

# Majesticare (The Mount) Limited

# The Mount Care Home

## Inspection report

School Hill  
Wargrave  
Reading  
RG10 8DY  
Tel: 01189402046  
Website: [www.majesticare.co.uk](http://www.majesticare.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	

## Overall summary

The inspection took place on 9 and 10 July 2015 and was unannounced. This was the first inspection of the service under the registration of a new provider.

The Mount Care Home is a care home with nursing. It is registered to provide a service for up to 37 people. Some of the people living at the service may require either nursing or specialist care associated with dementia.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection the registered manager had applied to de-register as the manager for this service with the Care Quality Commission. However, the provider had taken steps to ensure the service had managerial cover and a new manager had been appointed. They had submitted the relevant forms to become registered with the Care Quality Commission as is required by law and assisted with the inspection.

# Summary of findings

On the first day of the inspection we found the laundry building could not be locked. This was a potential risk to people's safety as chemicals were used in this area. We raised this with the manager who took immediate action. By the end of the first day of inspection the laundry had a new lock and was secure.

There was a relaxed and positive atmosphere in the service. People who use the service told us they were happy. Care plans focussed on the individual and recorded their personal preferences and where possible people had been involved in making decisions about their care. Care plans reflected people's needs and staff were aware of how people liked to receive care.

People were treated with kindness, compassion and respect. Privacy and dignity was maintained and staff promoted independence whenever possible. People told us they felt safe living at the service. Staff were knowledgeable about their responsibilities to keep people safe and understood how to report safeguarding concerns.

There was a medicine management system in place and people received their medicines from suitably trained, qualified and experienced staff. Medicines were stored, administered and disposed of safely. People's health needs were monitored and staff worked with health professionals to ensure these needs were met.

There was a robust process in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of staff to ensure people's needs were met. Staff received regular training and had the skills, knowledge and experience to support people with their care.

People who could not make specific decisions for themselves had their legal rights protected. People's support plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

There was a complaints procedure in place. Complaints were investigated and responded to appropriately. The quality of the service was monitored by the provider and audits were conducted regularly by the manager and nominated individual. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Immediate action was taken to replace a broken lock on the laundry building to protect people from risk.

There were sufficient staff to provide care and support to people when they needed it.

People were protected from the risk of abuse. Staff knew how to recognise signs of abuse and the action to take to report concerns.

Medicines were stored, administered and disposed of safely.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to carry out their role and they received appropriate training.

Staff were supported by regular one to one meetings with their manager and appraisals of their work.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet. Dietary advice and guidance was followed by staff.

People received healthcare support which met their needs.

The manager and staff had a good understanding of protecting people's legal rights and the correct processes were followed regarding the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

Confidential, personal information was not always stored securely. However, immediate action was taken to protect this information during the inspection.

Staff knew people's individual needs and preferences well. They gave explanations when providing support and worked at a pace to suit the individual.

Staff worked in a caring, patient and respectful way, encouraging independence when possible.

Good



### Is the service responsive?

The service was responsive.

Care plans reflected people's need and were reviewed regularly. People and their relatives had been involved in planning care whenever possible.

People were offered choice in all aspects of their daily lives.

A programme of activities was provided to suit a range of interests and people were encouraged to continue with hobbies and interests.

People enjoyed activities on a group or individual basis.

Good



# Summary of findings

Outings into community were enjoyed by those who wished to take part.

## Is the service well-led?

The service was well-led.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service. Audits identified improvements required and action was taken to improve the service.

**Good**



# 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 was carried out by one inspector on 9 and 10 July 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the local authority care commissioners to obtain feedback from them about the service. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed

the 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.

During the inspection we spoke with seven members of staff, including one registered nurse, an activity co-ordinator, the administrator, two care staff, the manager and the nominated individual for the service. We spoke with five people who live at the service and two relatives. We also spoke to a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care plans and associated records for six people. We examined a sample of other records relating to the management of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for five staff.

# Is the service safe?

## Our findings

We observed all storage cupboards within the house were labelled appropriately and locked. However, staff told us they were unable to lock the laundry which was housed in an outbuilding in the garden. This was due to the key being lost and the lock having been forced. Chemicals were used in the laundry and there was a risk people living with dementia may wander into the laundry and access the chemicals. We raised this with the manager and immediate action was taken. By the end of the first day of the inspection a new bolt with numeric lock had been fitted to secure the laundry and allow access only to authorised personnel.

