

M D Homes

Mountview

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mountview is a care home providing personal care and accommodation to up to 10 people with mental health needs. The home is a detached, converted residential property with 10 single rooms and shared communal areas. At the time of our inspection there were 10 people using the service.

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

Although the provider had made improvement and supported people to maintain their independence in some areas of their daily lives, there were examples where this did not always happen.

People received personalised care that mostly reflected their needs and preferences. However, some people told us this could be improved. People were supported to maintain good health and had their nutritional needs met.

People were well cared for and the staff respected their privacy and dignity. There was a pleasant atmosphere and people told us they were happy.

People who used the service received their medicines safely and as prescribed. Safety checks were undertaken regularly, including fire safety and environment checks.

There were suitable systems in place to protect people from the risk of infection and cross contamination. The staff were aware of these and the systems had been reviewed and updated appropriately.

The provider had made improvements to ensure safe recruitment processes were implemented. These included recruitment checks, regular training and supervision. New staff were suitable and had the skills and knowledge they needed to support people.

People were protected from the risk of avoidable harm. The risks to people's safety and wellbeing had been identified, assessed or managed. The provider had appropriate systems for investigating allegations of abuse, complaints and concerns.

The provider's systems for monitoring and improving quality were operated effectively and there were systems in place to mitigate identified risks. The provider had processes for learning when things went wrong.

There was a positive culture at the service and people told us the staff treated them respectfully. This had improved since our last inspection.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 May 2021).

Why we inspected

We undertook the inspection to see if the provider had made improvements since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Mountview

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 Health and Social Care Act 2008.

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mountview is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Mountview is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We also carried out observations of care and support. We spoke with the registered manager, the managing director, the deputy manager, two care workers and a chef. We reviewed a range of records. This included four people's care records and medication records for all 10 people. We looked at four 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 received feedback from two healthcare professionals involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection of March 2021, we found arrangements to manage medicines were not always as safe as they could have been, and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

- People received their medicines safely. Medicines Administration Record (MAR) charts we reviewed provided evidence people were given their medicines as prescribed. Medicines were mainly supplied in blister packs. These showed a photograph of each tablets so staff would know what these were individually and what they were prescribed for.
- Some people were prescribed medicines to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols was in place and staff were able to describe signs and symptoms they would look for in a person before administering the PRN medicine.
- One person was prescribed a transdermal patch. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. There was an application record for this which recorded the date and time this was applied and removed and the signature of the staff responsible. These records included body maps so staff would record where the patch was applied, to ensure this was done safely and as instructed. We saw these records were appropriately completed and were up to date.
- Medicines were stored securely and appropriately in line with the provider's policy and procedures.
- Care plans had comprehensive information about people's medicines, including information about medicines prescribed to manage people's seizures, diabetes and end of life care.
- At the time of our inspection, there were no medicines prescribed which required refrigeration. However, we saw there were systems in place to record fridge and room temperatures and these were within safe range.
- There were regular medicines audits and these were thorough. Where any concerns were identified, we saw that prompt action was taken. There had not been any errors recorded recently.

Staffing and recruitment

At our last inspection, we found some recruitment records showed that checks for staff were not always completed following government guidelines. At this inspection, we found improvements had been made.

- Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant a Disclosure and Barring Service (DBS) check had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty during the day and night to meet the needs of people who used the service. The deputy manager told us they sometimes employed temporary staff but aimed to book regular staff to help ensure continuity and rapport with people.

Preventing and controlling infection

At our last inspection of Mar 2021, we made a recommendation for the provider to closely monitor the implementation of infection control measures to ensure compliance with government guidance and to reduce the risk of lapses. At this inspection, we found improvements had been made.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. People told us they felt safe living at the home. One person stated, "I feel very safe living here." A relative agreed and said, "[Family member] is very safe at this service."
- The provider had a safeguarding policy and procedure, and staff received training in this. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns.
- The staff we spoke with understood their duties to protect people and were aware of the whistleblowing policy.
- We saw evidence that people who used the service were informed of the importance of feeling safe at all times and how to raise concerns if they were worried.

