Downlands Care Limited

Mountside Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Mountside Residential Care Home on 14 November 2017, this inspection was unannounced. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using, working with or caring for someone who uses this type of care service.

Mountside Residential is a care home, providing both permanent residential and respite care for up to 52 older people. At the time of the inspection there were 48 people living at the home. Mountside Residential Care Home is an adapted Victorian property with an extension added in 2014. There are a number of communal areas and access to a large terrace and gardens.

We previously carried out a comprehensive inspection at Mountside Residential Care Home in October 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns regarding medicines management and systems and processes to monitor and improve the service were not effective. We also found areas of practice that required improvement. This was because risks to people's safety had not consistently been assessed, training needed to improve, mental capacity decisions were not robust and care plans did not include sufficient guidance. The service received an overall rating of 'requires improvement'. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan and that the service was now meeting legal requirements. We found improvements had been made in relation to medicines, however further breaches of regulation were identified. The overall rating for Mountside Residential Care Home has remained as 'requires improvement'. Details of the breaches identified can be found at the end of the report. We will review the overall rating at the next comprehensive inspection, where we will look at all aspects of the service and to ensure sufficient improvements have been made.

Mountside Residential Care Home had a registered manager. 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.

Risks to people had not been assessed and reviewed to ensure their safety was maintained at all times. Care plans did not fully reflect people's physical, mental, emotional and social needs. Records relating to the care and treatment of each person were not accurate, complete or updated without delay when changes occurred, or included relevant information recorded to ensure people received care that was person centred. People's weights had not been consistently documented or actions recorded to show how the registered manager had responded when people's weights had changed.

Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental Capacity assessments had not been completed regularly or updated. Decisions around people's capacity and who was legally entitled to be involved in decisions was not recorded in line with legislation.

Staff training had not been maintained to ensure all staff were suitably trained to meet people's health needs effectively. Although identified within the PIR completed by the registered manager, at the time of the inspection, training records showed that many areas of staff training were out of date or had not been completed. Therefore it was unclear how the provider had assured themselves that staff were appropriately trained and competent to carry out their roles.

Quality assurance systems to audit and monitor the service were not robust. Issues identified during the inspection in relation to documentation and records not being maintained appropriately had not been identified in audits completed.

Medicines had been improved with further work on-going to ensure PRN protocols were in place.

Appropriate staffing levels had been maintained by using regular agency staff, as the provider had struggled to recruit staff. Recruitment processes had been followed when new staff were employed.

Staff understood their responsibilities to report safeguarding concerns to ensure people's safety. People's privacy and dignity were respected and care records were kept securely. Staff supported people receiving end of life care to remain comfortable, offering support when needed. People were supported to have access to healthcare services when they requested them. This included GP visits, chiropodist and community nurses.

People were supported to eat and drink a variety of food and enjoyed the meals provided. Staff treated people with kindness, understanding and patience. People spoke positively about staff and the way they supported them to maintain relationships with family and friends and were supported to make their own decisions and choices throughout the day. People's independence was encouraged.

There was a varied range of activities taking place which people enjoyed. People's involvement was sought to ensure future activities were based on things they wished to do. A complaints policy in place and people and visitors told us they would raise any concerns with staff.

People's feedback about the home was sought. Minutes were recorded to show that residents, relative and staff meetings had taken place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Mountside Residential Care Home was not consistently safe.

Risks to people had not been assessed and reviewed to ensure their safety was maintained at all times.

Medicines had been improved with further work on-going to ensure PRN protocols were in place.

Appropriate staffing levels had been maintained by using regular agency as the provider had struggled to recruit staff. Recruitment processes were followed.

Staff understood their responsibilities to report safeguarding concern.

Is the service effective?

Requires Improvement

Mountside Residential Care Home was not consistently effective.

Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments had not been completed regularly or updated. Decisions around people's capacity and who was legally entitled to be involved in decisions was not recorded in line with legislation.

Staff training had not been maintained to ensure all staff were suitably trained to meet people's health needs effectively.

People were supported to eat and drink a variety of food and enjoyed the meals provided.

People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

Mountside Residential Care Home was caring.

Staff treated people with kindness, understanding and patience. People spoke positively about staff and the way they supported them to maintain relationships with family and friends.

People were supported to make their own decisions and choices throughout the day and their independence was encouraged.

