Mountfield Care Home Limited

The Mount Residential Home

Inspection report

226 Brettell Lane
Amblecote
Stourbridge
West Midlands
DY8 4BQ

Tel: 01384265955

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
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

Our inspection took place on 6 January 2016 and was unannounced. This was our first inspection of this service under the ownership of Mountfield Care Home Limited. The service was previously owned by Merron Care Ltd.

The Mount Residential Home is registered to provide accommodation for 18 older people with Dementia. At the time of our inspection, there were 17 people living at the home.

The 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.

People and their relatives told us they felt safe. Staff had a good understanding of how to protect people from abuse.

The registered manager analysed accidents and incidents and used this to make changes to the service where required to ensure that people were safe.

People told us, and we saw that, there were suitable amounts of staff on duty to meet people's needs.

People were given their medication safely and as prescribed by their doctor.

Staff were given training and supervision to equip them with the skills and knowledge required to meet people's needs.

Mental capacity assessments had not been completed to assess people's capacity to make decisions. Staff were not aware of Deprivation of Liberty safeguards within the home.

People were given sufficient amounts of food and drink that met their dietary requirements.

People were supported to maintain their health and well-being by accessing a range of healthcare professionals.

Staff had a kind and caring approach and treated people with dignity.

People were not always involved in the planning and review of their care.

People were aware of how to make complaints and we saw that complaints made were investigated and resolved.

People spoke positively about the leadership at the home and felt the home was well-led.

Quality assurance audits were completed monthly by the registered manager but these were not always effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe at the home and staff knew the actions to take if they suspected abuse.

There were sufficient amounts of staff on duty to meet people's needs.

Medication was stored and administered in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always clear on when Deprivation of Liberty Safeguards were required.

Staff were provided with training and supervision to equip them with skills and knowledge to meet people's needs.

People had sufficient amounts to eat and drink.

People were supported to maintain their well-being by staff accessing healthcare professional input for them.

Is the service caring?

Good

The service was caring.

Staff had a friendly approach with people living at the home.

People were involved in their care.

People were treated with dignity and given privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in the planning and review of their care.

Activities that were suitable for people's level of ability were not always available.

People knew how to complain and were confident that any complaints would be resolved by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance audits did not always identify areas for improvement.

People spoke positively about the leadership at the home.

Staff were aware of how to whistle blow and felt confident to do this.

People and their relatives had been invited to provide feedback on the service.

The Mount Residential 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.

This inspection took place on 6 January 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with dementia.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are reports that the provider is required to send to us to inform us of incidents that occur at the home. We reviewed the information provided to us by the home in their Provider Information Return (PIR). The PIR is a document that the home sends to us to inform us how they are currently meeting standards and future improvements they intend to make. We also spoke to the local authority for this home to obtain their views on the care provided.

We spoke with four people living at the home, four relatives, three members of staff, the deputy manager and the registered manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand people's experience of the service.

We looked at care records for three people, one staff recruitment file, seven medication records and complaint records. We also looked at accident and incidents and quality assurance audits completed by the registered manager.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "I feel safe and comfortable with the carers [staff]". Another person said, "Staff make sure I'm safe and that I don't tumble or anything". Relatives we spoke with also told us they felt their relative was safe at the home. One relative told us, "The home is safe and secure so we don't have any concerns there".

Staff we spoke with could identify the different types of abuse and knew the action to take if they suspected this. One member of staff told us, "If I suspected abuse, I would report it straightaway". Staff told us and records we saw confirmed that staff had been given training in how to safeguard people from abuse. We saw that information was displayed around the home informing people of how they can report any safeguarding concerns. We spoke with the registered manager who told us they encouraged staff to raise concerns from the day they are interviewed. She told us, "Staff are told, if you are unsure if something is right, then bring it to us. If staff don't want to speak about it [their concerns] here, we will meet them somewhere else or they can talk to us over the phone". Staff we spoke with confirmed they were encouraged and supported to report concerns.

Staff had a good understanding of how to manage risks to keep people safe. Staff we spoke with gave examples of how they managed risks including; following policies and procedures, making sure people have clothing and footwear that is suitable for what they are doing and keeping the environment safe. We saw staff used equipment such as hoists and saw that these were used safely. We saw records that showed that risk assessments had been completed. Staff we spoke with knew what was included in these risk assessments and how to use this information to keep people safe. The registered manager told us how they manage risk while allowing people to maintain their independence and gave an example of a person who preferred to use the stairs to get to the first level of the building rather than the passenger lift. The registered manager explained that although this was not the safest option, they respected their wishes and so made changes to minimise the risk to the person, whilst allowing them to use the stairs as requested.

