

Sunrise Care Homes Limited

The Mount Residential Home

Inspection report

The Mount, Heydon Road
Aylsham
Norwich
Norfolk
NR11 6QT

Tel: 01263734516

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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

The Mount is a residential care home providing personal and nursing care to 19 men. Most people living in the service were over 65 with mental health support needs. The service can support up to 22 people and accommodation is provided over two floors.

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

There has not always been strong management and oversight which has meant the service has not always been compliant with legislation. At the last inspection the service was rated requires improvement and the one before inadequate. At this inspection we saw a marked improvement and a rating of good has awarded.

The service had a new manager who was registered with the Care Quality Commission at the end of last year. They were clearly focussed on what they needed to do to ensure people received good outcomes of care and had worked hard to achieve it.

The service provided good outcomes for people which could be improved further to enhance people's experiences. The registered manager took some immediate actions based on our feedback. We have made two recommendations about the provision of activities, and the training needs of staff.

Staff received the training and support necessary to help them carry out the regulated activity and there were enough staff to ensure people had timely support. People were observed throughout the day and were comfortable and there were no odours in the service.

Staff engagement was positive and people were asked daily what they would like to do and activities were planned accordingly. We however noted some people were not able to participate in social activity unless they were given sufficient support by staff who could anticipate their needs. Some people would not initiate what activities they would like to do and this had an impact on some peoples experiences. Most people were retired and did not routinely go out but sat doing activities in the house such as watching television, colouring and reading. We have recommended that activities are provided in line with people's assessed needs and on a more regular basis.

There was a calm atmosphere throughout the day and the environment suited people's needs well. Some cosmetic improvements would improve the home environment.

People were supported to stay safe because the environment was well maintained, and risks were identified and where reasonably possible controlled. We have recommended improvements in how the staff document peoples needs in relation to challenging behaviours to help ensure a consistent staff approach.

People had the equipment they needed, and equipment was serviced to ensure it remained safe and appropriate to use. Staff were trained in health and safety, manual handling and infection control to help

them ensure people's safety.

People received their medicines according to prescriber's instruction by trained staff who had been assessed as competent. Staff monitored people's health and helped them access health care services as they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 30 May 2018) and there was one breach of regulation, Regulation 17: Good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mount on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

The Mount Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one assistant inspector.

Service and service type

The Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information already known about this service including previous inspection reports and any notifications about the service which are important events the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the cook, and three care staff. We observed the care provided and spoke with five people using the service and a relative.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with two relatives who had not been present during the inspection. We also attempted to gain feedback from health care professionals, one responded via email.

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 requires improvement at this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of what constituted a safeguarding concern and actions they should take. There had been no recent safeguarding concerns, but the registered manager understood what should be reported and their responsibilities in line with this regulation. People told us they could raise concerns and relatives felt the registered manager was open and transparent.

Assessing risk, safety monitoring and management

- The environment was free from any immediate hazards because there were regular checks on equipment and planned and routine maintenance. Windows were restricted, and there were satisfactory arrangements in place for fire safety. Staff were trained in relevant aspects of health and safety. Although the property was well maintained some areas were showing their age and one toilet floor required replacing.
- A detailed environmental risk assessment was in place and individual risk assessments documented any hazards and actions staff should take to keep people safe. We observed staff supporting people in a safe way and taking action to ensure any conflict arising was quickly addressed. One relative told us, "I have no concerns about my family members safety, it is all relatively peaceful."
- Some people had behaviours which could involve shouting or threatening behaviours, these were recorded and there was input from mental health services. Staff understood people's needs but records lacked clear proactive strategies, or an understanding of why certain behaviours might occur.

Staffing and recruitment

- The manager took into account the numbers of staff it needed when planning the care. The care we observed was provided in a timely, relaxed way.
- A tool was in place to calculate the likely support people required based on their care needs. The staffing tool included activity hours which we considered insufficient to meet people's individual needs. The registered manager told us they met regularly with people to discuss their needs in relation to activity and accommodated this as part of the staffing roster.
- There were robust recruitment processes in place to help ensure staff selection was appropriate. Pre-employment checks helped ensure staff had the appropriate skills and aptitude for their role. Disclosure and barring checks were completed to check if staff had a conviction which might make them unsuitable for employment. Interview notes helped verify the candidate's suitability for employment.

Using medicines safely

- There were robust procedures in place to ensure people received their medicines as intended. Staff completed medicines training and had at least three competency assessments to ensure they could safely administer medicines.

- Medicine audits were completed monthly and each week a sample of people's medicine records were checked against the stock to ensure they tallied.
- People had individual records confirming their identity, an up to date photograph, a list of prescribed and occasional use medicines. Guidance was in place for staff as to when to administer occasional use medicines and the action to take if people refused.

Preventing and controlling infection

- There were systems and processes in place to reduce the risk of cross infection. Staff received appropriate training and given personal protective clothing which we observed them using.
- On the day of our inspection the service was mostly clean, and staff responded immediately to our concerns about an area of the home which required cleaning.
- Arrangements were in place to help ensure the service was cleaned daily and audits were in place to assess if the environment was sufficiently clean. No issues had been identified as part of this audit. Checks included room and mattress checks.

