

Mountfield House Care Home

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Inspection report

286 Penn Road
Wolverhampton
West Midlands
WV4 4AD

Tel: 01902330017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 18 October 2016. At our last inspection visit in December 2014 we asked the provider to take action to ensure there were arrangements in place to gain people's consent. When we carried out this inspection we found these issues had been addressed. Mountfield House is a care home which provides accommodation and personal care for up to 14 older people. At the time of our inspection 11 people lived at the home.

At the time of our inspection there was a registered manager in post. 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 told us they felt safe living at the home. Staff knew what action to take if they had any concerns about people's safety. People's individual risks were assessed and staff knew how to manage these risks when providing care. The registered manager responded appropriately to issues regarding medicines. People told us there were enough staff available with the appropriate skills to support their needs. Staff received training and felt they had the skills to meet people's needs. The provider had safe processes in place to recruit new staff and carried out pre-employment checks.

Staff obtained consent from people before they provided care. Staff understood people's rights and choices when supporting them. People told us they enjoyed their meals and had sufficient to eat and drink. People told us they had access to healthcare professionals when needed. People said staff discussed their care needs with them. They said staff were kind and friendly. Staff supported people's independence. People were involved in group and individual activities. People felt listened to and able to raise concerns they may have.

Staff understood their roles and responsibilities and felt supported by the registered manager. Systems were in place to monitor and improve the quality of the service people received.

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 told us they felt safe and staff understood their responsibilities to protect people from potential harm or abuse. Systems were in place to manage and monitor people's medicines. Processes were in place to manage risks to people. People were supported by sufficient numbers of staff who were recruited safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were trained and understood people's care needs. People's rights were protected and staff obtained consent before providing care. People had a choice of food and drink and had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and respected their dignity when providing care. Staff supported people to remain as independent as possible and respected people's daily choices.

Is the service responsive?

Good ●

The service was responsive.

People felt their care and support needs were being met. There were systems in place to share information about people's changing needs with staff. People and their relatives were aware of how to make a complaint and systems were in place to deal with any concerns.

Is the service well-led?

Good ●

The service was well-led.

Checks to monitor the quality of the service were completed and

action had been taken to improve the quality of care people received. Staff enjoyed working at the home, understood their roles and felt supported by the registered manager.

Mountfield House 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.

This inspection took place on 18 October 2016 and was unannounced. The inspection team consisted of two inspectors. Before our inspection we reviewed information we held about the home including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection we spoke with four people who lived at the home and two relatives. We spoke with four care staff and the registered manager. We looked at four records relating to people's care. We also looked at five medicine records, three recruitment files and records relating to the management of the home.

Is the service safe?

Our findings

We looked at the medicine records of five people. We found no gaps in medication records. We did, however, find that in the case of three people some medication stocks did not tally with the records. This meant it was unclear whether people had received correct medicines to support their health and well-being. We discussed our findings with the registered manager who took immediate and appropriate steps to ensure people's health was supported and raised a safeguarding alert with the local authority.

We found some people were given their medicine as required such as for pain relief. One person said, "I get my medicines when I need them." We saw staff had access to medicine protocols which gave them appropriate guidance on when to provide these medicines. For example, some people could not communicate verbally about being in pain. Their medicine protocol told staff what to look for in terms of non-verbal cues. Staff were able to correctly describe people's non-verbal communications in respect of pain. For example body language or gestures.

We looked at how people's medicines were stored. We found medicines were kept securely. We also saw that staff recorded the temperatures of each medicine storage area. These records showed that medicines were stored within the manufacturer's guidelines regarding temperatures, so they remained effective.

We looked at controlled drugs kept at the service. We found that an appropriate controlled drugs register was kept and that the amounts shown in this register tallied with the amounts in stock. We also found that these medicines were securely stored, as per guidance.

We found that the management carried out audits of people's medicines practice and stocks. Staff confirmed they received feedback on their administration of medicines from management. The provider also liaised with an external pharmacist. This resulted in the pharmacist providing regular reports on the management of medications by the provider. We saw that the provider took action on the recommendations of the pharmacist contained within these reports.

People told us they thought the service was safe. One person said, "I feel safe because [staff] are around and they check on you. I don't have any concerns about my safety." A relative commented, "I have peace of mind I know [person name] is safe and the building is [secure]." We saw people were relaxed and appeared to be comfortable with the staff who were supporting them.

