

Parkcare Homes (No.2) Limited

Mount View House

Inspection report

Pot House Lane
Wardle
Rochdale
Lancashire
OL12 9PP

Tel: 01706350916

Website: www.prioryadultcare.co.uk

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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?

Good ●

Summary of findings

Overall summary

About the service

Mount View House is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to 8 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People's independence was promoted, and staff encouraged people to participate in their care decisions. People's care plans were person centred and reviewed regularly. Risks associated with people's care were assessed to identify how their care could be provided safely and in the least restrictive way. Staff supported people to take part in meaningful activities and pursue their interests. However, the service had struggled with staffing levels and this had impacted the consistency of some people's care and access to the community. We discussed this with the leadership team who evidenced steps taken to promote recruitment and retention of staff. The service was clean, and evidence of ongoing repair was seen. The provider didn't consistently complete cleaning records, we made a recommendation around this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

People received kind and supportive care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs. People had access to health care professionals when they needed them. Medicines were not always recorded accurately; records contained gaps and people's as and when medicines did not always have clear directions. We made a recommendation around this. Following our inspection, the provider shared additional evidence to demonstrate medication recording issues had been addressed with staff, and amendments had been made to improve records.

Right culture

People received good quality care, support and treatment because staff were trained in areas related to their needs and staff received regular supervision from support leaders. Feedback from staff on the culture within the service was mixed. Some staff felt morale was low and others felt it was improving after a period of change. Relatives were generally happy with the support being provided and the outcomes people had achieved. However, some relatives were concerned with the level of community access and use of agency.

Positive feedback on partnership working was provided by visiting professionals. Systems were in place to monitor and learn from incidents in the service. Recent audits for medication had not been completed. We made a recommendation around this.

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

Rating at last inspection

The last rating for this service was good (published 23 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mount View House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Mount View House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mount View House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us. Subsequent

inspection visits were unannounced in line with our methodology of inspecting services who support people with learning disabilities and/or autism.

What we did before inspection

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

During the inspection

We spoke with 3 people who used the service and 3 family members. We spoke with 8 staff members. These included 3 support workers, 1 senior support worker, 1 positive behaviour support practitioner, 2 operations directors and the registered manager. We spoke to 3 visiting professionals.

We looked at 2 people's care records, associated documents, and medicines related documentation. We also looked at records relating to the operation and management of the service. We undertook a tour of the building, observed medicines management practices and their storage, and completed observations of support provided in the communal areas.

Is the service safe?

Our findings

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

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

Using medicines safely

- People received their medications safely. However, records were not always accurate. A staff signature list was not on file and signatures on Medication Administration Records (MAR) charts were not always legible. The time of when medication was administered where this was required to be recorded. We saw this was not always recorded on the MAR charts. This could result in medications being administered too close together. The provider took immediate action to address this and improved their recording processes.
- Medications were not dated on opening and details of cream applications were not consistently recorded.
- PRN protocols were not always in place. One PRN protocol did not contain clear directions, although staff were able to describe how and when the medication should be taken.

We recommend the provider reviews their medicines processes to ensure medicines are managed safely. Following the inspection, the provider supplied an action plan and evidence of the improvement in record keeping.

- We did not observe any evidence of medications being administered incorrectly. We reviewed several medications, and stock counts matched the expected number of medications available.
- Controlled drug registers were being completed correctly and evidence of medication reviews were observed. As and when medications were not used often as the provider appeared to be following the STOMP (Stop the Over Medication of People with a learning disability, autism or both) guidance and promoting therapeutic interventions.

Preventing and controlling infection

- The service was clean and free from malodours. Environmental checks and audits were being completed. Cleaning schedules were not consistently being maintained and large gaps in recording was noted, however the service appeared clean. We have signposted the provider to resources to develop their approach.

We recommend the provider ensures that cleaning records are completed consistently.

