

S L Mann

Montclair Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 March 2015 and was unannounced.

At the last inspection, which we carried out on 8 October 2013, we found the service was meeting all the regulations we looked at.

Montclair is a residential home that provides accommodation for up to 15 people with personal care and support needs. There were 14 people using the service when we visited. The home specialises in

supporting older people living with dementia. When we visited, 13 people using the service were living with dementia and one person had a past or present experience of mental ill health.

The home is owned by an individual provider and run by him and his wife. The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

‘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 Montclair was a comfortable place to live. We saw the environment was well maintained and safe. People could access most areas of their home and move around it freely.

However, we saw some equipment, such as mobile hoists and wheelchairs, were not appropriately stored when they were not in use. This meant the communal space people using the service and their guests could use to relax in or pursue social activities was significantly reduced.

We have made a recommendation that moving and handling equipment such as mobile hoists and wheelchairs are kept stored away in an area which does not affect people’s ability to enjoy their communal space.

People told us they felt happy and safe living at Montclair. They also told us staff looked after them in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this.

People’s rights to privacy and dignity were respected and maintained when receiving personal care from staff. People were encouraged to participate in meaningful social and leisure activities both at home and in the local community. People were also supported to maintain social relationships with people who were important to them.

People had a choice of meals, snacks and drinks and staff actively encouraged and supported people to stay hydrated and to eat well. Staff supported people to keep healthy and well through regular monitoring of their general health and welfare. Where they had any issues or concerns they sought appropriate medical care and attention promptly from other healthcare professionals. People received their medicines as prescribed and staff knew how to manage medicines safely.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or

harm. Risks to people’s health, safety and wellbeing had been assessed by the services management. Staff were given appropriate guidance on how to minimise identified risks and keep people safe from avoidable harm or injury. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

There were enough staff to meet the needs of people using the service. Staff received appropriate training and support and the registered manager ensured their skills and knowledge were kept up to date. The service also ensured staff were suitable to work with vulnerable adults by carrying out employment and security checks before they could start work.

People’s consent to care was sought by the service prior to any support being provided. People and their relatives were supported to make decisions and choices about their care and support needs. People agreed to the level of support they needed and how they wished to be supported. Where people’s needs changed, the provider responded and reviewed the care provided.

The registered provider understood when a Deprivation of Liberty Safeguards (DoLS) application should be made and how to submit them. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The registered provider encouraged an open and transparent culture. People and their relatives felt able to share their views and experiences of the service and how it could be improved. People and their relatives also felt comfortable raising any issues, concerns or complaints with staff. The service had arrangements in place to deal with people’s concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service and the registered provider/manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and knew how to report it. There were enough staff to care for and support people. Recruitment checks were completed on new staff.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care.

People were given their prescribed medicines at times they needed them and these were stored safely.

Good



Is the service effective?

The service was not always effective. Moving and handling equipment was not stored away in a suitable place which meant people using the service and their visitors had less communal space to use than they should.

Staff were suitably trained and knowledgeable about the support people required. The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Requires improvement



Is the service caring?

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff.

Staff respected the confidentiality of people using the service.

Good



Is the service responsive?

The service was responsive. The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People had enough opportunities to participate in meaningful social activities that reflected their age and interests.

Good



Summary of findings

There were systems in place to deal with complaints. People felt comfortable talking to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

The service was well led. People spoke positively about the registered provider and how they ran the care home in an inclusive and transparent way.

The views of people who lived at the home and relatives were welcomed and valued by the registered provider. They were used to make changes and improvements to the service where these were needed.

The provider regularly monitored the care, facilities and support people using the service received.

Good



Montclair 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 checked 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 17 March 2015 and was unannounced.

The inspection was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with five people using the service, one person's relative and a community based activities coordinator. We talked with the service's registered provider who was also the registered manager, the deputy manager and two support workers.

We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at various records that related to people's care, staff and the overall management of the service. This included five people's care plans and three staff files.