People who use the service were safe at The Mount Care Home. Comments from people and their relatives included “Completely safe”, “Definitely, very safe” and “Absolutely safe.” Staff understood both the safeguarding and whistleblowing procedures. They were able to explain the actions they would take if they witnessed or had concerns about abuse. They were aware of the reporting procedures and pointed out to us the contact telephone numbers they would use to report concerns outside the organisation if necessary. Staff told us they took safeguarding people seriously and were always attentive for any warning signs, for example, changes in a person’s behaviour. They told us they regularly discussed keeping people safe in one to one meetings with their managers or at staff meetings. Training records showed staff had undertaken training in safeguarding people against abuse.

Individual risk assessments had been carried out. These included assessing the risks associated with moving and handling, skin integrity and poor nutrition. Risk assessments were reviewed monthly or if a change took place in the person’s condition. Staff were aware of measures to be taken to reduce or manage the risks that had been identified. They told us they reported changes in people immediately to the registered nurses who would then reassess and seek professional advice if necessary. Risk assessments of the premises were also carried out and six monthly audits of health and safety were conducted by external auditors who advised on best practice. The nominated individual told us health and safety was taken, “very seriously” and all managers and maintenance staff have been booked onto an Institute of Occupational Safety and Health (IOSH) course.

Staffing levels were observed to be safe and sufficient, to meet people’s care needs. The manager informed us a dependency tool was used along with specific guidance on staffing levels to determine the correct numbers of staff required. During the two day inspection staff responded promptly to call bells and people’s requests for assistance. Where a person was unable to use a call bell or call for help independently, staff monitored their well-being on a regular basis and completed a chart to indicate they had had contact with the person. One person told us, “When I need them to help, they are always there quickly”. Staff also told us they felt that there were sufficient numbers of staff available to keep people safe and respond appropriately to care needs. Staff duty rotas for the last four weeks showed the minimum staffing requirements had been met. The use of agency staff was kept to a minimum and only used in an emergency to cover staff sickness. The manager told us when necessary one to one staffing was arranged to meet people’s care needs. This was confirmed by a relative whose family member had required additional care.

Recruitment procedures were robust. They included staff being vetted to ensure they were safe to work with people. References from previous employers and a Disclosure and Barring Service (DBS) check were obtained prior to employment offers being made. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). Staff confirmed they had undergone the vetting checks set out in the providers recruitment policy and had attended for an interview prior to being offered employment.

Medicines were supplied and delivered by a community based pharmacy. They were stored safely in locked trollies and a dedicated medicine room that had sufficient storage including lockable refrigerators and cupboards. Temperature checks were carried out daily for all storage areas. Medicines were ordered and managed by the registered nurses. Any unused medicines were returned safely to the community pharmacy. Regular audits were carried out so as to ensure the safe ordering, management and storage of medicines. The provider had a robust

## Is the service safe?

medicines policy which provided guidance for staff. In addition further guidance was available from the Royal Pharmaceutical Society and the Nursing and Midwifery Council for the nurses to refer to.

Some medicines were prescribed for people to be taken when necessary. Clear guidance was provided for staff regarding these medicines. This included symptoms to check for before administration and how people may indicate they require the medicine. Allergies were recorded and highlighted appropriately on people's records. Some people required their medicines to be given covertly (disguised in food or drink). This had been appropriately discussed and agreed in accordance with legislation. However, guidelines for staff about how these medicines should be given was not always clear. We discussed this with the manager and the registered nurse. On the second day of the inspection a document called a 'decision tree' was being completed to provide more detailed guidance.

Incidents and accidents were monitored regularly and a monthly report sent to the head office. Any trends

identified were explored further, risk assessed and managed. People had personal evacuation plans in place. An evacuation box containing relevant contact details and emergency equipment was positioned at the entrance to be used in case of an emergency. Staff were trained in evacuation of the building and fire drills were carried out to ensure staff were both familiar with and understood the procedure. The provider had a contingency plan for staff to follow should there be an emergency.

Regular maintenance checks were carried out on the building and equipment. The provider had contracts with companies to ensure maintenance of equipment used in the home and checks on the building were carried out in accordance with the law. Staff told us they could request jobs to be carried out and the maintenance workers would usually do them straight away. For example, during the inspection we saw requests for light bulbs to be changed were made and carried out.