People's privacy and dignity were respected. Records were kept securely.

Is the service responsive?

Requires Improvement

Mountside Residential Care Home was not consistently responsive.

Care records did not include relevant information to ensure people received care that was person centred. Care plans did not fully reflect people's physical, mental, emotional and social needs.

There was a varied range of activities taking place which people enjoyed. People's involvement was sought to ensure future activities were based on things they wished to do.

Staff supported people receiving end of life care to remain comfortable. Offering support when needed.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

Mountside Residential Care Home was not consistently well- led

Quality assurance systems had not identified issues found during the inspection. Systems used were not robust.

Records relating to the care and treatment of each person were not accurate, complete or updated without delay when changes occurred.

People's feedback was sought. Residents, relatives and staff meetings took place.

Mountside Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place to follow up on findings at the previous inspection in October 2016 and was prompted in part by information shared with us by the local authority regarding an on-going investigation. The inspection took place on the 14 November 2017 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed the care which was delivered in communal areas and spent time talking to people who live at Mountside Residential Care Home, relatives, visitors and staff. We were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us. During the inspection we spoke with 19 people to find out their views and experiences of the services provided at the home and three relatives and visitors to the home. We also spoke with the registered and deputy manager, nominated individual, care and support staff including the activity co-ordinator, maintenance and kitchen staff.

We reviewed records at the home; these included three staff files which contained staff recruitment details

and checked training and supervision records. We looked at daily records, care plans including paper and computerized records and other information completed by staff. We read information relating to policies and procedures, accidents, incidents, quality assurance records, meeting minutes, maintenance and emergency plans.

We looked at both paper care planning documentation and information on the newly implemented computerised care system. This included four care plans and risk assessments in full and a further three care plans to follow up on specific areas of care provided. This is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured medicines were managed properly. We asked the provider to make improvements in relation to medicine procedures to ensure people were safe at the home.

At this inspection we found that improvements had been made with some further work in relation to 'as required' or PRN medicines still in progress. The provider was working in collaboration with the pharmacy providing the home with medicines. Although the provider had met the previous issues regarding medicines we identified further areas of concern which meant there was a continued breach of Regulation 12.

People told us they felt safe living at the home. Comments we received included, "I feel my needs are met here, I feel safe, It is secure the staff know who comes in and out, I have never felt worried at all.", "Everything makes me feel safe here; I would go to the boss if I was unsafe in any way." Relatives felt that people were kept safe telling us, "It's safe, the way she is cared for, she needs two to three people to help her. I would go to management if I was worried. Sometimes they have time to spend with her, the carers are very good at sorting problems."

At the previous inspection we found a breach in relation to the management of medicines. At this inspection we found the provider had made a change to the pharmacy used to provide them with medicines. They were working with the pharmacy to further improve the medicines procedures. The pharmacist visited the home during the inspection. We were able to talk to them about the improvements made and further changes to be implemented. PRN medicines were prescribed by a person's GP to be taken as and when needed, for example, pain relieving medicines. There were no PRN protocols in place; however these were in the process of being implemented. This was an area that needed to be improved to ensure that all information regarding the safe and appropriate administration of medicines was in place to support and advice staff, and to ensure people always received their medicines in a safe and consistent manner. Staff were able to tell us how and when they would offer or give PRN medicines. We looked at Medicine Administration Records (MAR). These included how people's medicines were prescribed and the times they were required to be given. Medicines were stored and disposed of safely. All items were labelled, dated on opening and stored tidily. People felt that staff supported them with their medicines and encouraged to remain independent where possible. "Medication on time, sometimes they are late, never been without, the staff do my medication, I put cream on my legs, they check I have done it, helps my independence." and, "The staff handle my medication on time and I understand what they are for."