Staff we spoke with were clear about their responsibilities and the actions they would take to keep people safe from the risk of potential abuse and harm. They knew how to escalate any concerns about people's safety to the registered manager and other external agencies. Staff were able to describe the different types of abuse; one member of staff said, "If I saw abuse [for example] unexplained bruising, verbal or physical abuse, I would report it straight away to the registered manager." The registered manager was aware of their role and responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. Records we viewed showed where people were at risk of harm or abuse the registered manager had reported concerns to the safeguarding authority to keep people safe. This showed there were processes

in place to report any allegations of potential harm or abuse and these were escalated appropriately.

Staff we spoke with were able to tell us about the people who lived in the home and the support they needed with their care. We saw equipment was used to reduce risks to people. This included moving and handling equipment to support people to transfer or mobilise safely. We saw staff assisting people to move using this equipment, this was completed safely and people were not rushed. We saw bed rails for one person and we saw they were fitted correctly. We looked at the risk assessment and audit undertaken by the registered manager and saw measures were in place to reduce the risk of entrapment for the individual. We saw one person required regular bed rest and when cared for in their bedroom required regular re-positioning to reduce the risk of fragile skin. Staff we spoke with were aware of the risks to the person and what was in place to help reduce these risks. We viewed the person's risk assessment and saw this was reflective of the person's needs and of the care given by staff. This showed staff understood people's individual risks and how to minimise them. Staff knew how to report incidents and accidents and procedures were in place. Where incidents had occurred we saw these were recorded and reviewed by the registered manager to reduce the likelihood of them happening again.

People and relatives told us there were enough staff to meet people's needs. One person told us, "The staffing level is a lot better now [staff] are about and you don't have to wait long [for support]." Another person said, "I think there are enough staff." A relative commented, "There has been an increase in the numbers of staff it is better now as more [staff] around to help." Staff told us there was enough staff to meet people's needs. One member of staff said, "Staffing has improved we have an extra [staff member] on shift now so we can support people quicker." The registered manager explained to us that they had increased the numbers of staff on shift to ensure people's needs were met in a timely manner. They said that there had been a number of staff changes and a more stable staffing structure was in place. We observed people received support when they needed it whether they spent time in the communal areas or alone in their room. Where people required frequent checks to be completed such as repositioning in bed we saw charts were in place to demonstrate that checks were carried out by staff. This showed there were enough staff available to meet the needs of the people living at the home.

We looked at the provider's staff recruitment systems and found checks had been completed on staff's suitability to the role. Staff told us they had been interviewed and pre-employment checks had been completed prior to staff starting work. We reviewed three staff files and saw the registered manager had completed interviews, obtained references and Disclosure and Barring Service (DBS) checks. DBS checks helps employers make safer recruitment decisions and reduces the risk of employing unsuitable staff.

Is the service effective?

Our findings

At the inspection completed in December 2014 the provider was not meeting the regulations regarding people's right to make decisions about their care. At this inspection we found the provider was compliant with the regulations.

People we spoke with told us staff sought their consent before offering care and support. One person said, "[Staff] ask for my agreement." One member of staff said, "I always check with [person] first before doing anything to get their agreement." We observed staff throughout the day. We saw staff sought consent from people and waited for people to agree before providing any care or support.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that it was. Staff we spoke with were able to give examples how they worked within the MCA and protected people's rights.

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 to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met. Although there were no current DoLS authorisations in place we found the registered manager had an understanding of the procedures to follow to ensure people's rights were protected. We saw people's movements around the home were not restricted as people could move about freely and where they required mobility aids these were placed within their reach.

We looked at staff training records. The registered manager explained that they were about to start the process of updating the overall staff training record and were awaiting certificates for recently completed staff training. This meant that we were unable to gain a clear overall picture of what training had been delivered to staff from records.

We spoke with staff about the training they received. All staff told us that they received regular training in identified mandatory areas of care, such as how to safely help people to mobilise and how to identify and report abuse. Staff said that the registered manager regularly updated them on new training. Some staff had completed a newly introduced diabetes care training session. All staff we spoke with told us they felt skilled and confident in delivering care to people. We saw staff supported people in a safe way.