# Is the service effective?

## Our findings

People received effective care and support from staff. They told us they thought staff had been “Well trained” and “they know what they’re doing.” Staff received induction training when they began work at the service. This included watching DVDs, face to face practical training and completing workbooks. They also spent a minimum of three days shadowing and working alongside experienced staff. The length of time spent shadowing was dependant on the staff member’s previous experience, their confidence and how they were assessed by the experienced staff. The period was extended if necessary to ensure the new member of staff felt confident and performed to a satisfactory standard. Staff confirmed they had received induction training and valued the time spent with more experienced staff. The manager and the nominated individual for the service confirmed that in future all new staff would be completing the care certificate as part of their induction training.

Staff had received training in mandatory subjects and were given opportunities to undertake specific training in relation to people’s needs. For example, Parkinson’s disease and diabetes. Staff were also offered the opportunity to gain recognised qualifications. Sixteen care workers had either gained or were working toward a nationally recognised qualification in care and some staff were enrolled on advanced courses provided by a university in dementia care. Staff spoke positively about training and particularly highlighted that received from the staff of the Berkshire Healthcare Care Home Support Team as being extremely helpful. They told us it had helped them understand people’s individual needs and how to support people living with dementia.

Records confirmed mandatory training was up to date and there was a method of identifying when refresher training was due. Members of staff with professional qualifications such as the registered general nurses confirmed they were given the opportunity to continue their learning and development in order to meet the requirements of their professional registration. Some of the senior staff had been trained to deliver training to others on the staff team. For example, moving and handling training. Others had completed a specialist skin integrity course in order to provide best practice guidance to the staff team.

Staff had individual meetings with their line manager. These meetings gave staff the opportunity to talk about their objectives, discuss areas of good practice and identify areas for improvement. Future learning and development was also discussed and staff told us they were able to make suggestions about the service in these meetings. Annual appraisals had been conducted to allow staff to reflect on their performance over the past year and plan for the next. Staff said they felt supported by the management staff and could speak with them if they wanted to. For example, when asked if they felt they were listened to one staff member said, “Yes we are. If you are listened to it makes you feel better.” Staff meetings were held regularly to share information and plan development of the service. Additional support was available for staff in the form of a confidential helpline which they could use to seek advice over work related or personal issues.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager and staff were aware of the legal requirements in relation to DoLS. DoLS applications had been made for sixteen people although not all authorisations had been received. Appropriate records were in place for those that had been received to ensure people’s freedom was not restricted unnecessarily.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people’s capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Records reviewed confirmed staff had received this training. Throughout the inspection we observed staff asking people if they were happy to receive care and we noted staff respected people’s decisions. For example, one person was asked if they wished to join in an activity in the lounge. They refused and said they wished to watch TV. This choice was respected. People and their relatives told us staff always sought consent from them, one person said, “oh yes, they always ask me before they do anything.”

People were supported to eat and drink enough to maintain a healthy diet. Where people were at risk of poor nutrition they had been referred to a dietitian and appropriate food supplements were prescribed and offered. Regular checks were made on people’s weight,



## Is the service effective?

either monthly or weekly depending on the assessed risk. During the inspection we observed there were snacks available for people between meals. These included fresh fruit, biscuits and cakes as well as a choice of drinks. Staff spent time ensuring people had sufficient food and fluid intake throughout the day by encouraging people and offering choice. Where necessary people's food and fluid intake was recorded. People told us they thought the food was, "very good" and "excellent." Special diets were catered for and the chef was aware of people's individual needs. A list of special requirements was maintained by kitchen staff for those people with medical conditions such as allergies, diabetes and swallowing difficulties.

People's healthcare needs were met and they were able to see healthcare professionals when they wished. People were able to register with a GP of their choice however, most chose to register with the GP who visited the home

regularly. The manager and the nominated individual had discussed plans to widen the choice further for people and told us they were in discussion with local GP practices to establish the services that could be offered. Records showed people had seen healthcare professionals in response to changing needs and management of existing conditions. People told us they saw health professionals when they needed to and staff called for medical advice when required. Referrals had been made to specialist health care professionals for example, mental health professionals, dietitians and occupational therapists. People had also been seen by dentists, opticians and chiropodists. A healthcare professional we spoke with told us staff were eager to work with them and they received a positive response to suggestions made or advice given. They commented that they felt the service looked for ways to improve and was "moving in the right direction."

