

S L Mann

Montclair Residential Home

Inspection report

Montclair
216 Banstead Road
Banstead
Surrey
SM7 1QE

Date of inspection visit:
10 March 2020

Date of publication:
03 April 2020

Tel: 02083937433

Website: www.montclairresidentialhome.co.uk

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

Montclair Residential Home is a care home providing personal care to 15 people aged 65 and over at the time of the inspection. Montclair Residential Home can accommodate up to 15 people in one adapted building, specialising in supporting people living with dementia.

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

Staff were knowledgeable in safeguarding adults' procedures and reported concerns appropriately to the local authority and, if required, the police. Risks to people's safety had been identified and managed. We identified some environmental risks on the day of our inspection and staff took immediate action to address those concerns. There were sufficient staff to meet people's needs and safe recruitment practices were followed. Staff adhered to infection control procedures and safe medicines management was in place.

Staff received regular training and supervision to ensure they had the knowledge and skills to support people. Staff were aware of people's dietary requirements and people had access to food and drink throughout the day. Staff supported people to access healthcare professionals and followed advice provided. 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. An accessible, clean and homely environment was provided.

Staff had built good working relationships with people. People and the relative we spoke with were complimentary about the staff and felt they were well cared for. Staff were respectful in their interactions with people and spoke to them politely. Staff respected people's privacy and dignity, and supported them to be as independent as possible. People were involved in decisions about their care and staff asked people's permission before providing support.

People received personalised care that met their needs. Staff were aware of people's communication methods and spoke clearly to aid understanding. Staff were aware of who was important to people and supported them to maintain those relationships. They provided a range of activities to protect people from the risk of social isolation. The service had reviewed their practices to ensure they were aware of people's end of life choices and end of life care plans had been developed. A complaints process was in place. People and the relative we spoke with had not needed to make a complaint.

The management team had been reviewed and strengthened since our previous inspection to provide greater oversight and clarity over lead roles. People, their relatives and staff were regularly asked for their feedback about the service and improvements were made in response to the feedback received. The manager had processes in place to review and improve the quality of service delivery. The manager was aware of their CQC registration requirements and submitted notifications about key events as required. They had also ensured that the service's CQC rating was clearly displayed at the service and on their website.

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 18 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Montclair Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector and an inspection manager undertook this inspection.

Service and service type

Montclair Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is not required to have a manager registered with the CQC.

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, including notifications received about key events that occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the two managers, the deputy manager and a care

worker. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, staff rotas, supervision and training records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There had been a safeguarding concern raised since our previous inspection. The management team followed the correct process and informed the local authority and the police. Appropriate action was taken to investigate and address the concerns raised.
- Following the safeguarding concern all staff were supported to attend training and update their knowledge on safeguarding vulnerable adults.
- Staff were able to describe signs of possible abuse and told us if they witnessed anything of concern they would share this with the management team, the local authority and the CQC.

Assessing risk, safety monitoring and management

- During our inspection we identified some environmental risks had not been appropriately managed, relating to window restrictors and call bells. After we brought this to the manager's attention, they took prompt action to ensure windows were safely restricted to protect people from the risk of falling out and call bell cords were left in reach should a person have a fall in the bathrooms and needed support.
- Since our last inspection the service had their fire doors incorporated into the fire alarm system to ensure people's safety.
- Individual risk assessments were undertaken to identify specific risks to people's safety and management plans were in place to reduce those risks.
- Staff were knowledgeable about the risks to people's safety and how they were to be supported. This included in regards to moving and handling, nutrition and skin integrity. One staff member said, "The most important aspect of our role is to make people safe."

Staffing and recruitment

- Safe recruitment practices were adhered to. This included checking staff's knowledge and experience, undertaking criminal record checks, checking staff's identity and their eligibility to work in the UK.
- There were sufficient staff on duty to meet people's needs and enable staff to undertake their duties. The manager told us they looked at staff's competency and skill mix, as well as the number of staff on duty, when allocating rotas.
- On call arrangements ensured additional staff were available should people require additional support.

Using medicines safely

- People were not always sure what medicines they were taking but they were able to tell us that staff gave them their medicines. This included pain relief when required.
- Safe medicines management processes were in place, including in regards to controlled drugs. People

received their medicines as prescribed. Medicine administration records (MARs) were completed correctly and stocks of medicines were as expected.

- Staff were aware of when people were to receive their 'when required' [PRN] medicines. To aid clarity one of the managers was in the process of completing PRN protocols which outlined when, why and how much of these medicines people should receive.

