

Moundsley Hall Limited

# Moundsley House

## Inspection report

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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

Moundsley House is a nursing home providing personal and nursing care for older and younger adults who may have a physical disability and/or dementia.

Moundsley House is part of a purpose-built care village development. Moundsley House accommodates 65 people across three floors. There were 52 people living at home on the day of the inspection.

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

People told us they felt safe and supported by the staff who worked in the home. One person said, "I am happy here." Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

All people, relatives and staff felt the registered managers were approachable and had made positive improvements to the home and the way the service was run. The registered manager listened to people and staff's views about the way the service was run. The registered manager had put checks into place to monitor the quality of the service provision. However, the provider had not undertaken any of their own audits and checks due to the pandemic. There was an acknowledgement that better communication was required with external agencies about planned changes of people's place of residence, however, we found this had not had a negative impact on people who lived in the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 01 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding matters and lack of transparency with external agencies regarding planned changes to move people to different homes within the village. The service also had breaches of regulation from the last inspection and we needed to check they had followed their action plan to confirm they now met legal requirement. As a result, a decision was made for us to inspect and examine those risks, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

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 coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moundsley House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Moundsley House

## 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.

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 two Inspectors.

#### Service and service type

Moundsley House 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 had two managers registered with the Care Quality Commission. 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. One registered manager was a nurse and based at the home. The other registered manager was responsible for the general management of the home and other services within the care village.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. 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 used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### 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 twelve members of staff including the provider, the general manager who is also one of the registered managers, three nurses, two team leaders, two senior care workers, two care workers and two domestic staff, we also spoke briefly with the activities co-ordinator and three other care workers. 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 aspects of four people's care records and multiple medication records.

#### After the inspection

We spoke with seven relatives on the telephone and the registered manager of Moundsley House. We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, quality assurance records, surveys and meeting minutes.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found a complaint which raised safeguarding elements which had not been raised with the local authority and the CQC. At this inspection we found improvements had been made, and safeguarding concerns were notified to the authorities.
- People we spoke with told us they felt safe by the staff who supported them. Relatives also felt their family members were kept safe from harm. One relative said, "I can't praise them enough [Person's name] is not frightened or scared of any of them." While another relative said, "I completely trust them."
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. Where staff had raised concerns, the registered manager had addressed this. The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- At the last inspection we found checks and maintenance on equipment such as wheelchairs were not always robust. At this inspection we found wheelchairs were in good working order, and regular checks were made to ensure these were safe.
- At the last inspection relatives and staff raised concerns about batteries for hoists not being charged, delaying people's care. At this inspection we found better systems in place to ensure batteries were in working order, so people's care was not delayed.
- People's individual risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date with people's current care and support needs.
- People we spoke with told us staff understood their care and support needs and had the help and support from staff when they needed them.
- Staff knew people well and understood how people were to be supported to keep them safe.
- Relatives felt their family member was safe and had been involved in conversations with the staff team about how to maintain the person's safety. Where some people had moved into Moundsley House from another home within the village, relatives felt their family members had been supported to settle into their new home, and continued to be supported by staff who knew them well.
- There were good communication processes in place, such as daily handovers, daily meetings with heads of department and weekly management meetings which ensured consistent and timely care was delivered.

Staffing

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. People

confirmed there were always staff visible, and prompt to answer call bells.

- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms. During busier periods, such as meal times, we saw staff worked together to focus on meeting people's needs in a timely way.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs. They confirmed that there was a good skill mix of staff on duty, where the more experience care staff worked alongside the new staff and told us this worked well.
- People's dependency levels were assessed, which determined how many staff were required for each shift to ensure people remained safe and have their needs met.

#### Using medicines safely

- People received their medicines when they should.
- Where it had been deemed necessary for a person to receive their medicines covertly, we found that while the person's relative was aware of this, records did not clearly show the person's GP or pharmacist has deemed this appropriate and safe to do so. The registered manager told us this would be rectified immediately. We could see that prior to the pandemic and lockdown of the home, covert medication records were complete, as professionals were able to visit the home. We did not find any evidence that people had come to harm from this.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

#### 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 meeting shielding and social distancing rules.
- 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.

#### Learning lessons when things go wrong

- The management team completed daily checks to ensure staff were providing care and support in line with best practice.
- Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again.



# 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; 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

- At the last inspection we found audits had not always identified shortfalls in the ways checks were carried out. Care plans were not always accurate, and checks were not in place to ensure notifications were submitted to the CQC in a timely manner. At this inspection we found improvements had been made and there was no longer a breach of regulation.
- All people we spoke with knew the registered managers and found them approachable and responsive to their requests.
- Relatives felt they were involved in the running of the service and had good communication with the registered manager. Relatives felt communication during the pandemic could be more forthcoming, however recognised staff were working under difficult circumstances.
- The provider had sent surveys to relatives to understand their views of the running of the service; the responses we saw were positive.
- Staff felt the registered managers were approachable and listened to their ideas or suggestions for the way the service was run. Where staff had made suggestions, these were listened to and acted upon.
- Staff told us they worked well together in a joined-up approach. We saw all staff groups working together to help continue meet people's needs.
- Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- Staff told us they felt proud to work at Moundsley House and of the positive outcomes they achieved for people.
- The registered managers was supported by the provider, who listened and acted upon their requests.
- The registered managers worked in partnership with external healthcare professionals to ensure people received a holistic service.

### Working in partnership with others

- We had been made aware prior to our inspection visit that the provider had not worked with local authorities when changes to where people lived within the village were being considered. It was acknowledged that the decision to move people into different homes was made to maintain people's safety, however this decision had not been communicated with local authorities so a joined-up approach could be held. The general manager who is also one of the registered manager's told us that going forward they would ensure; all agencies were involved in events such as these. We did not find any evidence which

showed this had a negative impact on people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives felt the service was well run. They felt the registered managers were approachable and understood what was important to them. All relatives felt confident that should they have any concerns these would be addressed promptly.
- Staff were clear about their roles, and the values upheld by the provider and registered manager. The registered manager ensured they continued to promote a culture that delivered good quality care.
- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- Checks of care records and medicines took place to ensure the paperwork reflected good quality care. The registered manager recognised there was work required to ensure all new people who had moved into Moundsley House was placed on the computerised system, to ensure information was not missed or duplicated in error.
- The general manager told us they usually completed provider level checks and audits, however, due to the pandemic, they had not been able to complete this.
- The provider understood their responsibilities for reporting events and incidents that were legally required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.