Risks to people's safety were not identified safely and consistently. The provider had recently implemented a new computerised care planning system. This had only started to be used in the week before the inspection. Some care plans had been updated on the new system, but a large number had yet to be added. Until this was fully completed staff were still using the paper documentation to inform them of people's care needs. Daily notes were being completed on the system by staff. The registered manger told us they had started to upload information and write new care plans for people. We looked at both computerised and

paper documentation for people. When a person had a specific health related concern, risks had not been identified and responded to promptly. For example, catheter care plans included very basic information and stated only that the person had a catheter. No further information had been recorded in relation to risk, what sort of catheter it was, why the person had a catheter or guidance for staff on what care and support that person needed to keep them safe. Risk assessments had not been reviewed or updated for long periods of time. People had bed rails and pressure mats in place with no risk assessments completed to determine that these were the most appropriate equipment to use. Pressure area and nutritional risk assessments had not been reviewed. We found a pressure area risk assessment that identified the person at high risk in July 2017, with no further reviews completed. Nutritional risk assessments had not been reviewed regularly. One person had a very specific risk and health need which staff needed to be aware of to ensure safe care was provided at all times and signs of infection to be aware of. There was no care plan or risk assessment completed. There was guidance for this in the MAR chart, but no information to inform staff not providing medicines. As the home used a number of agency staff who did not manage medicines this put people at risk. Staff told us people had been referred to GP's or dieticians when they had lost weight, however, we were unable to find information recorded to support this. People's weights were not consistently recorded, or clear audit trails in place to show actions taken in response to identified health risks. For example, one monthly review identified a significant weight loss for the person, but no further information had been recorded in the section to show actions taken. The registered and deputy manager were not aware if this information had been fed back to the senior carer or management at the time. People's care and associated risks needed to be clearly documented and managed to ensure people's safety was maintained at all times.

Personal Emergency Evacuation Procedures (PEEPS) had not been completed in all care files. This meant emergency information was not recorded to inform staff what support people may need in the event of an emergency evacuation and how to provide this safely. The above issues above meant that the provider had not ensured people received safe care and treatment. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire evacuation and emergency procedures were displayed around the home. Environmental risk assessments had been completed. Regular fire safety checks on equipment had taken place, including emergency call bell and lighting checks. There was a maintenance employee available at the home to respond to any issues or concerns. Systems were in place to check equipment and services were well maintained. These included amongst others, gas, personal appliance testing (PAT) and legionella checks.

The provider had safe recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included Disclosure and Barring Service (DBS) checks, references from previous employment and proof of identity. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

The registered and deputy manager told us there had been problems recruiting and retaining care staff. They had struggled to recruit suitably trained and experienced staff and this had meant that agency staff were being used on a regular basis to ensure staffing levels were maintained. The deputy and registered manager also covered shifts when staff sickness meant that staffing levels were short. Regular agency staff were used whenever possible to ensure consistency. Staff told us staffing levels were appropriate, but at times they were very busy. We saw that call bells were ringing throughout the day, and staff confirmed that a number of people needed assistance with a high level of care and support which meant that they were calling for assistance frequently. The registered manager told us they looked at call bell response times to ensure they were responded to in an acceptable timescale. Staff told us they worked well as a team and if

they finished work in their designated areas they always checked if they could help each other out. There were six carers and a senior carer working the morning/afternoon shift, supported by the head of care and four care staff and one senior carer working the afternoon/evening shift supported by a head of care until 4pm, and until 8pm on a Thursday. Night staffing levels were three care staff. Additional kitchen, housekeeping and activity staff were also employed. There was a 24 hour on call system, covered by the registered and deputy manager. And staff had a list of who to contact in an emergency if needed.

People felt that staff were available to help them. Comments included, "Definitely my needs are met here, the staff spend time with me depending on their time." "The staff don't always have time to spend with you, a lot of them are new." and, "All my needs are met here, yes I feel very safe, nothing to fear here. I would speak with the big fella, don't know his name. The staff spend time with me, I don't need much".

Staff told us they were aware of their responsibility to report any issues or concerns they had about people if they felt they were at risk. Not all staff had completed safeguarding training within the last 12 months; however, they told us they would report any issues or concerns to a senior staff member who they thought would contact the registered or deputy manager. The registered manager told us they were aware of their responsibility to report accidents, incidents and falls or any suspected abuse to the local authority and CQC as required to ensure appropriate actions were taken and people were kept safe. When accidents or incidents occurred we found that accident /incident forms were completed. When a person had a number of falls, this had led to the completion of a general risk assessment and referrals had taken place to other health professionals. One person who had a number of falls and had been identified as requiring nursing care, this person was currently awaiting a placement at an alternative care environment.