We saw that accidents and incidents were analysed to identify trends. There was a record kept of the times that falls had taken place to identify times of day that people were more at risk. Incidents were then analysed and actions put into place to minimise the risk of the incident happening again.

Staff we spoke with told us that prior to starting work they were required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if the prospective employee had a criminal record or had been barred from working with adults. Records we saw confirmed these checks had been made. This meant that effective recruitment systems were in place.

People we spoke with told us there were enough staff on duty to meet their needs and that they were responded to in a timely manner. One person said, "I rarely use my alarm call but when I have they [the staff] came straight away which is comforting to know they are there". Relatives we spoke with confirmed that there were sufficient numbers of staff on duty. One relative told us, "There is enough staff around to provide all the care that's needed and when my relative asks for something the staff will do it right away". Another

relative said, "When we have visited, there have been plenty of staff". Staff we spoke with told us there were enough staff on duty to meet people's needs and that they do get to spend time with people as they were not rushed to get jobs done. One member of staff told us, "There is enough staff and I don't feel rushed". We saw that there were sufficient numbers of staff on duty and the registered manager told us that prior to accepting people to live at the home, they carry out an assessment to see if their needs can be met with the current staffing levels and if not, then the number of staff on duty will increase.

People we spoke with told us they received their medication on time and as prescribed. One person told us, "I have to take my medication and the staff give it to me every day and stay with me until I have taken it". Another person said, "I am given medication every day at the same time, I know what it's for". We observed a medication round and saw that people were given their medication safely and as prescribed by the doctor. We saw that the staff member handing out medication explained to people what they were being offered before giving them their medication and supported people to take their medication by offering to hold their cup of water and sitting with them. We saw that where people had 'as and when required' medications, there were protocols in place that explained when these should be given. The protocols also gave staff 'non-drug options to consider first'. This meant that staff were supported to try strategies apart from medication. Staff we spoke with were aware of these protocols and knew when these medications should be given. We saw that medications were stored safely. We looked at seven medication records and saw that the amounts recorded on the Medication Administration Record (MAR) matched the quantities available for six records. One record we saw did not match the quantity of medication available. We spoke with the registered manager and deputy manager about this who identified that the medication had not been counted correctly and rectified this.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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. People we spoke with told us that staff gained their consent before providing them with support. One person said, "When they [staff] are helping me to do things they always tell me what they are going to do and ask is that ok with me". Staff we spoke with told us they had not received training in mental capacity and did not always know how it would impact their work if a person did not have capacity. We saw that mental capacity assessments had not been completed. We spoke with the registered manager about this who told us that along with the deputy manager, they had begun to look at completing these assessments and that they would be in place soon. We saw that applications to deprive people of their liberty had been made appropriately and reviewed to ensure they are not in place longer than required. However, staff we spoke with were not aware of who required a DoLS at the home. Some staff identified people as having a DoLS authorisation who did not have one in place. This meant that not all staff had an understanding of where DoLS were required or how this would impact their work. We spoke with the registered manager who identified that further work was required to ensure that the staff had an understanding of MCA and DoLS and assured us that training in this area would be provided.

People we spoke with felt that staff had the knowledge and skills required to meet their needs. One person told us, "Staff know all about me and my past and that's how they know how to care for me". Relatives also told us they thought that staff had the skills required for the role. One relative told us, "The way the staff look after my relative is very good and I think the staff are well trained and competent in their work".

Staff we spoke with told us they were provided with an induction before starting work at the home. This ensured that staff had the knowledge required before starting work. One member of staff told us, "I had an induction where they explained fire plans, call systems and paperwork to be filled in. I also shadowed for three shifts". Records showed that staff had completed induction. Staff confirmed that they received training to support them in their role. One member of staff said, "The training is very good, if I go to the manager and say that I would like to learn about something, she will go out of her way to get you training in it". Two members of staff had recently started the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. We spoke with the registered manager who told us that they identified staff training needs through observations of their practice. The registered manager said, "I encourage and support staff to develop. We print off guidelines regularly to refresh staff knowledge and get staff to sign and say they have read this". We saw records to confirm staff had been given and had signed to confirm that they had read the guidance. Staff told us that they received

regular supervision with their manager. One member of staff said, "We have them every three months, we discuss how you are getting on, any training needs or concerns". Another staff member told us, "I have supervisions but if I approach the registered manager and say I would like extra supervision, she would do it no problem".