Assessing risk, safety monitoring and management

- People who used the service were protected from the risk of avoidable harm.
- Risks to people's safety and wellbeing had been assessed and mitigated. Risk assessments were detailed and were reviewed and updated when people's needs changed. For example, one person sometimes wished to lock their bedroom door at night and did not wish to be disturbed. We saw the risk of this had clearly been explained to them. This risk had also been highlighted in their Personal Emergency Evacuation Plan (PEEP) and staff were aware of this.
- There was a monitoring system in place for a person who displayed behaviours when anxious that required additional support. The staff recorded how the person was feeling daily to establish if they required

additional support or interventions to help them and to prevent them becoming anxious.

- Each person had a personal emergency evacuation plan (PEEP) in place. This took into account the person's comprehension and ability to take appropriate action in the event of a fire. Based on the level of risk, these recorded instructions for staff about how to support the person if a fire broke out.
- The provider had a health and safety policy in place, and there were processes and checks in place to help ensure the environment was safe for people, staff and visitors. These included gas, water and fire safety checks. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors, food hygiene and infection control. Some areas for improvement had been identified in May 2021, and we saw evidence that action had been taken and improvements had been made. Equipment was regularly serviced to ensure it was safe.

Learning lessons when things go wrong

- The provider had implemented an effective system to learn from safeguarding concerns, incidents, accidents and complaints. They carried out an analysis of these to identify any trends and themes and put in place measures to reduce the risk of reoccurrence.
- For example, following the last inspection, issues had been identified in a range of areas. The provider took appropriate action and put an action plan in place. They met with the staff and senior managers to agree on actions and who would be responsible. At this inspection, we saw improvements had been made.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

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 they started using the service to help ensure these could be met at the service. Needs assessed included, mental state and cognition, communication, mobility, safety, nutritional needs and personal care including dental care.
- We saw evidence that information gathered during the pre-admission assessment was used to write the person's care plan and develop this to be person-centred with the involvement of the person and their relatives.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained, supervised and appraised. Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and help them improve their practice.
- New staff received an induction into the service which included training. They were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. They also received training specific to the needs of the people who used the service.

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

- People were supported to eat meals of their choice. Their comments included, "The food is great, lovely. We have a choice every day at lunchtime. There is plenty of food" and "It is good enough." One person was happy with the food but stated they would like "More curries."
- People were consulted about what they liked to eat and drink and were seen to enjoy their food, which was cooked from fresh ingredients.
- The menu board displayed the meal choices for the day and we saw this corresponded to what was being served. The staff consulted people at the point of serving to check what they wanted. Some people were able to help themselves to food from a food warmer tray by the serving hatch.
- People were able to ask for more food if they wished and were offered this. Where they were able, people were supported to help themselves and clear up their own dishes.
- The staff used a nutritional tool where people were at risk of malnutrition to help determine if they

required further support. Where necessary, people were referred to the relevant healthcare professionals who provided advice to staff on how to meet the person's nutritional needs.

- People had nutritional care plans in place. These stated what the person's nutritional needs were, if they had specific requirements and how to meet these. These were regularly reviewed. For example, one person's GP review stated the person required soft food as this would facilitate swallowing. We saw they were provided with this on the day of our inspection.
- One person required a gluten-free diet and we saw this was provided. The chef told us they spoke with people regularly about their choices and adapted the menus based on these. They told us, "[Person] for example, decided they did not want to eat [particular food item], so we changed the menu for them and they are happy."