People were cared for in a clean and tidy environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were cleaned and maintained. The service had an infection control policy and other related policies in place. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly. People living at Mountside Residential Care Home and visitors told us they were happy with the level of cleanliness around the building. We saw that the newer extension and rooms were well maintained and decorated. Some areas of the Victorian building appeared a bit tired, with scuffs on walls and skirting and some areas needing to be re painted. However, bedrooms and other areas were in the process of being re decorated and we were told that improvements were on going.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt well looked after and supported by staff. Comments included, "I believe the staff know me, we get on quite well, generally I can do as I wish." "Very confident in the staff here." And, "I am quite confident in the staff looking after me, I can move around as I wish with my stick, I can get up and go to bed when I want." Despite this positive feedback we found that Mountside Residential Care Home was not providing effective care.

People's needs and choices were not being assessed and reviewed in line with current legislation, standards and evidence based guidance to achieve effective outcomes. People's care had not been looked at holistically. For example, we asked the registered and deputy manager if anyone living at the home had specific communication needs. We were told one person had poor verbal communication and used 'flash cards' to aid communication or a note book. We looked at the care records for this person and found it did not include any information or guidance relating to this persons communication. Two people were visually impaired, we did not find any information recorded within their care documentation to highlight specifically how this may impact on their day to day life, any extra support they may need or how staff enabled them to remain independent.

On chatting to one person and their relative they told us they struggled at meal times as they were left handed and were unable to use the cutlery effectively. When we spoke to staff and management they were unaware of this specific need. Despite visually struggling to eat their meal, no assessment had taken place to see if equipment could be provided to assist this person to maintain their independence more effectively. When this person had moved to Mountside their relative had provided the home with detailed information about the person, including that they wished to have a female carer, this information had not been included in their care plan.

Staff told us training was available and staff were encouraged to complete National Vocational Qualifications or equivalent. However, training records showed that training had not been maintained for all staff. The registered and deputy manager were aware that training issues had not been effectively addressed when staff had failed to attend. They were aware that a more robust approach was needed to ensure they had oversight and managed training better. Training records showed that some staff were out of date or had not completed some required training. This included training to ensure staff were adequately trained to understand and provide appropriate care for people with specific health needs. Including diabetes, dementia and catheter care. Not all staff demonstrated an understanding around Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and not all staff had completed training in this area. Only two staff had completed equality and diversity training, however, moving and handling training had been well attended. Although the registered manager had identified that staff attendance at training was an issue, and this had been included within the PIR information they had sent to CQC, some staff had attended very minimal amounts of training and no clear action had been taken. Therefore it was unclear how the provider had assured themselves that staff were appropriately trained and competent to carry out their roles. The provider needed to take immediate action to ensure all staff were appropriately trained. Appropriate action had not been taken to address shortfalls in training and attendance when training requirements had not

been met.

Staff had not received regular supervisions and appraisal. The registered manager told us this had fallen behind. Supervision records showed that nine staff had received one supervision during 2017. The nominated individual explained that further meetings had taken place with senior care staff, however not all of these meetings had been documented. The policy for supervision and appraisals for staff stated that supervision should take place at regular intervals, planned, protected and uninterrupted. Staff we spoke with were not sure when their next supervision was planned. However, staff told us if they had any concerns they would speak to the deputy or registered manager. The provider had not ensured staff were appropriately trained and received periodic supervision and appraisal to identify any further training or development needs. The above issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individual needs were met through the design of the premises. The building had been adapted and an extension added in 2014. The layout of the home was quite difficult to familiarise yourself with as the numbering of the rooms was confusing. However, visitors told us they were accompanied to rooms until they learnt the layout and people living at Mountside. They told us staff always supported them and made sure they found their way to the communal rooms or their bedrooms. There was a large outside area and terrace which people could access in good weather and communal lounges and seating areas gave people a choice of areas to use, for example if they wanted to sit quietly or had visitors and the main lounge was busy there were further areas in the extension that could be used..

Staff demonstrated a limited understanding of the Mental Capacity Act 2005 (MCA). Not all staff had attended MCA and DoLS training. The 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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had not been recorded or information documented to explain a rationale behind a decision, for example bed rails or sensor mats in use. There was no information to show the rationale behind decisions made or who had been involved in decisions. No information was recorded in care documentation to identify who was legally entitled to make or be involved in decisions regarding people's care. The deputy and registered manager told us one person had a Power of Attorney (PoA) in place for decisions regarding their health. However, no information was recorded to confirm this. No information was documented in their care file.

