

Downlands Care Limited Mountside Residential Care Home

Inspection report

9-11 Laton Road
Hastings
East Sussex
TN34 2ET

Tel: 01424424144
Website: www.mountsidecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Mountside Residential Care Home is registered to provide support to a maximum of 52 people and 42 people were living at the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

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

The provider's systems failed to identify that care and treatment was not provided in a safe way. Audits did not always identify risks to people and provide a safe environment. Staff practice was not always effectively monitored. The manager had only been in post for one month and was aware that there were improvements needed.

An infection prevention control audit was carried out by CQC during the inspection. It was found the provider was not meeting government guidelines for COVID-19. There was a lack of clarity regarding the use of personal protective equipment (PPE) and prevention of infection. There had been no COVID-19 person specific risk assessments completed for people or staff during the pandemic.

Care and treatment was not consistently provided in a safe way. We were not assured that staff had all received essential training and the specific training necessary to meet people's individual needs. There was no evidence provided that agency staff were recruited safely to work at Mountside Residential Care Home. There were no records of disclosure and barring checks, or agreements that the agency staff did not work elsewhere during the pandemic. There was minimal evidence that competency assessments had been undertaken to ensure safe delivery of care, such as medicine administration.

Not everyone's specific health needs were identified and planned for to promote their safety and well-being. People who lived with diabetes did not have person specific care plans and risk assessments to enable staff to ensure their health and well-being.

People told us that they were looked after well and enjoyed living at Mountside Residential Care Home. One person said, "I get help when I need it," and "The foods' good, I'm know I am looked after."

Staff were open and transparent during the inspection. Staff were respectful to people and wanted to deliver good care. One staff member said, "I haven't been here long, still settling in, residents are lovely but we do need a team."

Rating at last inspection:

The last rating for this service was Good (published 28 February 2019)

Why we inspected:

We undertook this targeted inspection to check on specific concerns we had about peoples' safety and

well-being and the management of risk in the service. We inspected and found there were concerns with infection control, management of people's safety and provider oversight, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.□

Requires Improvement 

Mountside Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a targeted inspection due to concerns we had about people's safety and care needs being met and the governance framework to support people and staff. These concerns included staff knowledge and reporting of safeguarding. Safe provision of medicines and management of errors. The governance of the service, management oversight of staff and auditing. We inspected and found there were concerns with infection control, management of people's safety and provider oversight, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Mountside Residential Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager but they were not registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that appropriate infection prevention and control measures were in place before visiting the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved in the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we called the manager immediately before entering the service and discussed how we would safely manage the inspection. We also wanted to clarify the providers infection control procedures to make sure we worked in line with their guidance.

During the inspection

We spoke to ten people who used the service. We spoke with seven members of staff including the care manager. We spent a short time in the service which allowed us to safely look at different areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people. We reviewed a range of records including safeguarding, accidents and incidents, complaints and support plans.

After the inspection

To minimise the time in the service, we asked the manager to send some records for us to review remotely. These included policies and procedures relating to the management of the service. We continued to seek clarification from the manager to validate evidence found. However, we have not received the information requested at the time of writing this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was meeting shielding and social distancing rules. Social distancing was difficult as people had complex care needs that included dementia. The environment also had a number of narrow corridors. People had not been risk assessed and individual measures had not been considered to promote individual safety.
- We were not assured that the provider was using PPE effectively and safely. There was no system in place to ensure staff and agency staff were given appropriate training on COVID-19, or that they had the appropriate knowledge and skills to use PPE effectively.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service had not been COVID -19 risk assessed and cleaning staff had not received additional training on COVID-19. Cleaning practice had not been changed to reflect increased risks and a cleaning schedule was not being used to support good cleaning practice.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider was relying on agency staff to provide regular staffing in the service. They had not assured themselves that these staff were working exclusively in this service. This raised a risk of agency staff spreading infections.
- We were not assured that the provider's infection prevention and control policy was up to date. The new manager was aware that IPC practices needed to be updated to ensure Government guidelines were fully implemented. For example, people and staff had not been risk assessed in relation to COVID-19 and therefore individual measures to protect people and staff had not been fully implemented.