People who lived at the home told us they were happy with the meals they were provided with. One person told us, "The food is good with several choices from the menu". Another person told us, "The food is very good and there are two things that we can choose from, mainly it's hot and tasty". Relatives were also complimentary about the food offered. One relative told us, "My relative has told me the food is very nice and looks well presented on the plate". We spoke with staff who were allocated to work in the kitchen and they confirmed that there were always two choices of meals. We saw that there was information displayed in the kitchen that told the person cooking about the dietary requirements of people. This ensured that people's dietary requirements were met. We saw that a list of people's preferred drinks were displayed along with information on how many sugars people liked in their drink and what cup was required. One staff member told us, "We have this list but we still ask about drinks when we hand them out, I don't assume that they want the drink they have put on the list, we all like a change". We saw people being given choices of drinks and offered second portions of meals. Where people required support to eat, we saw that staff did this appropriately and in a supportive way. We saw that mealtimes were relaxed and that the meals prepared were well presented and looked appetising.

People told us they were supported to maintain their health and wellbeing. One person told us, "When I tell staff that I am in pain, they get in touch with my doctor or other medical people that I might need to see". Another person said, "The doctor comes in once a week but if I needed one at any other time, the staff would arrange it for me". A relative we spoke with said, "If needed, they will arrange health appointments and let us know the outcome". Records we looked at showed that people had been supported to access a range of visits from professionals including; district nurses, speech and language therapists and opticians.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring. One person told us, "I love the staff and the home, they are great to me. They are caring and loving". Another person said, "I feel well cared for and respected when I'm talking to the staff". Relatives we spoke with spoke positively about the staff. One relative told us, "When staff speak with me, it's always with a caring attitude and I feel respected". Another relative said, "They display kindness and compassion when helping [relative]". Staff spoke about people in a caring way. One member of staff told us, "[People living at the home] may be in a home but they are still people and they deserve the best in life". We saw that staff interacted with people in a positive way. We saw staff encourage people to talk with each other and call people by their preferred name.

People who lived at the home told us that they were involved in their care. One person told us, "Staff will stop and chat to me making sure I'm ok". Relatives we spoke with told us they were kept involved in their family member's care. One relative said, "I'm part of my relatives care because staff talk to me about any changes". We saw records that showed that people's views were sought in meetings. The registered manager informed us that they had identified that people did not like being asked questions in a formal setting and so, along with the deputy manager, they had informal chats with people on an individual basis to see how they are and if there is anything they would like to discuss. The information was then written down in the form of meeting minutes. People we spoke with confirmed these conversations took place. One person said, "Staff talk to me to make sure I'm ok and if everything is alright or was there anything I want from them".

The registered manager told us that some people who lived at the home had previously been supported to use advocacy services. She told us that no-one at the home currently used this but they would seek the support of an advocate straightaway if needed.

People told us that staff respected their privacy and dignity. One person told us, "When I have my shower, the staff turn their heads away respecting my privacy and dignity but still making sure that I'm ok". Another person said, "Staff close the door to keep my privacy". Staff we spoke with told us how they ensure people's privacy and dignity was respected and gave examples of, covering people up when supporting to wash and closing doors when helping with personal care. The registered manager told us about a person who wanted a key to their room so this was provided to them. We saw that this person was supported to use their key to maintain their privacy. We saw that where people had requested to stay in their rooms, this was respected by staff who gave them their privacy.

People told us they were encouraged to maintain their independence. One person told us about how staff encouraged them to do their own personal care and said, "Staff do some of my care but I do everything else to make sure I keep my independence". Another person also explained how staff encouraged them to do their own personal care. A staff member we spoke with told us, "I encourage people to do things for themselves if they can, for example will get them to wash their own face". We saw that people were encouraged to do things independently, including answering the door when their visitors arrived and supporting people to hold their own drinks.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with felt that there were not enough activities within the home. One person told us, "It's a shame but there is nothing to do to keep me busy or anything like activities and games". Another person said, "Sadly there's not a lot to do around here apart from the TV or radio". Relatives we spoke with also told us there were not enough activities provided to people. One relative said, "I'm not sure if any activities happen, I can't say that I have seen any being provided when I have been here". We saw that people were provided with table top games to play or magazines to read. One person completing a puzzle said, "These are games for children". This demonstrated that the activities provided were not always suitable for the age and abilities of the people who lived at the home. The registered manager told us and people we spoke with confirmed, that people did not access activities outside of the home. One person told us, "We never go out anywhere and that's a shame".