For people who had a DoLS application or authorisation there was limited information regarding how their capacity had been assessed. For people who had a Mental Capacity assessment completed in their care files, these were out of date and had not been reviewed for long periods of time. 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). 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. DoLS applications had been submitted for people; however assessments of people's capacity were not robust. When people had been assessed as not having capacity, no further information or assessment had taken place. It was unclear what specific decisions this related to, or how this had been reviewed and incorporated into the way care and support was planned and delivered. One person had a 'Do Not Attempt Resuscitation' (DNAR) form in their file which stated they lacked capacity. No further information had been

recorded in relation to their capacity within their care documentation. Although not a breach, limited staff understanding of MCA and DoLS and incomplete Mental Capacity documentation had been identified as an area needing to improve at the last inspection.

People's capacity had not been assessed and reviewed to ensure a clear rationale was recorded to show how decisions had been made and who was legally entitled to be involved in decisions relating to people's health and welfare. The above issues are a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received information that the management team had put structures in place to ensure that all staff must update their training.

Daily records did include when people had given their verbal consent. Throughout the inspection we observed staff asking people's consent prior to offering care and support. People told us they were able to spend their time how they chose. Comments included, "I can move around the home freely, there is no routine imposed on me, I was active before I came here." "I have no restrictions, get up and go to bed when I wish. The staff support me, I like to chill out in the lounge here and make my own cup of tea." And, ""The actual staff know me, sometimes agency staff don't."

People had access to a choice of meals comments included, "The food is excellent, good choice, well cooked and plenty to eat, regular drinks, I am not fussy." "Food, some of it is alright, can't please everybody, daily menu, you can ask for something different, I eat in my room, my choice or staff will take me down in a wheelchair. Drinks all the time and plenty to eat." "Good choice", and, "Food is not bad, it varies, I get more than enough, plenty to eat and drink." People were aware they could request an alternative if they did not like any of the meals on offer each day. People chose where they wanted to eat, with some coming to the communal dining room and others choosing to remain in their rooms. Meals were served to people at their tables and mealtimes were a sociable occasion with people chatting and catching up. One relative told us that due to their loved ones dementia staff had to assist them with their meal and drinks. Meals for people who were eating in their rooms were plated and taken around the building on a trolley which was not heated. We saw that both main course and pudding were on the trolley. One pudding option was a hot pudding. This meant that the hot puddings may not be hot by the time people got to eat them. We spoke to kitchen staff and met the chef. They were aware of people's dietary needs and any preferences. The chef had some positive ideas they wished to take forward to improve and enhance the dining experience for people.

People had access to other health professionals and felt that staff supported them to access this if needed. We were told, "Doctor, dentist and optician can be arranged if I ask for them." "The staff understand me very well, any appointments can be arranged, and I have a heart check-up next week at the Conquest." "I see a Chiropodist every six weeks and I can see a Doctor or Dentist. "I can see health professionals if I need to, haven't tried it yet." And, "Chiropodist comes; I have seen an Optician as well." In the PIR completed by the registered manager actions they include for the next twelve months to improve and make the service more effective included that they are aware that work is needed to build relationships with visiting health professionals and improve communication, this had been discussed with staff to ensure they were aware of the importance of this.

Good

Is the service caring?

Our findings

People spoke positively about the staff and living at Mountside Residential Care Home. Comments included, "Staff are great and all know my name, yes very patient, kind and caring. "I have a very nice room overlooking the garden." "I get on very well with the staff, definitely they are patient, kind and caring." A relative told us, "Yes staff are kind and caring they take time to talk to her."

Staff treated people with kindness. Care interactions between staff and people living at Mountside were kind, patient and respectful, and people responded positively to staff when they stopped to talk or provide support.

The service encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, in this way genuine friendships were formed within the service. People were encouraged to maintain relationships that were important to them. Relatives were encouraged to visit, telling us, "I am definitely made welcome when I visit twice a week."
Visitors told us they were welcomed and always offered a drink. Staff engaged with visitors in a positive way and supported them to join in the communal activities in the lounge, or have private time together.