Learning lessons when things go wrong

- There was a record of any events affecting the wellbeing and, or safety of people using the service. Incidents were reviewed to see if actions taken were appropriate and what if anything might reduce the risk in the future. For example, falls occurring in the service were referred to other services and equipment ordered where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to the service. This was in line with the statement of purpose and helped determine if the person was suited to the service and their needs could be met. Staff were given the training to help them carry out the regulated activity and people's needs were kept under review.

Staff support: induction, training, skills and experience

- Staff were supported to develop their skills and competence, but we found some inconsistencies in how staff were reporting and supporting people with behaviours which might be challenging to themselves or others. This was because guidance in care plans was not always specific enough and experience of staff varied with some staff more confident than others.

We recommend the provider seek advice from a reputable source in the assessment and development of strategies in response to behaviour that may challenge.

- Staff received regular supervision which helped the manager assess how staff were managing in the workplace and if they needed any additional support or training to help them meet people's needs.
- New staff completed an in-house induction and the care certificate which is a nationally recognised induction covering all the key elements considered necessary in adult social care.
- Staff were enrolled on additional care courses relevant to their job role. Training considered mandatory was up to date. Most was completed through e-learning.
- The registered manager helped ensure learning was embedded into staff practice through themed supervisions. In discussion with staff they were able to answer our questions demonstrating their knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- A family member told us their relative always had a drink and snack to hand and had put on weight since being at the service which they thought was good. We observed minimal food waste and people enjoyed their food.
- The meal time was not sufficiently personalised. We noted staff observing and supervising rather than enabling and supporting people with their meal.
- The meal time was not a particularly social occasion with people relaxing and interacting with each other. Staff had not considered turning the radio off to create a better ambience. The manager said they regularly observed meal times, and this was usually more relaxed.
- Portion sizes did not consider people's preferences and dietary choices were not provided in a way which enabled people to make an informed choice.

The manager has responded to our observations by introducing weekly meal time audits to assess and action improvements in this area. They maintained people were given appropriate dietary choices and people chose to listen to music and got the support they needed. They have subsequently introduced menus for people to look at and help them decide their preferred meal choices.

- There was a cook who knew people's dietary needs well and records confirmed people's preferences, food intolerances and allergies. Weight records helped to determine any one at risk of weight loss and food and fluid charts were used as a monitoring tool where there were concerns.

Staff working with other agencies to provide consistent, effective, timely care

- The service had regular contact with the GP, the district nurses and other health care professionals. Links with the registered provider were regular and consistent. The registered manager said they were suitably supported and had the resources available to them.

Adapting service, design, decoration to meet people's needs

- The service was mostly suited to people's assessed needs. It was spacious with good indoor and outdoor space. The service was well decorated but there were areas of the service which were dated. We noted poor flooring in one toilet but generally the building was well maintained with routine checks being carried out.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and access health care services as required. People and records confirmed this. A relative told us staff were quick to report any changes of need to the GP or other medical professional.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were applications for DoLS either pending or approved by the local authority giving a clear rationale as to why a DoLS was necessary. The registered manager said they were following this up to ensure all were approved and were reviewed when required.

- Staff demonstrated a good understanding of supporting people in the least restrictive way. They said they took into account people's ability to make decisions and where they could not they involved appropriate people who could act on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and staff spoke with them respectfully. Staff had a good understanding of how to support people with their anxiety and encourage people with their routines and personal care.
- Throughout our observations people were asked what they wanted to do or if they needed anything and staff responded in a timely manner. People were given a choice of television stations and requests for fruit, biscuits were met immediately.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about their care and gave their consent before care was provided. The registered manager had set up regular meetings for people to discuss their views and meeting invites were extended to family. A suggestion box was in reception which enabled people to make comments about the service. People told us they were involved in decisions regarding meals and activities. one person said they were consulted about the decoration of the home.
- One person could no longer communicate verbally, but staff told us about their background and this helped them have insight into their behaviour and how to support them. Staff referred to family for additional information, this was confirmed by relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff were close at hand to provide support people needed. The environment enhanced people's choices. Some people sat quietly and could choose to be in company or not. Others were watching television. Others sat engaged in dominoes or other personalised activities. Some people were reading.
- We observed interactions between staff and people using the service and these were mostly positive and timely. One person started to cry, and staff's response was variable, a staff member spoke with the person from across the room and their approach lacked empathy.
- Staff supported people with their mobility and where assistance was required this was done appropriately. A privacy screen was used when assisting people in communal areas. Staff knocked before entering a room and asked people before supporting them. Staff offered people choices of a drink and asked people if they wanted sugar. People were appropriately dressed, there were no odours and both male and female staff were employed which gave people a choice.