People we spoke with were unsure if they had been involved in the assessment, planning and review of their care. One person told us, "I can't remember anyone talking about the care I needed or if it is written down". Another person said, "I can't remember if staff talked about what my care needs are". Records we saw did not indicate that people and their relatives had been involved in the planning and review of care. We spoke with the registered manager about how they ensure people and their relatives are involved in their care planning and reviews. The registered manager told us that there is no formal process to review care with people. The registered manager told us that relatives are involved in their family member's care planning on a daily basis and that relatives are given input as and when changes are required. Relatives we spoke with confirmed and were happy with this. One relative told us, "Staff talk to us if they need to change how they give the care".

People told us that staff knew them and how they would like their care delivered. One person told us, "Staff know all about me and my past. They often stop and chat about what I used to get up to and that's how they know how to care for me". Records we looked at did not always include information about how people would like their care delivered or include information about people's past history. However, the staff we spoke with were knowledgeable about people's care needs and how they liked their support to be delivered.

People told us they knew how to complain. One person told us, "If I was unhappy, I would speak to the manager or carers and they would help me". Another person said, "If I was concerned, I would talk to the manager". Relatives we spoke with confirmed they knew how to make complaints. One relative told us, "If I needed to complain or raise any concerns, I would speak to the manager who is good at what she does and I know she would deal with it in a professional manner". Staff told us the actions they would take to support people to make complaints. This included listening to the complaint and taking it to the manager, as well as supporting people to complete complaint forms. We saw that people had made complaints and that these had been investigated by the registered manager. We saw that the person making the complaint had been contacted some time afterwards to ensure they were happy with the actions taken and had seen a difference in practice. We saw that information was displayed informing people of how they can make complaints.

Requires Improvement

Is the service well-led?

Our findings

We saw that quality assurance audits were completed by the registered manager on a monthly basis. Audits were carried out on medication, complaints, accidents and incidents and support plans. We saw that where actions were identified, these had been implemented. However, the audits completed did not always identify where improvements were required. We saw that records kept about people's care was not always personalised and did not consistently include information about how they would like their care delivered. This was not picked up in the audits of support plans. This meant that the systems in place to monitor the quality of the service was not always effective.

People and relatives we spoke with could not recall being invited to provide feedback on the service. One person said, "I can't remember completing a survey or questionnaire about the service". A relative said, "I can't remember filling in a survey for some time now". However we saw that a questionnaire had been sent out to people who lived at the home, relatives and staff in May 2015 and that some responses had been received. We saw that the registered manager had analysed the feedback given and completed an action plan of areas to be improved on following the responses. The registered manager told us that they encouraged people to provide feedback on an ongoing basis. The registered manager said, "I like to think that if people wanted to give feedback, they would not wait for a survey and they feel like they can. They can call me whenever they need to".

People spoke positively about the registered manager and felt the home was well led. One person told us, "I am happy with the care and there is nothing I would change". Another person said, "It is a lovely home and I am happy to be here". A relative we spoke with told us, "I know the manager and I'm happy with everything so there is nothing I would want to change".

Staff spoke positively about the registered manager. One member of staff said, "I do feel supported by the manager, if I was really worried about something, I know she would sort it". Another member of staff told us, "I can go to the manager if I need anything, she is very approachable". We saw that the registered manager was available for people throughout the day and took time to speak with people and visiting relatives. The registered manager spoke about people in a caring way. She told us, "Nobody here is just a room number, it is down to me to make this home the best we can for them".

We saw evidence of an open culture within the home. Staff we spoke with knew how to raise safeguarding concerns and whistle blow. The registered manager told us they encouraged people to raise concerns, and staff we spoke with confirmed they were encouraged to do this and would feel comfortable enough to do so. We saw information on how to whistle blow was made available to staff.

The registered manager understood their legal responsibility in notifying us of incidents that affect people who live at the home. We reviewed the notifications received and saw that these had been reported appropriately.