Although decisions and involvement weren't clear within people's care records and care records did not include great detail regarding people's likes, dislikes or personal preferences, staff provided care in a supportive and kind manner. Regular staff knew people well and people felt that they were involved in day to day decisions and their independence, privacy and dignity were respected and promoted. Comments included, "Staff are alright, haven't met anyone I don't like, they are very kind and caring and I am treated with respect and dignity, they always knock and ask permission to treat me. I choose what I wear and my room is how I want it, all my own bits and pieces, pictures etc." "My family visit regularly and are encouraged to do so." "Definitely respect and dignity, knock on the door and always ask permission to treat me." And, "I choose what I wear and have my own things in my room, visitors are encouraged to visit me, friends and family.

The staff supported people to remain as independent as possible. People who were able to mobilise independently using walking aids were given verbal support and encouragement. People were encouraged to take their time and not be rushed when waking around the home. One person told us, "The staff definitely encourage my independence, makes life easier for them, I am going out to Hastings tomorrow for the afternoon, and yes it is a caring environment here."

People were dressed in the way they chose; one lady told us she liked to make sure she wore colour co-ordinated outfits. Relatives confirmed, "She is always clean and her clothes are clean, the staff take her to the loo often." One person told us, "I shower every day and have help if I need it, staff encourage me to be independent." People had access to a hairdresser at the home if they wished to have their hair cut or styled regularly.

People felt their spiritual and religious needs were supported and encouraged. One person told us she no longer went to church, but that was their choice. Another said, "Any spiritual needs would be respected." People's rooms were personalised and people told us that they liked having their own belongings and ornaments in their rooms. People were encouraged to be involved and share their views at resident meetings and a newsletter was printed each month which included information and details of future events.

People's right to confidentiality was respected. People's care plans were stored in lockable offices to ensure that their privacy was maintained. Conversations regarding care were carried out in private to respect and maintain people's privacy.

Requires Improvement

Is the service responsive?

Our findings

Before people moved into Mountside a pre assessment was completed to ensure the home were able to meet their needs. However, one care folder did not include any background information about them before they moved into Mountside. We asked a senior care worker if they knew anything about the person's life from before they moved into Mountside and they told us they knew very little. When we raised this with the deputy manager who was able to give us more information as they had been part of the initial assessment, as had the senior staff member. However the senior staff was not able to recall these details. Information which was relevant to the person's care had not been incorporated into their care plan to inform staff.

Care plans were not robust and lacked personalisation. Care plans were not in place for all specific health and communication needs. People's care needs had not been updated within care plans when changes had occurred. Some information had been recorded on monthly reviews, however this had not led to an update on the care plan which meant that information was difficult to follow. Information did not correspond, for example one person's eating and drinking care plan stated they had no swallowing or chewing problems and did not need any assistance. However, their risk assessment for eating and drinking identified them as at 'high risk' due to a previous stroke. This person also had a very specific health need which required care and monitoring. No information had been recorded within the care plan to support staff in caring for this need, for example during personal care. This person's history of falls care plan, stated 'I cannot remember if I have had any falls' No further information had been sought from family to enable more detailed assessment of their risk of falls to be completed. Care records were not consistently detailed to enable care that was responsive to people's needs. Care plans did not include relevant details of people's physical, mental, emotional and social needs. For example, one person had limited verbal communication, two people had visual impairments and another had a very specific health related need. No information had been recorded in care plans to evidence how the provider had reviewed this information and considered how each person's care may need to be supported or tailored to support this need.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff had not received any guidance or training in relation to AIS and people's care plans did not contain details of the best way to communicate with them. For example, no information was found to show that the impact of people's sensory support needs had been considered for one person who had limited verbal communication and two people who were visually impaired. One person's initial assessment identified they had depression; this was also included within their monthly review as part of their previous medical history. However, no care plan had been written to support this and no information included to ensure that this person's mental health was reviewed or how this should be considered in relation to how they received care, treatment and support.