After our visit we contacted a community health care professional to find out what they thought about the service provided at the home.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse and neglect. People using the service told us they felt Montclair was a safe place to live. One person said, “I think we’re in safe hands here.” We saw from the service’s training records all staff had received safeguarding adults training. The registered provider, the deputy manager and the services’ other senior members of staff had also attended a level three safeguarding adults course. It was clear from comments we received from the registered provider/manager and staff that they knew what constituted adult abuse and neglect. They were able to describe the signs that would indicate someone may be at risk of abuse and the action they would take if they had any concerns that people were being abused or neglected. Feedback we received from the local authority and records held by the CQC showed us the registered provider had worked closely with the local authority to deal with any safeguarding concerns raised about people using the service in the last 12 months.

The provider identified and managed risks appropriately. Care plans we looked at contained a comprehensive set of risk assessments that identified hazards people might face. This provided staff with clear guidance as to how they should support people to manage the risks and keep them safe. It was evident from discussions we had with staff that they knew what the risks people might face and how to manage the risks. Two staff gave us good examples of the moving and handling of equipment used in the home and how they supported people to transfer safely from one place to another or have a bath.

The service managed accidents and incidents appropriately. We saw staff appropriately maintained records of any accidents and incidents involving people using the service. We saw risk assessments were regularly reviewed and updated accordingly by staff in response to any accidents and incidents that occurred. This ensured care plans and associated risk assessments remained current and relevant to the needs of the individual. One member of staff gave us a good example of how they had recently amended an individual’s care plan to ensure it accurately reflected their changing mobility needs and how they should support this person to minimise the risk of them falling and injuring themselves.

There were arrangements in place to deal with foreseeable emergencies. The registered provider had created a range of contingency plans to help staff deal with unforeseen events, such as a fire, gas leak and electoral fault. All staff had completed their basic first aid training, which staff confirmed. The home was also well maintained, which contributed to people’s safety. Maintenance and servicing records were kept up to date for the premises and utilities such as gas and electricity. Maintenance records showed us equipment, including fire alarms, extinguishers, mobile hoists, wheelchairs, the passenger lift, call bells, and emergency lighting had been regularly checked and serviced in accordance with the manufacturers guidelines.

The registered provider told us, and we saw that appropriate action had been taken by the service to address all the fire safety concerns identified by the regions fire safety regulator, the London Fire and Emergency Planning Authority (LFEPA), following their last inspection of the home in 2014. This included a new fire risk assessment of the home which had been carried out by an independent fire safety agency and the fitting of intermediate fire strips to all the homes fire resistant doors. We also saw there was a fire evacuation procedure in place and that fire evacuation drills involving staff were carried out at regular intervals. Staff had completed their fire safety training and it was clear from their comments that they all knew exactly what to do in the event of a fire occurring within the home.

There were sufficient numbers of staff deployed in the home to keep people safe. People said there were enough staff available when they needed them. One person said, “There always seems to be plenty of staff around.” Another person’s relative told us, “I’ve never had an issue with staffing numbers here.” We saw the staff duty roster which showed us staffing levels were determined according to the number and dependency levels of the people using the service. Two members of staff gave us good examples of staffing numbers being increased recently to ensure enough staff continued to be available at mealtimes to meet the changing needs of certain individuals who now needed additional staff assistance to eat and drink.

The provider had established and operated effective recruitment procedures. A relative told us, “It’s the staff who make this home what it is. The owner is clearly aware of this and that’s why he’s so careful to employ the right calibre of people who will do the job properly.” We saw

Is the service safe?

from looking at staff records the registered provider/manager had carried out appropriate pre-employment checks on all prospective staff regarding their suitability to work with people who use the service. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training, references from former employers and security checks to ensure individuals were not barred from working with adults at risk.