Preventing and controlling infection

- Staff had received training on infection control and prevention. There were adequate stocks of personal protective equipment (PPE) at the service and we observed staff wearing them when supporting people at mealtimes.
- Staff were staying up to date with government guidance about what measures to put in place in response to the Covid-19 virus and had signs up to instruct visitors not to come to the service if they were feeling unwell.
- We noticed people were not supported to wash their hands prior to eating. We spoke with the manager about this. They said they had previously tried washing everyone's hands prior to eating but not everyone wanted to do this. Now they focused on those that were at higher risk of developing infections.

Learning lessons when things go wrong

- There were processes in place to record, report and review incidents that occurred at the service. Staff met to discuss the incidents and share ideas about what additional measures should be implemented to ensure a person's safety.

Is the service effective?

Our findings

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

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

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

- When people started using the service, staff liaised with referring agencies, healthcare professionals involved in people's care and their families to obtain detailed information about their needs and how they wished to be supported.
- We saw staff used recognised best practice tools to assess people's needs. This information was used to develop care plans about how people were to be supported and cared for.

Staff support: induction, training, skills and experience

- Staff were supported to access regular training. This included regular refresher training on core topics as well as being supported to complete national vocational qualifications (NVQs) in health and social care. The manager had discussions with staff after completing their training to assess their competency and ensure they understood what they were taught.
- Staff said they felt their training needs were met which meant they were able to undertake their roles and provide people with high quality safe care. Staff also said there were opportunities for career development and we heard some staff had been internally promoted.
- Staff told us they received regular supervision and this was confirmed by the records we viewed.

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

- Staff were aware of and took account of people's nutritional needs. This included any allergies or specific dietary requirements people had due to their physical health or long term conditions. Staff provided diabetics with low sugar alternatives and followed advice from the dietetics team. Some people required soft meals due to difficulties swallowing.
- People had access to drinks throughout the day and were able to ask staff if they wanted a hot drink.
- If staff were concerned that a person was losing weight this was discussed with their GP and we were told that some people were given supplements to ensure they maintained a healthy weight.

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

- There were regular healthcare professional visits to the service, for example from the district nurse to support people with their diabetes. Staff told us they organised home visits from the GP and dentist. Staff were able to identify changes in people's healthcare and liaised with healthcare professionals as and when appropriate, for example, if they identified changes in people's skin integrity.

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

- Montclair is a large house. It is decorated as a family home with each person having their own bedroom and access to a variety of large communal areas. The communal areas were clearly identifiable to help orientate people around the service. People had reference boxes outside their rooms with items that were personal to their lives and interests to help orientate them to their rooms. There was a lift and the home was able to meet the needs of people with disabilities. We observed people freely moving around the service and we observed people spending time in their preferred places.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with the MCA. Staff were aware of who had the capacity to make a decision. Care records confirmed this and included information about those that had varying or fluctuating capacity. Where possible, staff involved people in decisions and respected those decisions.
- Where people did not have the capacity to make certain decisions, best interests' meetings were held with the relevant persons, including those that had been authorised to make decisions on a person's behalf.
- The manager had appropriately applied for and adhered to the deprivation of liberty safeguards for those that were unable to safely leave the service. For people that did have capacity, they were able to come and go from the service as they wished. The manager kept track of all DoLS authorisations and when they were due for renewal.

Is the service caring?

Our findings

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

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

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

- One person said, "This lady [the staff member] is a good lady". Another person told us, "I get along with everybody." A third person said, "The staff are brilliant... They do their very best to help people." A staff member told us, "I enjoy making people happy."
- Staff had built friendly relationships with people. We observed staff regularly speaking with people and using their preferred name. During our inspection we observed staff going into people's rooms (where the person was unable to leave their rooms due to their ill-health) to check they were ok.
- Staff were supportive of people's individual differences and preferences. This included in relation to their religion, culture and sexuality. People were actively supported to practice their faith and faith leaders regularly visited the service to hold holy communion and prayer.

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

- Staff involved people in their care and enabled them to make day to day decisions. We overheard staff asking people for permission before doing things to them, for example we heard a staff member at lunchtime say, "Is it ok if I put this apron on you?"
- Staff knew the people they were supporting. This included their usual preferences and how they liked things to be done. Nevertheless, they asked people what they would like, to involve them in their care and in case they did not want to have their usual choice. For example, staff told us one person preferred to have black tea and brown toast in the mornings but we overheard them checking with the person as to what they wanted to have that morning.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff knocking before entering people's rooms and speaking with people politely and respectfully.
- Staff supported people's independence. They offered support if they could see people struggling but respected that people liked to do certain aspects of their care themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's 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

- A relative said in regards to their family member's care, "I can't fault it...[their family member] always seems well looked after and clean." One staff member told us, "I love it [working at the service]...I know that I'm caring for people and I go home knowing that I've done something for someone. I learn something new every day. Everyone's different so you learn new things."
- Care records had been reviewed and updated. We saw some records contained a varying level of information about the person. On the whole care records were detailed and contained specific information relating to the person and their needs. Information was captured about people's life histories, their previous occupations, families and interests. There was also information about people's current health needs and how they wished to be supported.
- Staff were knowledgeable about the people they supported and provided support in line with people's wishes. Staff told us some people preferred support from specific staff members and this was taken into account when allocating duties. Staff used the 'return approach' when supporting people with dementia to ensure they had their personal care needs met. This supported the person to be involved in their care and receive it when they felt comfortable. (The 'return approach' encourages staff to respect a person's decision at the time but to continue to revisit it with the person in case they change their mind)

Meeting people's communication needs

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

- Staff were aware of people's communication methods and any communication limitations people had, including those that required assistance with hearing and sight. We saw and people confirmed they had their glasses and hearing aids. We observed staff speaking to people clearly to help people to understand what was being said.
- The staff supported people to celebrate key events throughout the year and decorated the home in line with those events to help orientate people to what time of the year it was due to their cognitive limitations.
- There was pictorial information displayed around the home and staff confirmed they would be able to get information in different formats to meet people's needs as and when required.

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

- Staff were aware of who was important to people. They supported people to maintain relationships with

those individuals and there were no restrictions to friends and families visiting.

- Staff ensured people were not socially isolated and we saw staff interacting with people throughout our inspection. This included regularly visiting people who were unable to leave their rooms. One person told us, "There's always people around to talk to."
- There were a variety of activities happening throughout the day and when speaking with people they confirmed they were able to do what was of interest to them. For example, one person said they enjoyed crosswords and we saw them completing one with staff support. Another person enjoyed reading their paper and they confirmed staff bought this for them. There was a group activity in the afternoon which was attended by the majority of people and people were engaged in conversation and joined in the activity. They were retelling stories and having a laugh together.

End of life care and support

- Since our last inspection staff had reviewed their documentation regarding end of life care to ensure accurate information was collected for all people about how they wished to be cared for.
- Staff were aware of who had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) in place and this was clearly accessible in people's care records.
- Staff had completed training on 'death and dying' to further their knowledge on how to support people and their families.
- They worked closely with staff from the local hospice and worked together to enable people to die peacefully in their preferred place.

Improving care quality in response to complaints or concerns

- The manager told us they had not received any complaints since our last inspection. However, they had regular conversations with people and their relatives which enabled them to address any concerns or minor changes required to people's care without people feeling the need to make a complaint. People and the relative we spoke with confirmed they were happy with the service and did not have any concerns or complaints.
- A complaints policy was in place should a complaint be received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had regular engagement with people and their relatives. The manager told us when relatives visited they ensured a member of the management team greeted them and they had built open and honest relationships with them. They felt the engagement of people and relatives on a regular basis meant they had ongoing feedback about the service and identified any improvements required.
- There were regular staff meetings. Staff we spoke with felt well supported by their manager and felt able to speak openly at these meetings. They felt their feedback was valued and listened to.
- Staff said "Really enjoy working here... [The manager's] really open and he's always there to talk... The staff work really well as a team." Another staff member, "[Name] is a very good manager. He tells me if I haven't done anything."

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

- Since our last inspection the management team had been strengthened, bringing in an additional manager and a deputy manager. This ensured there was a member of the management team available on each shift.
- Staff were clear about their roles. The managers had clear lead roles to ensure there was sufficient oversight in these areas, including infection control, medicines, policies and procedures, engagement and activities for people, and oral health.
- The manager was aware of their CQC registration responsibilities and submitted notifications about key events that occurred at the service. The manager was also aware of their duty to be open and honest with people, their relatives and relevant professionals when something went wrong so they were aware of what action was taken to address those concerns.
- At our previous inspection we identified the provider was not adhering to the requirement to display their CQC inspection rating. At this inspection we saw appropriate action had been taken and the rating was clearly displayed at the service and on the provider's website.
- The manager was 'hands on' and was included on the rota. They worked alongside the team and told us they felt this was a good way to evaluate the quality of care and understand the pressures and challenges staff came across during their role so they could better support them. Staff told us the manager helped them identify areas they could improve in their role."

- There was a programme of regular audits at the service which looked at key areas and ensured staff were adhering to the service policies and procedures, and providing high quality care. This included audits of the environment, medicines management, infection control and oral health. Any concerns identified through these processes were acted upon.

Continuous learning and improving care

- The management team ensured they stayed up to date with good practice through attendance at forums, magazine subscriptions and checking information on good practice providers and the government agencies websites.
- Previously the service had worked with local universities as part of research projects. At the time of this inspection there were no current projects but the manager was open to working with universities should this opportunity arise.

Working in partnership with others

- Staff worked in partnership with other agencies to ensure people received coordinated care and support for their health and social care needs. This included liaison with health and social care professionals, the local authority and the clinical commissioning group.