- Some peoples en-suites had signs of water damage however, assurances were given around planned work to refurbish bathrooms and replace damaged doors.
- The provider had PPE (personal protective equipment) available and the infection prevention and control policy was up to date.

Visiting in care homes

- Visits were occurring in the service and in line with current practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe in the service. Families said their relatives were safe, they said, "Yes on the whole" and, "I feel [they are] safe and happy."
- Systems were in place to report and investigate concerns. Staff were aware of how to escalate safeguarding concerns and were confident on how to whistle blow.
- The provider completed debriefs following incidents in the service. Minutes from meetings showed the provider explored incidents and the events leading up to them. Trends and themes were identified and changes in care delivery was being implemented following any learning.

Assessing risk, safety monitoring and management

- Risks were effectively assessed and managed. Individual risk assessments were in place and reviewed regularly. The assessments were person centred and recorded how best to support and improve people's quality of life. They identified risks and effective control measures to reduce the likelihood and severity of incidents.
- Health risk assessments were in place for medical conditions; however, one service user required an additional care plan. This was put in place following the inspection.
- Measures were in place to maintain the safety of people and staff. Personal safety equipment was available and was being promoted.
- Environmental checks and certificates were being completed on the service. Areas of the service had signs of property damage. The registered manager provided assurance that they were maintaining the property and ongoing repair work was booked in and being completed.

Staffing and recruitment

- The service was staffed at safe levels. The rotas demonstrated the service remained above a safe level of staff, and a contingency plan was in place should staffing fall below a certain level. Agency was being used regularly to cover staff shortages. The operations director explained that a recruitment drive was ongoing to develop a stable staff team. Rotas showed the same agency members were utilised where possible, to ensure consistency.
- People told us there were enough staff however, not all staff were able to drive them to activities. One person said, "I like to go out and do things I like, I don't like missing out. It happens all the time." Families also expressed concern around agency use and said, "I don't feel they are getting the care they should be getting." The registered manager explained that they are working to increase the number of staff qualified to drive people safely in the community and utilised public transport where possible. Evidence was seen of community access occurring during the inspection.
- Staff told us there was enough staff on duty and the service was using consistent agency which was helping. They said, "I think the staffing is better. Most staff are agency, but they do use regular agency and they get to know people well" and, "a lot of the agency are blocked booked and regular. Last few months it has got better."
- Staff were recruited safely. Appropriate checks were being completed prior to employment. This included, Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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, and choices were being assessed. Evidence was seen of a detailed transition phase when a new person moved into the service. Staff travelled to the previous support facility to build relationships and observe practice. This would ensure the person felt assured during the transition process.
- Care plans were in place and covered a broad range of needs. The plans focused on the wellbeing of the person. The care plans were reviewed regularly and contained up to date information.

Staff support: induction, training, skills and experience

- Staff received regular training. The training matrix showed a good level of compliance. Bespoke training around supporting individual people in the service was being provided through the positive behavioural support practitioner and was offered to regular agency staff.
- The positive behavioural support practitioner told us they provide induction support to new staff and agency workers. Staff were shadowed on shifts whilst they formed relationships with people in the service.
- Families provided mixed views around staff knowledge. Some families told us, "Before [my relatives] moved into the service the staff undertook specific training to meet [their] needs. I think this is really good." Others said, "The regular staff do have sufficient training; the agency staff can't build that relationship so are unable to engage properly with [relative]."
- Staff generally felt they had enough training. Some staff felt further training was needed around the different approaches they could use, to safely support people with complex needs. Other staff felt the training was sufficient. Evidence was seen of staff knowledge and incident analysis being used to identify and propose changes in people's support plans.
- Staff told us they received regular supervisions.