Although people told us they were happy with the way they received care. We received conflicting information from people regarding their involvement in the planning of their care. Two people told us they did not wish to be involved in their care plan, one stating that their relative was involved. Others we spoke

with said, "I did not see or discuss a care plan when I came here.", and, "Staff are very kind and caring, treat me with respect and dignity, no concerns with anyone, but never seen a care plan no." One relative told us, "Never seen a care plan, me or my mother." Care planning and reviews did not demonstrate how people had been involved. Although staff and the registered manager were clear that care was discussed with people and their relatives if appropriate, but not all this information had been recorded. The above issues did not demonstrate a person centred approach to care and were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Handovers took place at the start of each shift and information was shared between staff including any issues, appointments or referrals made. Staff completed daily records. These had just started to be recorded on the computerised systems. This system enabled staff to include people's mood and tasks completed. Work was still in progress to ensure that daily records included the level of information and detail needed.

There was an activity person employed at Mountside and a varied activity program in place. This included bingo, arts and crafts, reminiscence, films, floor games, word games, music for health, hairdresser visits, crafts and outside entertainers and speakers. The activity staff member involved people in choices and plans for future activities to ensure these were meaningful and reflected people's individual needs and choices. People told us they had enough to do during the day and were supported to maintain their own interests. On the day of the inspection a lively quiz took place which was attended by 17 people. Interaction was engaging and people were actively involving themselves and appeared to enjoy the activity and the social side of being with other people and visitors. People told us, "I enjoy doing jigsaws and all the activities; always something different to do she is great, she gets anything you want." and, "I can come and go around the home, she arranges activities, she is very good, I have a list of what is on offer. People who preferred to stay in their rooms or did not enjoy group activities told us they were always told what was on offer in case they decided to attend. A visitor told us, "Activities are excellent, Communion is held here, a vicar visited for Harvest Festival."

Some people at the home required end of life care. We found staff supported people to remain comfortable. Staff were mindful of people's discomfort, and pain medication was seen to be offered at regular intervals to help control people's pain effectively. Information regarding people's end of life care and support needed to be further developed to ensure they included all relevant details. However, staff and management were aware that there may be times when they were unable to maintain the level of care required and if people required nursing support this was requested from the community nursing team or a referral made to the local authority to facilitate a move to a nursing environment if this was more appropriate for the person.

There was a complaints policy and procedure. The registered manager told us there were no on-going complaints, however if any complaints were received these would be recorded and responded to appropriately. People and visitors told us they did not have any complaints or concerns, but if they did they would raise them with staff or the manager. Comments included, "I would go to the manager, he is not inaccessible. Staff are busy, but they will find time to talk with me" "We are well looked after, not sure who I would complain to." Relatives told us, "I have no concerns with her safety; If I did I would go to the manager or a senior carer."

The provider had recently implemented a computerised care planning system. Care plans and records were in the process of being transferred and re written. Staff had access to the new system and had started to record daily records. A call bell system was used to enable people to alert staff when they needed assistance. The registered manager told us call bell response times were monitored and all responses were expected to be logged within five minutes. If they received any complaints the registered manager was able to check back through the response times to respond to and address this.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured systems and processes to monitor and improve the quality and safety of the service provided were effective. At this inspection we found that the provider had not made adequate improvements and remained in breach of regulation 17.

Although people living at Mountside Residential Care Home told us they were happy with the care being provided. We found a number of areas that needed to be improved to ensure that the home was meeting regulation.

There was a registered manager who was supported by a deputy and the nominated individual working on behalf of the provider. People told us they knew who the manager and provider were and saw them around the home regularly. The registered manager told us they were working hard to improve the vision and culture at Mountside Residential Care Home. The PIR completed by the registered manager includes that they have had a difficult year regarding recruitment and have not always received full support from their staff. To address this, steps were being taken to strengthen the senior team and further recruitment was on-going.

Auditing systems and processes had not been completed robustly and some areas of the day to day running of the home were not safe. Auditing although completed, did not identify all issues found during the inspection. Some auditing had been delegated to senior care staff, however oversight of this had not been consistent by the registered manager or registered provider. The registered manager and provider had not identified a number of areas which did not meet regulatory requirements. Current auditing systems had not identified issues in relation to care planning, mental capacity assessments not being completed, lack of appropriate risk assessments or risks assessments which did not correspond with care plans, changes to health and care needs not being updated or Power of Attorney (POA) details not being accurately documented for people living at Mountside Residential Care Home.

The lack of robust quality assurance meant that the registered provider had not identified a number of gaps and omissions in records in relation to people's care and associated risk. Care records had not been maintained to ensure they were accurate, complete and contemporaneous. We found examples when documentation was not updated or reviewed sufficiently and this meant information about people's care and support needs was inaccurate or incomplete. This included information regarding people's specific health needs, communication, mental health, mental capacity, nutrition and care needs.