# Is the service caring?

## Our findings

On the first day of the inspection we found personal confidential information was not always stored in a secure manner. Archived files containing personal information were in an unlocked shed in the garden and current care plans were in an unlocked cupboard in one of the lounges. We brought this to the attention of the manager and nominated individual who undertook to move them immediately. By the second day of the inspection all person information had been moved to an appropriate storage area where it could be kept securely.

People were treated with kindness and compassion. People appeared relaxed in the service and we observed positive interactions between people and staff throughout the two days of the inspection. We observed staff acknowledge people and engage in conversation with them as they moved about the different areas of the service, often referring to things they knew the person liked or an activity they enjoyed. Staff were respectful and polite in their approach when speaking with people and we heard numerous examples of light hearted conversations and jokes being shared.

People were eager to praise the care staff, comments included, "They're wonderful and I'm very happy here," "Nothing is too much trouble for the staff" and "Staff are excellent, I haven't a bad word to say about any of them, they do a wonderful job." People told us they did not have to wait long for assistance and that staff responded promptly to their requests.

People's care needs were responded to sensitively, for example, one person was heard calling out "Please help me," whilst being transferred in a wheelchair from their room to the lounge. Staff supporting them knew the person well and realised they needed reassurance as to where they were going and why. They explained this to the person and told them they were there to help each time the person became anxious. The person was reassured and settled once they reached the lounge.

Staff gave explanations when assisting people. For example, staff supporting people to eat sat next to the person and explained what food they were offering on the

spoon and asked if people were ready to receive another mouthful. Staff worked at the pace of the individual and did not rush the activity giving people the opportunity to enjoy their meal.

People were able to make their choice of meal on the day. The manager explained that the kitchen staff brought the meals to the dining areas in the trolley and showed people what the choice was. This ensured all their senses could be engaged to help them make an informed decision. A relative told us they thought this was an "excellent idea" particularly for people living with dementia who often forgot what they had asked for if it was ordered the day before. One person told us the food on the menu was "not always to my taste but they will always do something else if you ask them."

Staff knocked on the doors of people's rooms and asked if it was alright for them to enter. They described how they maintained privacy and dignity when offering personal care by ensuring people were covered appropriately and doors were closed. One member of staff explained how they had managed the privacy and dignity of a person who had suffered a nose bleed in a communal area by shielding them with screens until they could return to their room safely.

Relatives told us that they were able to visit at any time and were always made to feel welcome. One relative said, "we are always welcome and nothing is ever too much trouble." People were able to spend time privately with their visitors if they wished either in their own room or in quiet areas of the service.

People told us they were involved in decisions and the planning of their own care. They also said that staff encouraged them to maintain independence. One person said they were encouraged to go out to the shops and another told us staff supported their independence with personal care by encouraging them to do what they could themselves. People had discussed decisions pertinent to the end of their life if they had wished to and these had been recorded. Where appropriate, relatives had been involved in helping people make these decisions. The manager had organised additional training for registered nurses to ensure they were able to meet the needs of people at the end of life. For example the use of syringe drivers. This meant people were more likely to be able to remain at the service until the end of their life if that was what they wished.

# Is the service responsive?

## Our findings

People's needs were assessed prior to them using the service. Care plans focussed on the individual and included information such as, a person's life history, how they liked things done and how they communicated in relation to their everyday care needs. Care plans accurately reflected people's needs and were reviewed on a monthly basis or more frequently if any changes in a person's condition were noted. Amendments were made when changes occurred. For example, where a person had required advice from a dietitian this had been detailed in the care plan and guidance for staff amended accordingly. The nominated individual showed us a new care plan format that was being introduced to the service. It was based on a document called "All about me". and provided a more in depth profile of a person to enhance the individualised planning of care.

We observed people were given choice throughout the day. They were asked about where they wanted to spend their time, where and what they wished to eat and what they wanted to do. Staff told us they made sure people had as much choice as possible. One said, "People need to feel they are at home, we must give them the choice."

