to the satisfaction of those affected.

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

People felt staff were responsive to their needs. They told us if they were poorly, staff would ask them what was wrong and ensure they saw their GP if needed. People said they could have baths and showers when

they wanted them. Staff were flexible in meeting people's needs when it suited the person. One person said, "The staff are OK; they ask you what's wrong and if they can get it for you they will"

People and their representatives could be involved in care planning if they wished. One family member said, "I am aware of the care plan as I helped to fill the care plan in." Another family member said they were aware of the care plan and staff had discussed it with them.

Family members said they were kept up to date and informed of any serious concerns quickly. At this time staff relayed what action had been taken and how they were meeting the need that arose.

The registered manager issued a monthly newsletter and activity programme. Staff were seen spending times on a one to one basis with people. Staff were observed popping in and out of the lounge and speaking to people. One person had a visit from the local clergy which included communion. Two people said they attended local churches. People had the television to watch or radio on during the inspection. There was little other constructive activity or engagement available for people to do during the inspection. The atmosphere appeared task orientated. Whilst staff stated they were not short staffed, there was a sense of staff rushing around responding to people's physical health care needs. Music was played in the dining and one member of staff stayed in the room once meals had been served, but they sat separately from people. There was little staff interaction beyond the task of serving and removing the plates at lunch.

People who chose to stay in their rooms confirmed staff came to see them often and made sure they were not lonely or needed anything. One person who stayed in their room for most of the day said, "The staff come and have a yap and see if you want anything".

Staff explained it had been a struggle to change the previous culture when no one used the lounge or mixed and this had been gradually changing. The take up for organised activities was low and but was no plan for staff about how to engage with individuals in a meaningful way to maintain their wellbeing in other ways.

People felt they could speak to staff about any issues and these would be taken seriously. Family felt they were able to communicate with staff if needed. One family member said their concerns were always sorted out to their satisfaction adding, "Although I have had no major concerns, staff are always available."

Inadequate

# Is the service well-led?

## Our findings

We had rated this section of the report as Requires Improvement at our last inspection. This was because although improvements had been made from the inspection in 2015 we judged these had not been in place long enough to demonstrate they had permanently changed the culture and management of the service. On this inspection we found concerns in respect of the service well-led remained.

The Mount is owned and run by the Keychange Charity. They are a provider of multiple care services in England. The Charity is a provider of residential care for older people, and support and accommodation for vulnerable people." A nominated individual (NI) was appointed to oversee the management of the service on behalf of the provider. There was a registered manager appointed to manage the service. They were supported by a deputy manager, team leaders and senior carers. The registered manager was on holiday during and immediately following the inspection. They were due to return on the 30 May 2017. Since the registered manager returned to work they have emailed an update on progress in meeting the concerns raised. We have not, however received the information not available on inspection.

The registered manager and provider failed to have effective quality assurance systems that ensured all areas of the service were safe and of the quality expected. For example, during the inspection we identified a number of areas that were not being monitored to ensure the safety and cleanliness of equipment, such as wheelchairs, hoists, air mattresses and the environment. There were also no systems for checks to be completed on first aid kits, window restrictors, hot water and hot surfaces. This placed people at risk of being harmed from unsafe or unsuitable equipment and services. We also found there was an ineffective system to ensure people's risk of falls and the monitoring of falls had any oversight. We found people's care plans and some maintenance checks were not being audited to ensure they were up to date, accurate and provided an overview for assurance and areas for improvement. An audit of medicines had not identified the issues we found during the inspection. An infection control audit had not picked up the issues in the laundry or ensured the service was complying with guidance.

The provider and registered manager failed to have accessible systems that enabled and supported relevant staff to have the information they needed to monitor and run the service. For example, staff employment checks, monitoring of staff training, records of complaints and internal audits by the registered manager were only available to the registered manager. Evidence that equipment had been checked by suitable contractors was also not always available.

A fire risk assessment and health and safety risk assessment had been completed in December 2016 and there was no recorded evidence of action being taken as a result of this assessment and a previous one in 2015. Systems were not in place to know who was residing in the service. This meant that in the event of a fire or other emergency these would not be available.