People told us they received their prescribed medicines on time. One person said, "The staff make sure they give me my medicines when I'm meant to have them." Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dosage and the reasons for prescription. We saw

all medicines were kept safely locked away in a medicines cabinet securely fixed to a wall. We checked five people's medicines administration record sheets and saw they were up to date and contained no recording errors. Staff records showed all staff authorised to handle medicines in the home had received up to date training on the safe handling of medicines. Staff we spoke with understood about the safe storage, recording, administration and management of medicines. Records showed us the deputy manager carried out regular checks on the services arrangements for obtaining, storing, administering, recording and disposing of medicines on behalf of the people using the service. This was confirmed by discussions we had with the registered provider and the deputy manager.

Is the service effective?

Our findings

People told us Montclair was a comfortable place to live and that they liked their bedrooms. One person said, “I like my bedroom. It’s perfect for me. As you can see I brought a lot of things with me from home.” Another person told us, “I spend most of my time sitting in the lounge. It’s a good spot to see everything that’s going on and it’s near my bedroom.” We saw people’s bedrooms were personalised and included all manner of possessions people had brought with them including: family photographs, pictures, ornaments and various pieces of furniture such as chairs and display cabinets. We also saw people could access the garden and that most people chose to spend a lot of their time socialising with others or participating in recreational activities in the main lounge or dining area.

However, we saw approximately a quarter of the floor space in the lounge was being permanently used to store various pieces of moving and handling equipment, such as mobile hoists and wheelchairs. This meant the homes main communal area, where most people spend a lot of their day was not being utilised as well as it could have been. It was clear from discussions we had with the registered provider/manager and staff that they also felt storing large pieces of equipment in this way was not only unsightly but not a particularly good use of the homes limited communal space especially as the main lounge was clearly popular with people and their visitors. We discussed this with the registered provider/manager who agreed to create a more suitable place to keep mobile hoists and wheelchairs when they are not in use.

We saw signage throughout the home was good which helped people using the service identify important rooms or areas such as their bedrooms, toilets, the lounge and dining room. For example, we saw people’s name, portrait photograph and a variety of other visual clues were conspicuously displayed just outside everyone’s bedroom door to help people recognise their room.

People received care from staff who were appropriately trained. People told us staff had the right mix of knowledge, skills and experience to meet their needs. One person said, “The staff know how to look after me.” Another person told us, “The staff are brilliant. Can’t fault any of them.” Relatives also felt staff were suitably trained and competent to look after their loved ones. Training records showed us that all new staff had completed a thorough induction before they

were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of ‘shadowing’ experienced members of staff. Staff records also showed us that all staff had completed the provider’s mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff confirmed they had attended a professionally recognised dementia awareness course. Staff spoke positively about the training they had received which they said was ongoing.

Staff had effective support and supervision. Staff felt they received all the support and guidance they needed from the registered provider/manager, the deputy manager and other senior members of staff and had sufficient opportunities to review working practices. Records we looked at indicated staff were well supported by the homes management team and were expected to attend individual supervision meetings with them every two months, team meetings once a quarter and have their overall performance appraised annually. In addition to this smaller team meetings where staff were encouraged to set the agenda were held at regular intervals.

It was clear from discussions we had with the registered provider that they understood they were responsible for making sure people’s liberty was not unduly restricted. We saw recorded evidence that the service had recently made two Deprivation of Liberty Safeguards (DoLS) applications to the local authority, which had both been approved. They also told us they were in the process of making a number of other DoLS applications having considered who else using the service might need their mental capacity assessed in relation to make decisions about specific aspects of their care and support. Records showed us the registered provider/manager and his staff team had received Mental Capacity Act 2005 (MCA) and DoLS training.

Staff supported people to eat and drink sufficient amounts to meet their needs. People told us they liked the food they were offered at Montclair and that they were always given a choice about what they ate at mealtimes. One person said, “the food tastes great”, while another person commented, “I think the food is marvellous. I particularly like the afternoon cream teas we have here”. Feedback we received from relatives was also complimentary about the meals provided at the home. One relative told us, “The food always looks and smells extremely appetising to me. I wouldn’t mind eating here myself.”