The provider failed to assess the risk of, prevent, detect and control the spread of infection. This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff. The manager had arranged for regular testing of staff and people. Staff were tested weekly and this included any agency staff member working in the service.
- We were assured that the provider was preventing visitors from catching and spreading infections. There was a visiting procedure in place and staff ensured these procedures were followed. Everyone was stopped and risk assessed before entering the service.
- We were assured that the provider was admitting people safely to the service. People were tested before admission and only admitted if negative to COVID-19. People were then isolated for 14 days in line with

government guidelines.

We signposted the provider to all the resources available to them on the government website.

Assessing risk, safety monitoring and management

- The service used a computerised system for care plans and risk assessments. It was acknowledged that peoples' reviews were behind by three months. As there was a high use of agency staff and new staff there was a risk that care would not be safely delivered as information was not up to date. For example, mobility and nutritional changes were not recorded.
- Before coming to stay at Mountside Residential Care Home there was a pre-admission assessment either over the phone or in person to ensure that the staff had the skills to meet the needs identified. However, for a newly arrived person staying just for a short time, there was minimal documentation of support required and no reason given for their stay. Staff therefore could not be assured they were providing the care required safely.
- Care plans and risk assessments for people who lived with diabetes needed to be developed to ensure their diabetes was managed safely. Documents mentioned that a person was diabetic and there was a generic high and low blood sugar guidance in place. However, they lacked specific important information such as what was the persons normal blood sugar. For example, in May 2020 at 11 am one person's recorded blood sugar was high. The world health organisation advice states that the blood sugar recorded blood sugar was hyperglycaemic (high) as it was two hours post meal. There had been no further checks or record of whether this was a safe normal for that person. Staff when asked did not know whether the recorded blood sugar was normal for the person.
- People who lived with diabetes did not have care plan or risk assessments for possible related health complications, such as foot care, skin conditions or eye care.
- People were weighed regularly to monitor weight loss or gain. Some peoples' weight indicated weight loss or incorrect weighing; this had not been followed up. For example, one person's weight between the 2 and 21 November 2020 decreased by 7 kgs. There was no evidence that this had been acted on in anyway.
- There were people who were prescribed strong analgesia (pain killers) However, there were no care plans or risk assessments for pain management. Pain charts were not in use. This meant people may not receive appropriate pain management.
- From talking to staff, we were not assured that staff had the necessary training to meet peoples' needs. One staff member said, "I had training at my last job, but not her." We have requested a training programme, but at the time of the writing the report we have not received it.

The provider had failed to ensure that care and treatment had been provided in a safe way. Risk of harm to people had not always been mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety and legionella. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Staffing

- People told us that the staff "Were kind" and "seem to be enough staff." Comments from staff included, "Communication is our biggest challenge, it's not easy working with lots of agency, they are all good, but we

need a staff team, we are not working as a team" and "We have had a lot of staff changes, but I think we are going forward now."

- There were enough staff on shift at the service to support people. Rota's confirmed staffing levels were consistent with agency staff usage. It was noted that 80% of staff on duty were agency staff.

- The provider was currently recruiting to staff vacancies. The manager explained that there had been a high turnover of staff during the pandemic, which had impacted on team working and team building. There were new staff that had completed an induction and then will proceed to the training programme which includes service specific training. Staff told us that they had had supervision, but not recently. One staff member said, "I haven't had any supervision yet but have had a staff meeting."