There was no information at the location that the provider had continued to have oversight of the service since our last inspection. We were told these may have only been kept by the registered manager. We therefore asked staff that the nominated individual be contacted during the inspection for this information

to be made available and emailed to the lead inspector. On the 22 May 2017 the NI sent us an email which focused on how the registered manager had been supported through their probationary period in 2016. We were also told the last visit by senior management (previous NI) was on the 12 April 2017 with feedback limited to a verbal update rather than a robust quality assessment. The new NI stated they last visited the service on 5 December 2016 in their role as operations manager only in respect of the new electronic care planning system. We asked again how the provider was assuring themselves of the quality of the service. We have not had a clear response to this question or seen evidence of any provider quality overview.

We have been advised that a Quality Assurance Manager was employed on the 1 December 2016 but their role to date had been to oversee the introduction of the new computer system only. We established on inspection there was no timescale as to when the care plans and risk assessments were going to be transferred to the electronic system. This meant paperwork about risk and needs had not been updated; staff were concentrating on the daily records and although were up to date with people's needs, the records did not reflect staff knowledge. This left people vulnerable to not receiving continuity of care. This was vital in this service given the use of temporary staff.

When we spoke with people they said they did not see the registered manager often. The deputy manager walked around the building making sure everything was functioning well and people were happy, but no records were kept of any findings or action taken. People told us they saw the deputy manager often who was helpful. However, one person said, "I don't see [the registered manager or deputy manager] much; It's very lackadaisical at times here." Another person said, "I don't see [the registered manager] much; I am not aware of a walk round."

The provider had introduced a Duty of Candour (DoC) policy and staff were very knowledgeable of how this impacted on their work. The DoC places a duty of registered persons to act in an open and transparent manner when people's care and treatment goes wrong. However, we were unable to check this was being applied as the information about complaints was not available.

The provider had a whistle blowing policy. However, minutes of a staff meeting held in July 2016 stated that staff still being instructed to whistle blow internally before going outside the service or organisation. This had been raised as a concern with the provider at the inspection in 2015.

We were advised that meetings on one to one basis with people were in progress as people had not wanted to attend group meetings. Also, once a month 'tea party' style residents' meetings were being trialled. There was no evidence from either style of meeting of what topics people had raised and what action had been taken. Again we were told these might be with the registered manager.

We were shown completed questionnaires which had been given out to people and family to complete in April 2017 and 2016. The return rate was very low and there was no evidence of what action had been taken from the ones from 2016. This did not show that findings from the survey were addressed.

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

People and family members felt they could raise questions and make suggestions about the service and what direction it was taking. One family member said, "I can make suggestions and yes they are listened to. [I am] always made to feel like a friend rather than a relative when speaking to any of the staff."

Family felt they could raise issues informally. They felt they could speak to either the registered manager or

deputy manager. One family member said they could do this "via the management teams open door policy". Another family member said, "I am able to see them if not in a meeting almost any time I wish."

Staff felt both the registered manager were approachable and supportive. Staff said they felt able to raise suggestions about how the service was being run and felt listened to. Staff meetings were held at intervals across the year.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Regulation 11(1)(2)(3)<br><br>People were not being assessed in line with the Mental Capacity Act 2005 as required. |

**The enforcement action we took:**

We have imposed conditions on the registration of the provider. This includes Keychange Charity telling us each month how they are addressing the concerns raised.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Regulation 12(1) and (2)(a)(b)(d)(e)(g)(h)<br><br>Care and treatment was not provided in a safe way for people.<br><br>Risks to people's health and safety were not always assessed; all that was reasonably practicable was not done to mitigate these risks. The premises used by people were not always safe. Equipment was not ensured to be safe. Medicines were not managed in a safe way. Safe infection control procedures were not always followed. |

**The enforcement action we took:**

We have imposed conditions on the registration of the provider. This includes Keychange Charity telling us each month how they are addressing the concerns raised.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17(1) and (2)(a)(b)(c)(d)<br><br>Systems and process were not established and/or |

operated effectively.

Systems were not in place to assess, monitor and improve the quality of the service; to assess, monitor and mitigate risks to people and maintain accurate, complete records.

Records about the management of the service had not been kept in a manner which meant they were available.

**The enforcement action we took:**

We have imposed conditions on the registration of the provider. This includes Keychange Charity telling us each month how they are addressing the concerns raised.