There was an over reliance on staff sharing information verbally and information was not being consistently updated; this meant that staff did not have the appropriate information to ensure people's care was provided safely and effectively. People's weights were monitored, but records had not been maintained. One person's monthly review, which we were told by the registered manager was part of the monthly audit had not been fully completed in relation to a significant weight loss and no information had been written to

show if any actions had been taken. We were given a folder used to record people's weights. This included two people who no longer lived at Mountside and had left some weeks previously, and two people currently living at the home did not have a weight chart in place at all. In some cases people's weights had been recorded in other areas of their care documentation, but this was inconsistent and difficult to follow. Audits had not identified this discrepancy with weights not being recorded or documented correctly. Information regarding referrals and actions taken by staff in response to people's weights had not been consistently documented. Risk assessments which were out of date had not been identified in audits including those in relation to pressure area care and nutrition.

Staff had access to policies and procedures. However we found that although an equality and diversity policy was in place regarding staff and recruitment, there was no equality and diversity policy in relation to people living at the home. The registered manager told us staff received equality and diversity training. However, the matrix we were given identified that only the deputy manager and maintenance employee had completed this training. Therefore it was unclear how the provider ensured staff understood and followed best practice in relation to equality, diversity and human rights.

Supervision and training had not been maintained to ensure staff were appropriately trained and supported to ensure they were able to meet the needs of people they provided care for. The registered manager had taken steps to improve the medicines practices at the home. With work taking place with a new pharmacy who visited the home to audit, train and support staff. However, training records were not up to date. We received confirmation after the inspection regarding further medicines training staff had completed.

Further areas of training had not been maintained. A number of staff had not completed training relevant to their role to ensure they were appropriately competent to support the needs of people living at the home. Although the registered manager had identified that they needed to be more robust and ensure staff attended training promptly, at the time of the inspection a number of areas of training had not been completed with no plan in place to identify a clear course of action taken to address this.

Robust systems or processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the service provided. The provider had not ensured that accurate, complete and contemporaneous records had been maintained. The above issues are a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Hygiene audits had been completed and actions taken by the deputy manager. This information was passed on to staff in handovers and via our computerised system. The audit was then undertaken again. Records were collated and appropriate staff informed by our internal messaging system. The second audit had identified actions were required and were on-going. For example the senior care on duty was to send a list daily of baths and showers undertaken to ensure that peoples' hygiene needs were met.

The registered manager, deputy and Nominated Individual carried out a number of checks and observations around the home. These included spot checks and observing staff interactions, medicines and care provision. The registered manager worked shifts at the home and told us both he and the deputy did the medicines regularly to check these were being administered safely.

People's feedback had been sought and resident and relative meetings had taken place. We saw minutes for a meeting in October 2017. Minutes showed that this had included discussions around activities, staff and staffing, health issues and care, catering and health and safety and positive feedback was given by people living at Mountside regarding the staff and care they received. People said they had opportunity to speak to the registered manager if they wished and one told us, "I do feel part of the community here, I think the

quality is as good as the place allows." "I go to residents meetings and can bring up any concerns, they don't like you being unhappy, any questions go in the minutes." and, "I go to residents meetings every three to four months, the staff listen. Yes I feel part of the community here with the staff who know me. Excellent quality of care, could not have wished for better."

Staff meetings had taken place in August with an ad hoc meeting due to take place the week of the inspection to discuss recent safeguarding meetings with the local authority. Staff meetings included kitchen, night staff, activities, head of care and senior staff meetings. Staff told us "Very happy here, other staff treat me well, very well supported, never had any issues here." and, "It is a job; staff are very supportive, good team. Management and senior staff are brilliant, I feel like part of the team."

The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care had not been assessed, to ensure it was person centred, appropriate, met people's needs and reflected their preferences. (1)(a)(b)(c)(3)(d)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment must only be provided with the consent of the relevant person. Capacity had not been assessed and care provided in accordance with code and conduct of the Mental Capacity Act 2005. (1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way by assessing the risks to the health and safety of service users and doing all that is practicable to mitigate any such risks. (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training and

supervision to ensure they were competent to carry out their role and adequately supported. (2)(a)