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

- The environment was suitable for the needs of the people who used the service. The home was clean and clutter-free and was inviting.
- People's bedrooms were personalised with objects and pictures of their choice.
- There was a well-maintained garden which people were able to use whenever they chose. People said they liked their environment and felt comfortable.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access external healthcare services. We saw evidence of healthcare professionals being involved in people's health needs. The staff kept a record of all multidisciplinary team visits for example the GP, optician, physiotherapist and speech and language therapy team.
- People's healthcare needs were recorded and met including their oral health needs. People had oral care plans in place. These identified any problems the person may have and how to meet their dental needs, for example, regular brushing and visits to the dentist.
- People's sexual needs were recorded in their care plan. Where a person had displayed some inappropriate behaviour, we saw their care plan and risk assessments were clear and respectful, while providing guidance and support for staff who may find this concerning.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People using the service told us the staff asked for their consent before providing care. They said staff gave

them choice and respected their wishes.

- Where necessary, the provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully. They sought advice from the local authority's DoLS team to ensure they followed guidance appropriately.
- Mental capacity assessments were in place and regularly reviewed and the care plans clearly reflected the support people required to make decisions.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection of March 2021, we found people were not always treated in a person-centred way and with respect. This was a breach of Regulation 10 of the Health and Social care act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 10. However, further improvements were required.

- The staff promoted people's privacy and dignity. However, although there had been improvements, people still did not always have the opportunity to be as independent as they could be. For example, meals and drinks were still provided at fixed times and people did not have the opportunity to go and make themselves a snack or drink at times they wanted.
- Two people told us making their own drinks was not allowed, and they were not allowed in the kitchen. One person said, "It would be nice to have a cup of tea when we want one rather than wait until the staff bring it" and the other person agreed and said, "We would really prefer to help ourselves but we are not allowed."
- We discussed this with the registered manager who explained when they had provided people with a way to help themselves, one person often spilled drinks so they had stopped this facility.
- However, this person no longer lived at the service and the provider had not re-introduced or thought of a way to enable people to independently prepare drinks or snacks for themselves. The registered manager told us they would address this and confirmed they had reintroduced a system for people to make their own drinks after the inspection.
- Notwithstanding the above, we saw evidence one person was supported to bring their own washing down and use the laundry whenever they wanted.
- Another person was supported to have a pet in their room and take care of their nutritional needs and were supported to keep the pet and their room clean. We saw appropriate risk assessments were in place and regularly reviewed and updated.
- People were treated kindly and respectfully. One person told us, "Yes I am treated with respect and dignity. Staff are kind and caring." A relative agreed and said, "[Family member] has all their needs met here."

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

- People were supported to express their views and be involved in their care. People's views were obtained during meetings, surveys and one to one conversation.
- Most people confirmed they were consulted in all aspects of their care. One person told us, "To some extent, I am involved. I chat to the workers about my care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At our last inspection in March 2021, we found people's care was not always managed in a person-centred way to improve their experiences and wellbeing. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- People's needs were recorded and met. Care plans were comprehensive and contained people's life history such as details about their early life, family members, hobbies and interests. Care plans were regularly reviewed and updated according to people's changing needs.
- Healthcare professionals felt people's needs were being met and had no concerns. A healthcare professional told us, "I have visited a few residents and have supported them with planning for the future. Staff have been supportive during these times with explanations of the residents' specific requirements... I have observed staff being attentive to their residents' needs."
- Care plans included all aspects of the person's needs and the level of care they required. These included, diet and nutrition, mobility, skin integrity, communication needs, oral care and end of life care.
- The staff recorded the care they gave to people throughout the day and night and care notes were recorded in a person-centred manner. Important information about people were communicated during handover meetings so staff would know any changes to people's health or wellbeing.
- People were supported to undertake activities which were meaningful to them. There was a range of activities taking place on the day of our inspection. For example, some people were engaged in a karaoke session which they seemed to enjoy.
- People had activity care plans in place. These stated the person's needs, short and long-term goals and their planned activities and the support they required to achieve these. For example, one person liked to be involved in gardening, and had helped planting potatoes which were almost ready to harvest. Another person was involved in feeding the birds and this was recorded in their care plan.
- The staff kept a record of all the activities people took part in. Some people were supported to go out to places of interest, such as the local park, shopping, museum and going to a café. There were more plans for outings each month.