Staff told us, and records confirmed they received regular supervision meetings with management. They told us they were able to discuss their training needs and matters of performance during these meetings. They said that management regularly observed them providing care and received feedback on how they

were doing. All staff said that they felt well supported by the management in carrying out their roles. Newly employed staff undertook induction training which allowed them to become familiar with their role and duties.

People told us they enjoyed the food provided. One person said, "Happy with the food, the chef comes to see me and asks what I want to eat." A relative said, "Better food here now people get choices they can have different food and if they want they can choose to have sandwiches." We observed breakfast and lunch time meals; and saw these times were relaxed and where people required assistance from staff we saw staff were patient and not rushed when they provided support. Food provided was appropriate to people's needs and choice. One person told us, "I like to have bread, butter and jam [staff] will get that for me." Staff we spoke with were able to explain people's individual dietary needs and their preferences; and where people had specific dietary requirements for example, a soft diet how those needs were met.

People told us they were seen by a doctor or other healthcare professionals when required. One person said, "I've seen the optician today." A relative commented, "[Staff] will call doctor or if required the paramedics." We looked at people's health care records and saw referrals had been made where concerns had been identified about people's health needs. We saw people had access to a range of different healthcare professionals to ensure their on-going health needs were being met. Where guidance had been given by healthcare professional's information was recorded in people's records and available for staff to refer to and we saw staff following the guidance.

Is the service caring?

Our findings

People said staff were caring. One person said, "Staff are kind they greet you with a smile." A relative commented, "Different staff working here now [and] the care has improved, the staff are caring." People we spoke with said staff were approachable and friendly. We saw people were happy to approach staff and we observed positive interactions between staff and people who lived at the home. For example, we saw staff sit down beside people taking an interest in what they were doing, talking and listening to them. We saw one occasion where a person became anxious, we observed a member of staff talk with the person kindly offering them support and encouraged them to sit down. The person became less anxious after a period of time and responded positively to the member of staff. We saw staff were patient with the people they cared for and not hurried in their approach.

People were supported to make day to day choices. One person said, "I can choose when I get up or go to bed." Another person told us, "I choose what I want to do, what time I go to bed, what I would like to eat and where I sit." Staff we spoke with had good knowledge of the people they cared for which included an understanding of people's individual needs, choices and preferences. For example, one person preferred to sit in a room with the window open. Staff were able to explain to us the person's individual needs and how they supported the person. People told us staff took time with them and listened to what they had to say. They said they were supported to express their views and felt involved in making choices about how they wanted their care to be delivered. We saw throughout the day staff offered people different choices such as what they would like to eat or drink and where they would like to sit.

People told us they felt supported to be independent and to do as much for themselves as possible. One person said, "I do things for myself." They told us staff would assist if they needed help. Staff we spoke with said they encouraged people to remain as independent as possible for example, with their personal care or eating and drinking. We observed at mealtimes people were assisted when required but saw staff offer encouragement to others to eat their meal. We saw people had appropriate cutlery and aids to help promote their independence.

People we spoke with told us their dignity and privacy was promoted and respected by staff. One person said, "Staff are respectful." One person preferred the toilet door to be open when they used it. We saw a staff member stood in front of the door with their back facing the door. They told us this was to ensure the person's dignity and to stop people passing by the room as much as possible. Staff we spoke with were able to tell us examples of how they protected people's dignity. For example, supporting people with personal grooming, closing doors when providing support and speaking to people respectfully.

Is the service responsive?

Our findings

People we spoke with were positive about the support they received and said they were happy with the way staff cared for them. One person said, "If I ask for something [staff] will get it." Another person said, "[Staff] are about to help I don't have to wait."

People we spoke with said staff discussed their care needs with them but were unsure if their needs were recorded in a care plan. However, a relative we spoke with said they were involved in planning their relatives care and said they were kept up to date of changes in their relative's health or support needs. They said, "I am informed of any changes by the staff or [registered manager]." Staff we spoke with told us they knew people's needs well and were able to explain how people preferred their care to be provided. One member of staff explained how they cared for someone who required regular bed rest. We looked at this person's records and saw information recorded was consistent with the person's care needs and reflected the support we saw staff provided. We sampled three other care records for people and saw information corresponded to the care staff provided to people such as using equipment to transfer people safely or information about a person's diet. We saw care records were updated regularly to reflect any change in a person's need and were available for staff to refer to. We observed a shift handover and saw information about changes to people's needs were shared with the staff starting a shift. This ensured staff had up to date information about how to meet people's needs and provided an opportunity for staff to share information about additional checks or tasks required. This showed the provider had an effective system in place to share information and ensure people's needs were met.

We asked people what interested them and what they enjoyed doing during the day. One person told us different activities took place within the home which included card games, hair and nail sessions and sitting talking with staff. One person told us they also enjoyed watching television and spending time with their family. One member of staff said, "We do different activities with people each day and information is displayed on the noticeboard. People can choose what they would like to do." The registered manager said the increase in the number of staff on shift meant staff had more time to spend with people. We saw throughout the day staff took time to engage people in conversation and on several occasions we saw different one to one activities taking place with people.

People were supported to maintain their relationships with people who were important to them. People said their families visited when they wished, this was confirmed by relatives we spoke with. One relative commented, "You can visit anytime." We saw throughout the day staff made people welcome who visited the home.

People said they felt confident to raise any concerns with staff or the registered manager. One person said, "If I am not happy I speak out I would tell the staff I have before." A relative told us, "I have made a complaint in the past and it was dealt with." Staff we spoke with were able to say how they would deal with any concerns people might raise; they said they would refer any issues to the registered manager to investigate. We looked at the complaints process and saw although there were not any recent concerns or complaints a system was in place to record and investigate concerns people might have. This showed the provider has

systems in place to respond to any issues raised.

Is the service well-led?

Our findings

People and relative's told us a number of positive changes had occurred at the home since the last inspection. These included an additional member of staff on duty during the day, the registered manager being more visible in the home and an improved atmosphere in the home. One relative said, "Its better here now there are more staff about and the care has improved." Another relative said, "[Issues] have been sorted out and at the moment everything is ticking over fine." We discussed this with the registered manager and they told us they had implemented a number of changes within the home. This included employing new staff, increasing the numbers of staff on duty and implementing a number of different checks across the home. For example, we saw arrangements were in place to ensure people felt informed and involved in how the home was run. We saw people attended meetings and these provided an opportunity for people to make suggestions. One person told us they had asked for pizza to be added to the menu at a recent residents meeting, and this had now been added to the menu choice. We also saw families had been asked to complete surveys to give feedback about the home and we saw comments were positive.

Staff we spoke with said the registered manager had made a difference to the home in the recent months and improvements had been made to the quality of care people received. One member of staff said, "It's a great home. Its improved lots over the last couple of months, we've had lots of support from the registered manager and senior staff. The atmosphere has uplifted." Another member of staff commented, "I enjoy my work and feel supported by the management." Staff said they worked as a team and felt supported by the registered manager. They said the registered manager was available for them to speak with and they felt confident in approaching them about any issues or concerns they might have. Staff said they had one to one and team meetings with the registered manager and said they felt these were beneficial. Staff said they were aware of their roles and responsibilities and said they felt fully supported in their role. Staff we spoke with told us what they would do if they witnessed bad practice in the home. They said they would report any issues to the registered manager and felt confident these would be dealt with. Staff were aware of the provider's procedures and of the whistle-blowing policy, which included raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

There was a registered manager in post who provided continuity and was in the home on a daily basis and demonstrated a good knowledge of the service and the people who lived there. They were aware of their responsibilities as a registered manager including submitting notifications when required to CQC to tell us when certain events occurred such as allegations of abuse. We also saw the provider had ensured information about the service's inspection rating was displayed as required by the law.

We saw the registered manager had implemented a number of quality audit checks to ensure the home was safe and effective. For example we saw, audits of the environment, medicines and managing people's monies. We also saw care plans had been reviewed and updated to reflect people's needs. Records we viewed showed safeguarding, complaints, incidents and accidents were reviewed and where appropriate, action taken. For example, fall prevention plans produced. We saw the provider had an action plan in place to address areas where improvement was required for example, staff training and reviews of people's needs. They were able to show us evidence of recent staff training and care plan reviews. This showed the

provider had processes in place to monitor the quality of care people received.