Using medicines safely

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed. We saw that medicines remained stored securely.
- We asked people if they had any concerns regarding their medicines. One person said, "No problems at all." A second person told us, "I have pills that I need and staff never miss them."
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. However, not everyone had a protocol to inform staff why these medicines may be needed. We also found that staff did not routinely record whether the PRN medicine was effective. These were identified as areas to improve.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the manager would address any concerns and make the required referrals to the local authority.
- A staff member said, "We have had training and we discuss safeguarding procedures at team meetings."
- People told us they felt safe. One person said, "I feel safe, Staff are respectful." Another person said, "I do feel that I am looked after, I wasn't safe at home, but I am safe here."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read these policies as part of their induction and training.
- The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Learning lessons when things go wrong

- Any serious accidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following incidents and accidents to ensure people's safety and this was recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: continuous learning and improving care.

At our last inspection the provider had made improvements, however this inspection found that some areas of improvement had not been sustained.

- There had been a recent change to the management team and the new manager had been in post for one month. The manager acknowledged that he had identified that improvements were needed and was working on producing an action plan to take the service forward. However, we have not yet received a copy of this action plan as requested. Quality systems did not ensure appropriate record keeping and quality care in all areas.
- The agency staff files were not complete. There was no evidence of The Disclosure and Barring Service checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There was also no evidence that agency staff had had competencies assessed. For example, two agency staff were seen giving people their medicines and there was no evidence found that they had had their competency regarding this skill assessed. The manager told us that the information was kept by the previous manager and would look for it. We have asked for this information but at the time of writing this report we have not received it.
- Documentation relating to safe care delivery was not all up to date. Care plans and risk assessments were three months behind, which meant that staff did not have up to date information to deliver safe and effective care. There were missed signatures on medicine administration records and no double signatures for changes taken over the telephone.
- The quality monitoring systems in place had not ensured the provider had oversight of the service. This had impacted on safe support for people within the service, training and competencies and infection control procedures. For example, we found concerns with regard to government guidelines for COVID-19 not being adhered to.
- Events, safeguarding concerns, accidents and incidents had been documented, however there was no analysis and overview to determine any potential themes and implement mitigating actions.
- Staff told us that communication between staff was poor and that there was no team working. Staff feedback regarding changes to the service had not been sought. Staff told us, "We use a lot of agency we have tried to raise that communication is a problem but we are not listened to, "I have not had an opportunity to discuss my role, I am fairly new and I want to get it right."

The provider had failed to sustain and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not in place, accurate or complete. Feedback from relevant people had not been sought and acted on. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. 2014.

- The 'out of hours' service emergencies were managed well and staff said the manager was always available.
- Handover documents helped the shift leaders organise the staff to ensure that peoples' needs were consistently met.
- The management team shared outcomes of safeguarding's with staff and these were then taken forward as lessons learnt. The manager said that all incidents was used as learning and remained motivated to take these lessons forward. This meant opportunities for learning, development and improvement had been taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The rating of the previous inspection was clearly displayed at the home along with the updated registration certificate that showed the condition imposed on the service.
- Feedback from people at this inspection told us that people thought well of the staff. One person said, "The staff are nice, kind and the food is usually very good." Another said, "The home has arranged my son to visit but to talk to me through the window I am so grateful for that."
- Residents meetings and staff meetings were put on hold due to the pandemic, but small meetings have been continued. People told us if they had questions they would now go to the manager.
- The manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations.

Working in partnership with others

- The organisation continued to improve partnership working with key organisations to support the care provided and worked to ensure an individual approach to care.
- Feedback from health professionals was positive and indicated that the manager and staff team had listened to advice and worked alongside them to improve the service and outcomes for people. Comments included, "Staff do contact us when they need to, to ask for advice," and "Are polite and professional."
- There was partnership working with other local health and social care professionals, community and voluntary organisations.
- There were connections with social workers and commissioners for people who lived at Mountside Residential Care Home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is practicable to mitigate any such risks.</p> <p>The provider had not appropriately assessed the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated such as Covid19;</p> <p>Regulation 12 12(1)(2)(a)(b) (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a).</p> <p>The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (2) (c).</p>