Is the service effective?

People's nutrition and dietary needs had been assessed and were regularly reviewed. Care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft diet. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed. For example it was clear from discussions we had with two members of staff they knew who were vegetarian or who required soft diets. Staff recorded and monitored how much people ate and drank on a daily basis, which ensured they had all the information they needed to determine whether or not people were eating and drinking sufficient amounts to remain hydrated and well. Where staff had concerns about people's food and drink intake we saw appropriate action had been taken to refer people to specialist health care professionals, for example, a dietitian.

People were supported to maintain good health. A relative told us they were happy with the level of input and advice their relative had received from a community based health care professional who regularly visited the home. Records showed that people were in regular contact with community based health care professionals, such as GPs, district and community psychiatric nurses, podiatrists, opticians and dentists. Care plans set out in detail how people could remain healthy and which health care professionals they needed to be in regular contact with to achieve this. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes.

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “I like the staff that work here very much”, “Staff are always pleasant and helpful” and “I like living here because of the staff. They’re all (the staff) fabulous”. Feedback we received from relatives was equally complimentary about the standard of care and support provided by staff at the home. One person told us, “I am very happy with the care my relative is given at Montclair. The owner and his staff are excellent. Best decision I made was choosing this place.” Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw conversations between staff and people living at the home were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. On several occasions we observed staff were quick to reassure people in a caring and timely way when individuals had become anxious or confused.

People’s privacy and dignity was respected. Two people told us they chose to spend most of their day in their bedrooms where they also ate their meals. Staff knew who liked to eat alone in the privacy of their bedroom and we saw they respected people’s wishes at lunch. Throughout our inspection we saw staff ensured people’s dignity was respected and that personal care was always provided in private behind the closed door of their bedroom, the bathroom or toilet. We also saw staff knocked on people’s doors and always waited for the occupants’ permission to enter before doing so.

People were supported to maintain relationships with their families and friends. A relative told us they were free to visit

their family member whenever they wanted and were not aware of any restrictions on visiting times. They said, “The staff always make me feel welcome and I’ve never felt I couldn’t stay as long as I want.” Care plans identified all the people involved in a person’s life and who mattered to them. The home’s statement of purpose and service users’ guide stated that visitors were welcome at any time.

People told us staff responded quickly to their requests for assistance. One person said, “Staff always come quickly if I call them.” We saw a call system was located in bedrooms and throughout the home, which enabled people to summon assistance from staff when they needed it. On several occasions we observed staff respond to a call within a minute of it being activated. We saw people could access their call bell easily when they needed to gain staffs attention.

The home respects the confidentiality of people using the service. A relative told us they had never overheard staff talking inappropriately or loudly about their relative who lived in the home. We saw files containing personal information about people and staff who work there was securely stored away in lockable filing cabinets in the office, which was kept locked when it was not in use.

People were encouraged and supported to be as independent as they wanted to be. We saw during lunch people who needed additional support to eat and drink were offered suitably adapted plates, cutlery and cups, which ensured they maintained the ability to eat independently without the assistance of staff. One person told us staff encouraged them to use a Zimmer-frame which helped them move independently around the home without the need for staff help.

Is the service responsive?

Our findings

People were involved in discussions about their care. One person told us they had been given the opportunity to visit the home with their relative in order to look around and meet the staff prior to deciding whether the home was right for them. The registered provider/manager confirmed that before a person moved into the home, they carried out an assessment of their abilities and needs. Staff told us they used this information to develop personalised care plans for each person using the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from staff to stay safe and have their needs met. Care plans also included people's daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy, well and safe. It was clear from discussions we had with staff that they were familiar with people's life histories and preferences. For example, two members of staff were able to tell about the jobs the people they key-worked with had done, where they had lived and what their favourite food was.

