

Newlife Care Services Limited

Mountview

Inspection report

1-2 Stocksfield Square
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mountview is a care home providing residential care for up to 10 adults with learning disabilities or other complex needs. At the time of the inspection there were 9 people living at the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The model of care and setting maximised people's choice, control and independence. 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.

People were supported with their medicines and able to take part in activities in their local area. Risk which was identified was recorded and monitored to keep people safe. The home was kept clean and tidy and staff followed infection control procedures.

Right care:

People received care which was person centred and promoted their dignity, privacy and human rights. Staff were kind and compassionate. Each person had an individual care plan detailing their preferences and how to support them if they were in distress. People also had access to a range of health and social care professionals. One healthcare professional said, "The staff responded to my request to work on someone's mouthcare, gradually improving this step by step."

People were kept safe by suitably recruited staff who had received the necessary training to perform their roles well. A recent safeguarding concern had been reported regarding 2 staff. This had been dealt with appropriately by the registered manager and provider.

Right culture:

The ethos, values, attitudes and behaviours of leaders and support staff ensured people using the service led confident, inclusive and empowered lives. The environment was welcoming. People, where possible, and those important to them, including advocates, were involved in planning their care and support. People's care and the need to keep them happy and healthy was the priority for staff. Quality assurance checks were in place to continually review the service provided and make any changes as necessary.

We received a few negative comments regarding communication which the registered manager was made aware of to address.

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

Rating at last inspection

The last rating for this service was good (published 6 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on recent concerns we had received about the care and treatment people received at the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

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

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 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 1 inspector and 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted various health and social care professionals, including the local authority commissioners and safeguarding teams, Healthwatch, the local fire service, the local area infection control team, and the medicine optimisation team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 met every person using the service and either spoke to them directly or observed their interactions with staff. We communicated with 10 staff team during the visit and contacted more via email. This included, the registered manager, the deputy manager, the operations support manager and support staff. We were disappointed that no staff took the opportunity to feedback to us via the email we sent.

We spoke with 6 relatives to seek their feedback on the care and support provided to their loved ones. We spoke with a visiting GP. We also contacted 7 healthcare professionals, including care managers, social workers, community nurse teams, occupational therapists, specialist learning disability nurse teams, and the speech and language team.

We reviewed a range of records. This included 2 people's care records and every person's medication records. We looked at 4 staff files in relation to recruitment, support, and training. We also reviewed a variety of records relating to the management of the service, including quality assurance and policies and procedures.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes, including safeguarding policies, were in place to help keep people safe from abuse and avoidable harm.
- Staff had undertaken safeguarding training and understood how to report concerns. One staff member said, "I would have no hesitation to raise concerns." A concern had been brought to the attention of the registered manager involving 2 members of staff. This concern was dealt with well and was currently being investigated by relevant authorities.
- Staff were aware of the provider's whistleblowing procedure and explained they could report concerns to external health and social care agencies such as the local authority or CQC if required.

Assessing risk, safety monitoring and management

- People's safety was well managed, and the daily risks people faced were assessed and reviewed regularly.
- Safety monitoring was in place. This included checks of the building, including lighting and utility checks. Regular checks on equipment also took place to ensure equipment was safe to use.
- People's care and support records contained personal emergency evacuation plans (PEEPS). This ensured information could be shared with other services in the event of a hospital admission or emergency evacuation of the building.

Staffing and recruitment

- There were enough staff to support people. People who required one to one support received this in line with their care and support needs.
- Staff were safely recruited. Robust recruitment checks had taken place, including gathering references and obtaining Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed well, including storage and disposal. There was some missing information from medicines administration records and protocols, but this was addressed straight away.
- No person in the home had their behaviour controlled by inappropriate use of medicines and medicines were reviewed regularly.
- People left the service to visit their families. When they did, records were in place to sign over medicines which would be needed during the visit. One relative said, "If we pick [person] up in the wheelchair taxi, we sign medicines in and out and they remind us to give regularly."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative said, "Certainly when we go staff are relaxed, place is clean, [person] is clean and their room is clean."
- 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.
- Visiting was taking place in line with government guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from accidents and incidents and reported them appropriately. Managers reviewed incidents and accidents, investigated and shared lessons to be learned from them.
- Any concerns were investigated thoroughly and any lessons learnt were used to mitigate concerns arising again.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 good. The rating for this key question has remained good. 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; 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

- There was a positive culture within the home which was person-centred and empowered people.
- The registered manager had an open and transparent ethos and was supportive of the inspection process. One relative said, "[Manager's name] is thinking of retiring, we're horrified at that. We're very happy with management."
- People were observed to be happy and appeared relaxed at the home and approached staff freely for support. Staff were trained to manage and support people if they were becoming distressed or needed time to express their feelings. One person had been provided 1-1 support and staff were working with GP's and learning disability specialists to find ways to support them at particular times of day.
- Care and support records were person centred and included extensive information about people. These were in the process of being updated. Staff were aware of people's individual needs. One relative said, "They seem to be aware of [person's name] as a person, their likes and dislikes."
- People were able to get out into the community to pursue interests important to them. One relative said, "They take [person] out in their wheelchair in the van to various places like before they were in the wheelchair, they try to get [person] out as much as possible."
- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things went wrong, including offering an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management and staff were clear about their roles and responsibilities. One relative said, "I've had nothing but admiration, I've been more than happy with the service at the moment."
- Quality assurance checks were in place, including audits on medicines. The registered manager said they were going to review the medicines checks in light of the issues we had found.
- The registered manager had submitted legally required notifications to the CQC for certain events at the service. This was completed in a timely manner.

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

- Meetings with a variety of relevant people, including relatives and healthcare professionals, were held to review and plan people's care and support. People were encouraged to be involved where they could. One

relative said, "They had a recent meeting I couldn't attend. I'm waiting for paperwork to come, it can take a few weeks. They always inform of any change and get my permission."

- Staff were engaged and involved in the service. Support sessions and staff meetings gave staff the opportunity to share their views and feedback any concerns.
- Relatives completed surveys about the home to gather their feedback. Replies received were generally all positive. Where comments were made, the registered manager worked with families to address them. One relative told us, "I'm very happy with [person's] care, great little home, no complaints."
- The vast majority of relatives said communication was very good with the home. One relative said, "I do ring the manager; we've got good communications going on with me and the home, no problems there. Quick to deal with anything." Another relative said, "We have extensive conversations and are always responded to." There were a couple of comments about staff not getting back to relatives when they had called and left a message. The registered manager was going to look into this.

Working in partnership with others

- Staff had good working relationships with health and social care professionals. One healthcare professional said, "They are good at referring people and following guidance" and, "Managers have felt able to come back if there's a question regarding equipment and it's suitability."
- Health and social care professionals said communication was good. We received 2 less positive comments about communication. The registered manager was aware of this and was working to address it.