A programme of activities was provided each day. The programme was varied and included trips out on the bus, walks in the village, baking, gardening, puzzles, quizzes and a number of music and reminiscence sessions. One to one activities were provided for people who either could not or chose not to leave their rooms. This helped to prevent social isolation. A hairdressing salon was available and other pampering sessions were enjoyed such as manicures. The activity coordinator told us that activities were designed to meet specific needs and people's personal histories were considered when planning activities. Each

person had an activity care plan which indicated the activities they enjoyed and how they liked to be supported. For example, one person had a particular interest in art work and they were encouraged to make invitations and posters for events going on at the service. We spoke with the person who told us they thoroughly enjoyed doing this and it made them feel valued. When asked about attending activities, one person said, "oh, yes I like to join in with the quizzes but I also like to do things on my own." Another told us they liked to watch sport rather than join in with the programmed activities.

Contact with local churches was maintained and a religious service was available in the service for people who wished to attend. Other spiritual and religious needs were provided for on an individual basis. Meetings were held for people living in the service and their relatives. They provided an opportunity for people to express their views about how the service was run and raise concerns if necessary. People told us they discussed such things as menus and activities as well as planning of days out and celebratory events.

The provider had a complaints procedure and information on how to make a complaint was displayed. People and their relatives told us they were aware of how to make a complaint. We reviewed the complaints log and noted five complaints had been made since January 2015. All had been fully recorded, investigated and responded to in line with the provider's policy. People and relatives said they were listened to and action was taken to put things right as soon as possible if they had raised a concern. One relative commented, "If it is at all possible to change things for the better they will do so." A member of staff commented, "I don't see complaints as negative but positive and something to learn (from). It is important people feel they can complain."

# Is the service well-led?

## Our findings

At the time of this inspection the registered manager was in the process of de-registering as manager for the service with the Care Quality Commission (CQC). However, the provider had taken steps to ensure the service had managerial cover and a new manager had been appointed. They had submitted the relevant forms to become registered with the CQC as is required by law.

The manager was aware of her responsibilities to inform the CQC of certain events that happen in the service. Since taking up post she had identified that notifications had not been submitted to inform CQC of DoLS authorisations being granted. She informed us of this and was addressing it at the time of the inspection. All other notifications had been submitted promptly.

People and their relatives told us that although the manager was new they had found her to be approachable and said she was available if they needed to speak with her. During the inspection we observed people walking into the office to speak with her or approaching her as she walked around the service. People and their relatives also said they were happy with the communication they received from the service. One relative said, “they keep us informed about any changes, they call if [name] is poorly.” Another commented on how supportive the whole staff team had been during a very difficult time for their relative saying, “They were always there to listen and there was nothing they wouldn’t do for us.”

We found there was an honest and open culture in the home. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving respect to people and one said, “Whoever comes through the door they are treated equally. We keep in mind what is important to them and once I’m at work I am here for the residents only.” Another staff member said, “I want to make sure everything is right, if my mum was here I’d want the best.”

Staff told us there was an open door to the manager and her presence was seen. They said that if they required help

and guidance it was readily available. The manager told us, “I believe in a supportive culture, action learning and moving forward from lessons learnt.” Staff confirmed they felt supported and were encouraged to learn from mistakes. They told us they felt able to voice their opinions and the manager listened to what they had to say. A registered nurse commented that they felt they could talk to the manager about anything, and said she would listen and discuss.

A programme of audits was completed by the manager and provider. Such things as checks carried out on equipment, accidents and incidents, complaints and medication management were monitored. This enabled them to have a clear picture of the service and address any trends identified. The quality of the service was also monitored by the nominated individual who made regular visits to the service and conducted quality assurance reviews in line with current regulations.

The manager encouraged transparency and staff told us they reported any incidents immediately. For example a medication error had been reported, this was investigated and action taken immediately to ensure the safety of the person using the service. The manager had then drawn up an action plan to ensure a one to one meeting enabled discussion of the incident and relevant learning before agreeing an action plan.

The manager and the nominated individual were both aware of the regulation relating to duty of candour. The provider has a written policy to be used for any reportable incidents.

Surveys were completed by people, their relatives and staff to gain an understanding of their views of the service. A survey had recently been completed with information being gathered between March and June 2015. After the inspection the manager sent us a report of the responses received. Mostly positive views had been expressed, some comments included, “Fabulous staff,” “Always made to feel welcome” and “Staff are attentive and wonderful.”