- People's birthdays were celebrated and we saw photographic evidence of this. There was evidence festivals and events had been celebrated and people appeared to have enjoyed these. This included a party for the recent Queen's platinum jubilee.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met. All the people using the service were able to speak fluent English and did not have language needs.
- The registered manager told us they were able to provide documents in large print or easy-read formats as needed when people required these.
- We observed the staff communicated clearly with people during our inspection.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to appropriately and in a timely manner. The provider kept a log of all complaints they received, and these were recorded appropriately. We saw there had been few complaints, but these were responded to appropriately and feedback was given to the complainant. For example, when a person had complained about their meal, we saw evidence the registered manager had spoken to the chef and taken appropriate action.
- People had the opportunity to raise concerns and comment on the support they received during meetings. There was also a suggestion box in the entrance hall where people could post any comments and suggestions.

End of life care and support

- People's end of life wishes were recorded if they were comfortable discussing these. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were in place for some people and these were reviewed regularly to ensure people's decisions had not changed. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing.
- One person's DNACPR had been reversed when they had expressed a wish to be resuscitated.
- People's end of life wishes included where they wanted to be cared for in the event they became unwell or were dying, and what arrangements they wanted for their funeral.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in March 2021, we found the provider had not always effectively implemented systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the provider was no longer in breach of Regulation 17.

- Following our last inspection, the provider had put in place an action plan which they regularly reviewed and updated. The director told us, "Improvements have been made since the last inspection. After the last inspection, we sat together and did an action plan. I meet with [Registered manager] regularly to discuss where we are and support [them]."
- However, we did identify that people who used the service were not supported to make their own drinks at times they wanted although they expressed to us they wished they could do. We discussed this with the registered manager who took action after our inspection.
- We saw evidence the provider had improved their systems for monitoring and improving quality and these were mostly effective.
- There was a positive culture at the service and people were involved in their care and support. Most people and relatives were positive about the management team and the care staff who supported them. One person told us, "The manager and deputy manager are ok" and another said, "They do their job adequately." However, one person told us they were, "Not that impressed."
- The provider kept a log of all compliments they received from relatives or stakeholders and shared these with the staff team. We viewed a range of these which included comments such as, "I get good food and I am happy here... I do not want to be moved from here" and "Just wanted to say a massive thank you for all your efforts with the Christmas party this year and all your care and support with [Person] all year."
- There were daily handover meetings where staff could discuss the needs of people who used the service, and any changes and concerns they may have.

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 director and deputy manager were aware of the importance of being open and honest when mistakes were made. They explained how they reported incidents and accidents and apologised to people where they received complaints or mistakes were made.

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

- The registered manager or deputy manager undertook monthly audits of the home. These included checks of the environment such as cleanliness and safety and reviewed documentation such as people's care plans and risk assessments to ensure these were up to date.
- They also carried out regular observation at mealtimes to help ensure people's nutritional needs were met and people were happy with the food. They also checked people's health, any records of falls or infections, and followed up on any concerns they might identify during the visit.
- The management team also carried out a monthly thorough medicines audit and ensured regular checks of people's medicines were happening. They also checked people were being offered activities in line with their planned care.

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

- There were regular day and night staff meetings where all relevant subjects were discussed and information was shared. Subject discussed included, security, laundry, training, medicines and person-centred care. Staff were required to sign the minutes to evidence they had read and understood these.
- People were able to participate in meetings and get involved in the service delivery. They also had meetings in relation to food consultation so their food preferences could be recorded and met. In addition to these, there were regular meetings with people's relatives where they were able to give feedback about the care of their family members and make suggestions.

Working in partnership with others

- The management team and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.
- The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs.