B & M Hemel LLP

Montrose Care Home

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 14 September 2016 and was unannounced.

Montrose Care Home is a residential home in Watford providing care and support to up to 50 older people. At the time of our inspection there were 46 people using the service.

There was a registered manager in post, although they were not present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

Staff were aware of the safeguarding process and understood how to keep people safe. There were risk assessments in place which detailed control measures which would minimise the risks to people using the service. People had enough to eat and drink and their healthcare needs were met. Each person had a personalised care plan which was created with involvement from them and their relatives. People were supported to have their views heard and had individual key workers who were responsible for the management of their care. People's medicines were administered correctly by trained staff, and medicines were managed and stored appropriately.

Staff demonstrated a kind, caring and considerate approach and treated people with dignity and respect. They received a variety of training which supported them to carry out their roles effectively, and were provided with regular supervision and appraisal by the management team. They understood the fundamentals of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), and these were being applied correctly in practice.

People, their relatives and staff were positive about the support they received from the registered manager and the rest of the management team. Staff were supported to develop and contribute to the development of the service through team meetings. There were robust and thorough quality monitoring processes used to identify improvements that needed to be made across the service.

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.

There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

There were sufficient numbers of staff available to meet people's needs safely.

People's medicines were managed appropriately and stored correctly.

Is the service effective?

Good

The service was effective.

Staff were supported through a regular programme of supervision and appraisal.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

People were supported to engage in activities and pursue interests in and out of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

Montrose Care 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 was planned to check 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 the 14 September 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this kind of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection reports and asked for feedback from two professionals involved with the service.

During the inspection we spoke with fourteen people who used the service and seven of their relatives to gain their feedback. We spoke with five members of care staff, the deputy manager and assistant manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for five people who used the service. We checked medicines administration records and looked at staff recruitment and training records for five members of staff. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

During our last inspection in November 2015 we identified that one person who had recently moved into the home did not have a care plan or risk assessments in place. Some people who had bed rails on the side of their beds did not have accompanying risk assessments in place which explained the reason for their use or how the person had consented to having them.
Recruitment procedures were not as robust as they should have been, and some staff were being employed without valid references or employment histories listed in their application forms. There was a high use of agency staff and not always enough staff deployed on shift to meet people's needs. The management of controlled drugs (CDs) was not in line with best practice guidance and legislation. There were not always protocols in place to identify and manage the risk of pressure ulcers, and that pressure mattresses were not always set to the correct weight.

During this inspection we asked to see the care plans for the most recently admitted resident who commenced support in August 2016. We found that the person had all of the correct documentation in place, including a needs assessment, care plan and risk assessment. We reviewed a further two and found that each person had risk assessments in place which detailed the risk to the person and the method used to minimise the risk. For example we saw that there risk assessments in place for falls, manual handling and the management of behaviour which may have impacted negatively on others. If people required the use of a hoist or sling to move then there were clear instructions available as to which equipment was to be used and how to make sure that it was being used safely. During this inspection we looked through the care plans for a further two people who used bed rails and saw that appropriate action had been taken to gain consent from the person and risk assess their use.

We looked at files for the four staff that had been recruited most recently to the service. In all of them we saw that application forms were now being filled out correctly with full dates of employment listed. Two valid references had been sought from previous employers. Each member of staff had a completed DBS (Disclosure and Barring Service) check on their file. DBS is a way of employers assessing whether staff have any prior convictions to help them to make safer recruitment decisions.

We asked people whether there were enough staff available. One person told us, "Yes, they don't take long to come to you if you need them." A member of staff told us that staffing levels had improved recently. They said, "We all work together as a team and there is no problem, we're always busy and doing something around the home but that's as it should be." When we asked the deputy manager about the use of agency staff, they told us, "It is still quite high, but we've tried everything to recruit new staff and found it difficult at times. We try and make sure we use the same agency staff whenever we can because they know the residents. If a staff member comes from an agency and isn't right for us then we won't have them back again. The same with staff, it's important that they know how to work with the residents and talk to them."

We examined the rotas from August 2016 to the day of our inspection. We found that while there were always enough staff available to meet people's needs, there was still a high use of agency staff, with some shifts requiring two agency staff to fill in for regular members of the care team. We looked through the daily

allocation sheets and noted that the agency staff they used were known to the service and worked there regularly. When we further explored the reasons for the continued high use of these staff, the deputy manager was able to evidence the difficulties they had encountered with recruiting within the local area. The service had recently attended job fairs, put adverts into local newspapers and online to attempt to recruit more staff, as well as putting out a banner out in the front of the home. While they recognised the continued need to recruit to vacant posts, the deputy manager was clear that they wanted a certain standard of staff and were reluctant to compromise on the skills, experience and character they needed. During the inspection we observed that there were enough staff present to attend to people's needs quickly if required. A pager system was in use to alert staff to call bells being pressed, and the service were able to produce reports which showed response times. They then analysed these to ascertain where staff would be best deployed within the service to meet people's needs.

During this inspection we found that improvements had been made to the management of medicines, and that controlled drugs were now being accounted for through regular audits and stock checks. If there were any errors in the administration of these drugs, or discrepancies in the checking of stock, then remedial action was taken immediately following an investigation. A controlled drug log was now in use which accounted specifically for these kinds of medicines. We looked at MAR (medicines administration record) charts for six people and saw that these were being filled out correctly with no gaps in recording. We observed the lunchtime medicines round and saw that medicines were being administered correctly by staff who were trained and competent to do so. Regular audits and temperature checks were taking place and the service had a recent pharmacy inspection to identify any further improvements that could be made to the management of medicines. For people who required PRN 'as and when required' medicines there was information in their care plans which detailed the reason they were prescribed and when it was appropriate to administer them. We saw that if PRN had been given then the staff member responsible for its administration had listed the reasons why on their MAR chart.

On this inspection we saw that each person had now had a risk assessment put into place which assessed the likelihood of pressure ulcers developing based on their Waterlow scores. This meant that the staff were now more mindful of their responsibilities to maintain pressure care for people. We saw that where people had developed any issues in this area, treatment had been sought from tissue viability nurses. For people who used pressure-relieving mattresses, we checked for three people that their beds were set to the correct weight and found that they were. The registered manager had begun a regular audit of each bed to check that the weight was correct each day.

People and their relatives told us the service was safe. One person said, "I feel very safe here, it's a lovely place to be and staff are very kind." A relative told us, "Absolutely safe here, I have never seen anything to raise alarm bells and I would certainly raise it immediately if I did, this is a lovely home with beautiful gardens, staff are kind and courteous here."

The management team completed regular health and safety checks on the environments to assess whether equipment was in good working order and that the home was clean and safe for people to mobilise in. There were general risk assessments in place which looked at the overall risk posed to people by the environment and put preventative measures into place to help to keep them safe. Fire safety checks were completed regularly, and we saw recent certificates for gas safety and PAT (portable appliance testing) had been completed.

Good

Is the service effective?

Our findings

During our last inspection in November 2015 we found that DoLS (Deprivation of Liberty Safeguards) applications were being made before a capacity assessment had been completed to establish whether the person was able to make decisions in their own best interest, as required under the Mental Capacity Act 2005. 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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we found that capacity assessments were now being completed in line with all applications being made to deprive people of their liberty. The management team had begun a DoLS matrix they used to track the progress of all applications still awaiting authorisation from the local authority. Staff received training in the Mental Capacity Act and were able to describe how this was implemented into practice.

Each resident was asked to sign a care plan agreement which asked for their consent to provide care and support. We saw that the service had begun to consider the potential for changing capacity in the future and those agreements stipulated that people had given consent to remaining in the service if they lacked the capacity in future. In addition, the service had also asked for individual consent in areas such as the administration of medicines, activities, outings and the use of photographic images.

Staff received a variety of training which was effective in providing them with the necessary skills to carry out their duties. One member was staff was positive about the training they had completed and said, "We do a lot when we first start but it doesn't stop there because they want to give you as much knowledge as they can. We learn a lot about the people we're working with." During their initial induction the staff completed training that the provider considered essential, such as medicines, safeguarding, moving and handling and fire safety. In addition to these there was a variety of specialised training available, including dementia awareness, nutrition and pressure area care. We were shown a training matrix which was used to monitor the on-going training needs of the staff, including dates for training to be refreshed and updated. The staff told us about a 'virtual dementia tour' which they had recently attended which was designed to simulate the experience of somebody living with dementia in a care home environment. They were positive about this experience and how it had helped them to empathise with the people they cared for. One member of staff said, "It really did make you think about how you approach people and what it must be like for them every day."

Staff received regular on-going training and supervision to support them in their roles. One member of staff told us, "I have regular supervisions and appraisals and we are a very good team." Another member of staff said, "I have had three since I started earlier this year. We'll talk about how things are going; it's good for us

to have the chance to catch up with the manager." The management team had created a matrix which detailed when people were due to have supervisions completed, and we saw that the majority of staff were receiving a supervision every two months. Each year they were then subject to an annual appraisal which provided a review of their performance over the previous year. During their probation staff had three and six month reviews to assess whether they had showed the correct aptitude for the role.

People we spoke with were positive about the food and drink on offer. One person said, "The food here is lovely and we get choice, we are offered plenty of tea and drinks." A relative told us, "The food is plentiful and staff work hard here to look after everyone." During the inspection we observed people eating their lunch. There were choices available to people as part of an on-going menu that took into account individual dietary needs and requirements. While lunchtime was busy, staff were able to attentive to people's needs when they needed support with eating and drinking. Each person had a nutritional assessment sheet which established any additional support needs they had around eating or drinking. If people were at risk of dehydration or malnutrition then preventative measures were put into place and then monitoring through food and fluid charts and monthly checks of people's weight.

Appointments with external healthcare professionals were recorded in people's care plans with clear outcomes and changes. We saw that people were attending appointments in line with the stated need in their assessment- for example one person who needed regular chiropody appointments was attending as stipulated within their plan.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and compassionate. One person said, "Yes the staff are very caring, they work hard to look after us all and there is quite a few people to look after, staff are respectful and kind here." Another person told us, "You couldn't have nicer staff than here, it was my 100th birthday a little while ago and the man that owns the home pulled up in a big Bentley car and took me for lunch and a wonderful drive, we had a big party and the local paper came down, they made a huge fuss over me and it was a lovely day!! Staff here are great." A relative we spoke with said, "I visit here all the time and I have never had any concerns, I think the staff do a very good job, the staff are polite and show respect for all the people here."

The staff we spoke with demonstrated a good understanding of the people they supported and had developed meaningful and lasting relationships with them. One member of staff told us, "I love working with the people here. They really are a wonderful bunch, you get to know all their stories and their histories and some of them are so interesting."

When people first started receiving care and support from the service they were issued with a 'service user guide' which provided them with details of local amenities, activity schedules, facilitates within the home and the contact details of agencies they could contact for further assistance if required. This included the details of external advocacy groups. Each person had a key worker who was responsible for making sure that they had all of the equipment and sundries they needed and made regular updates to their care plans.

During our observations around the service we saw staff interacting in an upbeat and positive manner with people. During the afternoon a collection of old time music hall songs was put on and staff were observed dancing with some of the residents. There were some people walking in corridors who were confused, disorientated or displayed some behaviours which might have impacted negatively on others. During our observations we found that staff were frequently having to redirect them, engage them in conversation or orientate them to make them feel more comfortable. The kind and caring approach of staff meant that people who were displaying these anxieties were able to remain calm. One person who appeared visibly distressed was quickly attended to by two care staff who offered them a walk outside. Because it was a particularly hot day there was an increased need for staff to be patient and understanding and attentive to people's individual needs.

People were treated with dignity and respect, and there were outcomes listed in people's care plans in relation to how this could be observed. During the inspection we noted that staff knocked on doors, covered people when personal care was being provided and spoke to them in a way that was patient, kind and used their preferred names.

Good

Is the service responsive?

Our findings

During our last inspection in November 2015 we found that the lack of a dedicated activity co-ordinator in the service meant that people were not always engaged in a full program of activities and hobbies.

During this inspection we found that improvements had been made to address this. A new activity co-ordinator had started in March 2016 and was working full-time during the week. The service were recruiting for a second activity co-ordinator to work at weekends. The deputy manager told us, "It's important we have things going on all the time here, if the activity co-ordinator isn't around then the care staff will take over that part of the role and keep people engaged." We were shown pictures of the activities that people had participated in since our last inspection, and saw that people had been offered the opportunity to go on trips and outings. Activities offered within the home included baking, quizzes, bingo, bowling and board games. Regular events were held to invite families and friends to participate, and we saw that a fete had been held in the garden outside two weeks prior to our inspection. People had recently enjoyed trips to the cinema, theatre and for meals out with the staff.

People and their relatives told us that they knew they had a care plan and were involved in the implementation and review. One relative said, "I think staff are very responsive here, I attend all of [relative]'s reviews and we agree [their] care plan. Each person had a daily living and needs assessment completed which determined the level of support required across different areas of their care. This was then used to form a care plan which detailed how people preferred to be supported in different areas of their lives such as communication, mobility, personal care and activities. Each area of the care plan was listed alongside a stated objective.

Care plans were subject to regular review and were audited to establish whether the information was up to date and reflective of the person's changing needs. A review which involved the person and their family took place with the person's key worker each month and detailed any important information about the person that might have impacted upon the rest of the care plan. These reviews allowed the staff to be responsive to people's changing needs. For example we saw that for one person the increased risk of malnutrition due to fluctuations in weight meant that they needed food and fluid charts at certain times but not others.

People and their relatives told us they knew how to make a complaint and would feel comfortable doing so if necessary. Since the last inspection in November 2015 the service had received two complaints. These were both dealt with in line with the provider's complaints policy, and the registered manager had met with both of the complainants to discuss the issues raised. Actions were then agreed and the registered manager completed a 'lessons learned' form which reflected upon the reasons for the complaint and how to address the concern to prevent similar situations from arising in the future.

Good

Is the service well-led?

Our findings

At our last inspection in November 2015 we identified that the quality monitoring systems in place were not always thorough or robust enough to identify issues and take action to resolve them.

During this inspection we found that significant improvements had been made in this area. Quality audits were now being carried out across all areas of the service, and remedial actions were being taken to resolve issues that were highlighted as needing improvement. The management team now carried out a series of daily, weekly and monthly audits which included care plans, staff files, training and feedback from people and their relatives. The provider had carried out a number of quality monitoring visits to the service to check on the progress of actions since the last CQC report.

There was a registered manager in post, who was supported by a deputy manager, assistance manager and team leader. The registered manager was on holiday at the time of our inspection. People and their relatives told us they felt the management team was approachable. One person said, "The manager is nice and the other managers are too." Both the deputy and assistant managers were knowledgeable about the service, the people being supported and the improvements that had been made since our previous inspection. The staff we spoke with were equally positive about the management team and the support they received. One member of staff said, "We have made improvements here and we are very well supported, I feel we are very well-led by the manager"

Staff told us they had the opportunity to contribute to the development of the service through team meetings. One member of staff said, "It's an open door policy here and the manager is approachable along with the deputy, we have regular team meetings and I am happy to work here." We saw that meetings were held monthly, with meetings between senior staff then held every three months to discuss management issues. Meetings were also held with night staff to discuss issues pertaining to the night shifts. We looked through the minutes for these meetings and found that there were a range of issues discussed, including residents changing needs, infection control, training and activities. We saw that issues we had addressed during our last inspection had been discussed, such as signing for all medicines and taking the time to provide activities for people at all times of day. If issues had been raised by staff which required action, then an action plan was formed with clear timescales. For example we saw that an issue had been raised with batteries running out for pagers. We asked the staff if this had been resolved and they told us it had.

Residents had begun to have meetings with the activity co-ordinator which gave them a chance to discuss issues and provide feedback. We looked at the minutes for the last meeting and saw that the issues discussed included recent activities, laundry and requests for improvements around the home. Actions were delegated to staff based on any improvements that needed to be made as a result of these meetings.

Questionnaires were sent out to people and their relatives to ask for their feedback and views about the service. These had been sent out just prior to our inspection and the management team was still in the process of gathering and collating the results. We looked at the seven completed forms that had been returned and saw that the feedback was all positive, and that without exception the respondents had rated

the service as 'good' or 'excellent' in every area. Following our last inspection a report had been completed which analysed the results of the questionnaires that had been sent out in 2015.