The service took account of people's changing needs. People told us they were encouraged by staff to be involved in reviewing their care plan. A relative also said, "The manager always invite us to attend [my relatives] care plan review and staff never fail to let me know if there's been any change in their health." We saw care plans were regularly updated to reflect any changes in people's needs which helped to ensure they remained accurate and current.

We saw people's wishes and preferences were respected in relation to the care being provided. It was clear from discussions with people they could decide what time they got up, went to bed, what they wore, what and where they ate and what they did during the day. We saw people were dressed appropriately and one person told us they had selected the outfit they were wearing that day. Another

person said they chose to spend most of their time in their room and have their meals there, while another person told us, they preferred to eat alone in the lounge. At lunch time we saw staff respected these choices made by people.

People could engage in social activities that interested them. People told us they could choose to join in activities arranged by staff or community based activity coordinators or to spend time in their own company reading or watching television in their room. Two people said they "enjoyed the activities the staff organised in the home". After lunch we saw a community based activities coordinator initiate a music session for people sitting in the lounge and the co-owner/deputy manager organised a cream tea for half a dozen people relaxing in the dining room. We also saw a wide range of 'age appropriate' reading material, games and art materials were available in the main communal areas. People's wishes about social and leisure activities were detailed in their care plans and we saw the home's weekly activities schedule reflected those interests, which included: reminiscence and music sessions, group sing-a-longs, arts and crafts, film nights, hand massage, gentle exercise, quizzes, indoor skittles and trips out to the local café, park and shops. It was clear from discussions we had with the registered provider/manager and staff that the service placed a strong emphasis on social activities as a way of enhancing the lives of people who lived at Montclair.

The provider responded to complaints appropriately. People told us they were given a copy of the provider's complaints procedure when they first came to live or stay at the home. People also felt comfortable raising any issues or concerns they might have with the home's management or other staff. One relative told us, "No complaints about the home, but if I did, I'm sure the owner would listen to what I had to say and resolve it as soon as they could." We saw copies of the provider's complaints procedure were available in communal areas. The procedure clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the provider were logged by the registered provider and the actions taken to resolve them had been well documented.

Is the service well-led?

Our findings

People using the service told us they felt the registered provider managed Montclair extremely well. One person said, “I really like the manager and his wife. They do a fantastic job running the home.” The registered provider told us they had owned and managed Montclair for nearly 10 years with his wife and held a Master’s Degree in dementia awareness. It was clear from discussions we had with staff that they felt the home had an effective management structure in place. Three members of staff told us they felt they “worked well together as a team”.

The registered provider ensured there was an open and transparent culture in which people and their relatives could share their views, experiences and ideas about how the service could be improved. People told us the staff were “good listeners” and that they were able to share their views about the care and support they received during regular chats with their designated key-worker. Two people told us they had “regular meetings with the manager and their key-worker”. Another person gave us a good example of how the manager had taken on board their feedback about their bedroom carpet and had helped them replace it. Relatives also told us they were invited to share their views about the home as part of the services annual satisfaction survey. It was clear from feedback the service had received as part of last year’s satisfaction survey they were happy with the standard of care their relatives received at the home.

Staff were asked for their views about the home. They told us they were involved in assessing the quality of their service and in helping to make Montclair a better place for people to live. Two members of staff told us they had “regular team meetings with the manager and their fellow peers”. Another member of staff said, “team meetings we have here are useful because they provide us with a chance to discuss what we think we do well at Montclair as well as

what we could do better”. Staff were confident the services’ management listened to what they had to say and would always take seriously any concerns they might raise with them about the home. One member of staff told us, “The manager, his wife and the senior carer here are all extremely well qualified and are always available to give us all the support and advice we need.”

The home had good governance systems in place to assess, monitor and improve the quality and safety of the service people received. We saw quality assurance records that indicated the homes management team regularly undertook internal audits of the services working practices, which included: care planning and reviewing, risk assessments, medicines management, infection control, fire safety, food hygiene, staff training and supervision and record keeping. We saw where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against these actions. The registered provider told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring.

The registered provider demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.