Is the service responsive?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff gave us an example of how they met the individual needs of people using the service which enhanced their choice and control. One person when they arrived at the service was not deemed as safe to go out by themselves and had an authorised DoLS in place. They were in a wheelchair and in poor health. They have since regained their confidence, was walking independently and the DoLS had been lifted so they could go out as they pleased. They confirmed this when we spoke with them.
- Care plans were in enough detail and told staff how people should be supported in line with their needs and preferences. People's needs were kept under review and this was reflected in their plan of care.
- Staff said they adapted their approach to each person and said routines were flexible around people's needs and wishes.
- Relatives told us they were kept up to date with changes to their family members needs and staff were quick to respond to any emerging risk

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed most people, could communicate verbally and able to express their needs.
- They said they took into account any support a person might need when communicating a decision including any sensory or cognitive needs they had. Mental capacity assessments were completed as appropriate. Information was accessible and gave details of forthcoming events, activities and what actions people could take if they wanted to make a complaint.
- Records were computerised, and computers were in the dining room and staff used these periodically throughout the day. Staff were mindful to protect people's personal information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were discussed with people to help ensure people spent their time as they wished. Most people were observed relaxing and spending minimal time engaged in activity. Several people indicated there was not enough to do. One person told us they did their own ironing and entered the kitchen to make a drink and snack.
- There was improved emphasis on promoting activity within the service and the local community which could be difficult. This could be understood in the context that some people had previous restrictive

histories due to poor mental health and offending behaviours. Most people were now older and had lived at the service for many years. The registered manager had reviewed how activities were provided and developed a more person centred approach to activities taken into account peoples preferences, needs and interests and provided activities accordingly. They had met with some success and one to one activity were observed.

- The activity folder demonstrated activities such as dominoes, cards, walks in the garden, or trips into town taking place. Staff told us no regular planned activities took place which meant there were limited opportunities for people to regularly engage in planned activity. We also felt that although people were asked about activities they would like to do some would be unable to say or would need considerable support to join in.

We recommend the provider review the level of activity in line with people's individual needs and provide evidence for each person how their needs are met.

Improving care quality in response to complaints or concerns

- There were systems in place to obtain feedback from people including regular opportunities for people to meet with key staff identified as their named person. There was a complaints procedure which was accessible, and feedback was used to address any concerns within the service.
- Ongoing concerns had been addressed by the registered manager with the appropriate agencies and there was a record log to show actions taken.

End of life care and support

- People were supported to think and plan for the end of their life taking into account protected characteristics, culture and spiritual needs. The registered manager said not everyone had wanted to discuss this, but this was recorded as part of the original assessment of need.

- Several people were unwell and receiving appropriate care including effective pain relief., We observed staff popping into their room regularly to ensure they had a drink and were comfortable.

- Staff had received training in end of life care. Some staff told us they had visited a funeral parlour to help them understand the death process.

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 we have rated it good as we were confident in the changes made. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had made improvements and was no longer in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been identified and the registered manager was working hard to address them. Not all improvements were firmly embedded across the service and we have therefore made two recommendations in the report. These related to clearer guidance around managing behaviours which could challenge, and social activities.
 - People had differential experiences across the service and not everyone had enough stimulation. Staff, people and relatives told us activities were not yet firmly established. Staff did not always anticipate people's needs or encourage them to join in. This lack of social stimulation could impact further on people's motivation and cognitive abilities. but there was a recognition things were much improved.
 - Staff told us the new registered manager was nice and always willing to listen and help when necessary. They said at the weekend there was the deputy manager, and or a senior member of staff and they felt appropriately supported.
 - The registered manager had created a positive culture and had tackled some poor staff practice. A relative told us that things were better organised now. Staff and a health care professional agreed.
 - The registered manager had sought feedback from people and was starting to implement this. For example, people wanted a fish and chip night, and a Chinese meal. Monthly meetings were held with people to establish their future wishes, for example one person wanted to go on a steam train.

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

- The registered manager had an open-door policy. They listened to concerns and involved other professionals when appropriate. Their paperwork demonstrated they were open, accountable and learnt from incidents that had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were regular audits and checks to ensure the service was suitable for its intended use and equipment was safe to use. Risks were identified and addressed as quickly as possible. A relative gave us an example of an incident that had occurred and how the staff had responded and adapted the environment to make it safer and reduce the risk of further incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Engagement with others had improved with more contact with family and for some people regular participation in the community. The registered manager said the service did not have any transportation and no reserve funds through fundraising. This meant that unless people had enough finances their access to the community was restricted.
- People were also getting older and for some this meant significantly reduced mobility and the need for one to one support which was not funded. The service had not taken into account sufficiently the likely increased needs as people aged.
- Further links with the voluntary sector would help support staff in meeting people's social needs.

Continuous learning and improving care

- The registered manager had identified improvements to enhance the service. They were looking to develop staff and identify lead roles for staff. The registered manager was currently updating care plans and meeting with families. They were looking for staff to take a lead in reviewing care plans. They said they were going to implement a newsletter. They were also now able to evidence how they were meeting people's needs in line with objectives and people's wishes.

Working in partnership with others

- Links had been made with health care professionals to support people to stay healthy and meet their health care needs. Feedback from a healthcare professional was positive but stated communication could be improved upon and newer staff were not always sufficiently familiar with people's needs.
- The registered manager was establishing herself in the community and had access to support where needed, including working closely with the local authority to bring about service improvements and access information and training as appropriate.