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

- People were supported to plan and prepare meals for the household. People told us they liked their meals, they said "I like the food here. I enjoy sausage and mash and corn beef hash" and, "I enjoy it, I can help make meals in the kitchen."
- The kitchen space was clean and maintained. Staff told us people planned meals for the household, however they were often unable to make the meals as planned due to ingredients not being available. Assurances were given that people had access to alternative food options, however the provider felt there was a communication breakdown around when items need to be purchased. The registered manager confirmed ordering systems had been implemented.
- Dietary needs, sensitivities and preferences were being care planned. People's sensory needs around food and kitchen smells were documented and reflected throughout their care plans.

- At the time of the inspection, no one was identified as at risk around their weight. However, systems were not routinely in place to monitor weight loss or gain. The registered manager implemented malnutritional tools following the inspection to support oversight of people's weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service was proactive at working with other agencies to support people. For example, we viewed multidisciplinary meeting minutes with the local authority where specialistic equipment was being proposed to prevent the need for more restrictive practice.
- Referrals were seen to health professionals around people's physical health and people were supported to have access to regular health checks. One professional told us, "The service knew the treatment the person needed and was persistent at getting the professionals together to make sure the person got the care. They were very proactive."
- Health passports were in place. We observed one required updating. The registered manager confirmed this document had been updated following the inspection.

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

- The service had made adaptations to meet people's need. Specialist cabinets and equipment had been installed to support people with their sensory needs within the service. Changes were implemented slowly to support people to adjust to new furnishings.
- People's rooms reflected their individual personal preferences and sensory needs. People were supported to have personal belongings on display.
- People had access to a private and accessible garden space.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA and a DoLS tracker was in place. This showed that DoLS authorisation were in date and recorded the conditions that they needed to follow. Evidence was seen that they were complying with conditions.
- Where people did not have capacity to make a decision the provider worked with relevant parties including relatives, social workers and GP's to make a decision in the persons best interests. They demonstrated ways of supporting people to participate in decision making using social stories, which contained pictures and easy read information around the decision being made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples individuality and spiritual needs were being considered. Care plans were in place around respecting peoples' equality and diversity needs, under the Equality act.
- Peoples spiritual, cultural and sexual needs were being considered and respected.
- Staff were completing training around equality and diversity. Training around supporting people living with autism was being provided alongside bespoke training for understanding the needs of individual people in the service.

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

- People told us they were able to make decisions around their routines. Communication care plans were in place to guide staff around how some people make their wishes known. Specific communication tools were in place and staff knew how to use these.
- Evidence was seen of some people's communication skills improving during their time in the service. For example, one family member told us "[Relative] understands people a bit more than they did previously and is agreeing more with people." Another person had increased the number of Makaton signs they used since transferring to the service.
- The provider was working with advocacy services to support people around their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff engaging with people and encouraging them to participate in activities. People's dignity and privacy was being promoted. People who experienced sensory needs around clothing were supported to maintain their dignity within their private space when they were unable to tolerate clothing.
- Families told us, "There are 4 or 5 staff that go above and beyond, and [person] gets on with them really well. One of them is their key worker. [person] would tell me if they are unhappy and they always say they are happy" and, "Yes, the majority of the staff that have been there a long time and are really caring."
- Care plans were empowering and focused on what people were able to do and how to involve them in developing their living skills. People were supported to assist staff with cleaning their rooms, planning activities in the community and preparing meals.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care. Care plans were reviewed regularly and documented individual choices towards care and how people liked their care to be delivered. For example, care plans recorded people's daily routines.
- Families told us they were involved with decisions around their loved one's care and have been part of reviews. They said, "Yes they do involve us a quite a bit, they know we want to be involved. We have seen their care plans and overall, they reflect who [person] is" and, "I am very much involved in the care planning and the service keep me informed of any decisions that need to be made."
- No one was at end of life at the time of the inspection. No evidence of end of life planning was seen in the care files viewed. The registered manager confirmed discussions had occurred and they would ensure these were reflected in care files.

Meeting people's communication needs

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

- Information was being supplied in different formats for people. Pictorial information and easy read documents were viewed. They helped explain decisions around people's care and how and when people could complain if they were not happy about the care they were receiving.
- People were supported to develop their use of communication aids and a variety of tools and methods were being used at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access the community and took part in meaningful activities. We saw evidence of several people accessing the community during or inspection. However, some families expressed concern around the number of available drivers as their loved one could not access the community in line with their care plan. They said, "I feel [relative] is doing well but I am not happy that they can't get out." Activities and community access were regularly recorded on rotas and daily entries. Specialist vehicles and equipment were in place to maintain people's safety when travelling.
- People told us they could complete activities they enjoyed. People said, "Yes I like living here. I like the

activities I can do. I go a music group, and the pub" and, "Yes [I like living here]. I love to plan and do crafts."

- Families told us their loved ones had access to activities. One said, "They offer them activities. Yesterday, they supported [person] to go to drama group. They do try to involve them but [person] can be very focused and likes certain things."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond and learn from complaints. One formal complaint was viewed on file. Feedback from families and people on how the service could improve was being recorded and responded to.
- Families told us they could raise a complaint if needed. Several families described issues they have previously raised and how these had been resolved.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Governance systems were in place. The service had a tiered governance system. Monthly audits being completed by the registered manager, and additional regular audits completed by the operational directors and quality directors. The audits identified areas of improvement and showed development. Due to staffing pressures, the monthly medication audit had been omitted and therefore the issues we picked up on medications had not been identified. We made a recommendation around medication recording. Issues were immediately addressed following our visit to the service and an action plan was implemented.

We recommend that the provider ensures all audits are completed regularly to ensure effective oversight.

- Information was regularly being reviewed to identify trends and themes to help improve learning. For example, a thematic analysis was completed around incidents. This identified the potential triggers for incidents involved staff handovers. Changes were made around the processes and frequency of changes in staff during a shift, and a significant reduction in incidents had been observed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes. Families told us, "[Person] has achieved quite a lot. They are more amenable to changes" and, "When [relative] moved into the service they were in a really bad way, but they are now back to the [person] I knew."
- Staff provided mixed views around the morale of the service. Some staff said, "I really love my job. But over the last year and half it has gone downhill. It is a real shame; I love coming into work and to try to make a difference. Staff are not as supportive with each other and morale has been low." Other staff told us things were starting to improve. One said "It has been a hard-few month. In the last year we have had a new manager, a new resident to support and get to know, and challenging issues with staffing. I've got the impression things are now starting to get better."
- Visiting professionals provided positive feedback around the service. They said, "Our team has worked closely with Mount View House since it was opened and although still too early to tell with my service user (person who used the service), there are numerous examples of service users developing skills – both internally and socially – that increase independence and quality of life" and, "People always seem to be well supported during my visits. The service appears calm with no major incidents. I have never noticed any malodours or disorganisation when I have attended."

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

- The registered manager understood their responsibilities around duty of candour. Notifications following incidents were made to the appropriate authorities and people and relatives were updated on learning from the service. For example, one family was aware of an incident which occurred and what actions the service had done in terms of learning.
- During our inspection the registered manager was open and transparent. They were responsive and addressed areas of improvement without delay.
- Policies and procedures were in place and up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Most staff told us the registered manager was supportive and listened. Some staff felt it was not clear what actions had been done when issues were raised. Staff meeting minutes were viewed which showed staff issues being raised and what barriers the service needed to address before change.
- Evidence was seen of the service involving people around an individual's transition to the service. People wanted to participate in welcoming the person and were supported in doing so through learning Makaton signs.
- Visiting professionals confirmed the service worked in partnership to proactively support people. They said, "Communication is very good. They have always been quick to get back to me, and they are always happy for me to visit when I need to. The staff are very knowledgeable of the service users. Lots of PBS (personal behaviour support) interventions and plans are written in a positive and least restrictive way" and, "Incidents are shared regularly with the MDT through email and MDT meetings. There is a collaborative approach to reviews and modifications to the support plans, with quality of life being at the centre."