

Downlands Care Limited

# Mountside Residential Care Home

## Inspection report

9-11 Laton Road  
Hastings  
East Sussex  
TN34 2ET

Tel: 01424424144  
Website: [www.mountsidecare.co.uk](http://www.mountsidecare.co.uk)

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11 November 2022  
14 November 2022

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Mountside Residential Care Home is registered to provide support to a maximum of 52 people and 40 people were living at the service at the time of our inspection. The service is registered for older and younger people, who may be living with a physical disability, and dementia.

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

The providers' governance systems had improved and were being used consistently to improve the service. There had been improvements made, but there were still areas that needed to be further improved to ensure people's safety in a consistent way. Some audits had identified the same issues as previous months but had not been addressed and so remained an issue. For example, procedures for hand-written medicines and timely responses to complaints received.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. The home was clean, well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded, and lessons learnt to prevent re-occurrences. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

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.

Improvements had been made to the provision of person-centred care. People confirmed they were involved in their care planning. One person said, "They sit and talk to me about what I need, and I do feel I have a say in it, which is important to me." End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Resident and family meetings were held, and surveys were analysed and acted on.

The registered manager and staff team were committed to continuously improve. There were plans to develop the service and improve their care delivery to a good standard and sustain the good standard of care. Feedback from staff about the leadership was positive, "We are really getting to be a strong team, we all work together and it is a really good place to work."

Rating at last inspection:

The last rating for this service was Requires Improvement (published 15 November 2021)

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

regulations.

#### Why we inspected:

We carried out an announced inspection of this service on 11, 13 and 19 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, Safe care and treatment, safeguarding people from harm, personalised care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contained requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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 Mountside Residential Care Home 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, 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?

The service was good.

Details are in our responsive findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Mountside Residential Care 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.

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 team consisted of one inspector.

#### Service and service type

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

The service had a manager 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority

and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

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. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We spoke with ten people to understand their views and experiences of the service and we observed how staff supported people. We also 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 spoke with the registered manager, deputy manager and seven further staff members.

We reviewed the care records of five people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives, three social workers and two health care professionals on the 14 November 2022 to complete the inspection.

# 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 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 the provider had not ensured service users were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had a good understanding of safeguarding and knew how to recognise and report signs of abuse and who to report to. Staff were confident that actions would be taken if they were to report something to the registered manager. Staff told us and records provided, confirmed that safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed the provider co-operated with investigations. The registered manager shared lessons learned at supervision sessions and staff meetings.
- People told us, "I do feel safe, they look after me well," and "The staff are amazing, kind and look out for us all." A relative said, "[Relative] is definitely safe. The staff ring if there is a change, I feel that she is safe." We also received some negative feedback which was currently being investigated by the safeguarding team.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At the last inspection the provider had not ensured the safety of people by assessing the risks to their health and safety and doing all that is practicable to mitigate any such risks.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection staff were not always following risk assessments to keep people safe. This inspection found that assessments were undertaken before people moved into the service to ensure their needs could be met by the service and staff and adjusted regularly to meet changing needs.
- Risk assessments were clear, comprehensive and the majority were up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, malnutrition or choking. The provider used recognised tools for assessing risks such as Waterlow for skin damage and the

Malnutrition Universal Screening Tool (MUST) for nutrition.

- Where people had been assessed as required monitoring charts, for weight loss, fluids or repositioning, these were in place and had been completed. Where people required pressure relieving mattresses to support their skin integrity, we saw these were set correctly and checked regularly. People therefore received safe care and treatment by the staff who knew them well.
- Communal areas for people who were not able to call for assistance were always monitored by a staff member. This ensured support was given in a timely manner. Throughout the inspection all communal areas had staff supporting people. We also noted that people in their rooms were also monitored regularly.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a central incident tracker, which enabled senior managers to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when errors occurred. For example, following a fall from their bed, staff had risk assessed lowering the bed for the person, and using a crash mat and sensor mat.

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, for example, sensor mats and crash mats.
- The registered manager had made DoLS applications and had systems in place to track expiry dates and conditions.

Using medicines safely

- At the last inspection we found that there were shortfalls in the management of medicines. This inspection found that medicines were managed safely in line with national guidance and supported by organisational policies.
- Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time, comments included, "I have no worries, if the doctor makes changes, I am told," and "I haven't been here long, but they manage my pain relief and seem to be very good."
- Medicine administration records were completed accurately. Medicines were administered by senior care staff who had been trained and assessed as competent. Where people needed medicines through a skin patch the sites were rotated to prevent skin irritation. Where people had medicines 'as required' (PRN), for example for pain relief, protocols were in place and clear.
- Medicines were audited regularly. Medicines requiring additional control were recorded in line with



legislation and were checked regularly by senior staff. The audit had picked up the shortfalls we found for example the lack of two staff signatures on handwritten entries into the MAR.

During the inspection process we were informed of a family's concerns regarding medicines. These are currently being investigated by the registered manager and safeguarding team. The Medicines Optimisation for Care Homes (MOCH) will also be reviewing these concerns as some were related to the efficiency in the ordering and provision 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 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.
- 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.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The service follows the government guidance currently in place.

#### Staffing and recruitment

- There were enough staff to support people safely during the inspection visits. Staffing levels were assessed and based on people's care needs. These levels were reviewed on a regular basis. This had ensured people's needs were met in a timely manner and in a way that met their preferences. We saw care delivery was supported by records that evidenced that people's care needs were being met.
- People told us, "Always a staff member when I need them," and "Very nice staff, I think there are enough staff, I've not had any problems. Visitors to the home told us, "I know they struggled in the past as staff left and the pandemic, but it seems better now, and staff are happier."
- We looked at four staff personnel files and there was evidence of robust recruitment procedures.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

# 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 Requires Improvement. At this inspection this key question has improved to good. This meant people's needs were not always met.

At the last inspection the provider had not ensured that people received appropriate care that met their individual needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since the last inspection the staff had worked consistently at improving the content of the care plans and tailoring them to meet peoples' individual needs.
- The care plans contained up to date information to guide staff on how to support people with their assessed needs. Care plans and risk assessments had been updated when changes happened, such as for one person reflected the introduction of a catheter, but other parts of care plan still mentioned use of urine bottle. This was acknowledged and immediately rectified.
- Oral health was an area that had improved but still needs to be embedded into everyday practice as we found some people without toothpaste and dry toothbrushes. Some people were able to tell us that staff did offer oral support, but this was not consistent for everybody. Further monitoring was introduced during the inspection.
- Care plans reflected people's physical, social and mental health needs and were tailored to each person. For example, there was some good information documented of how staff could meet a persons' emotional needs and keep them safe, whilst not impacting on their freedom of choice within the home.
- Management of pain was supported by a care plan which also reflected the medications prescribed for pain relief and what signs staff should monitor to ensure the pain relief was effective.
- People were supported to participate in social and leisure interests and enjoyed one to one and group activities provided by the service. There were two activity people who provided both group activities and 1-1 with people who remain in their room or for those who prefer individual activities. Plans were being developed to offer a wider choice and include peoples' personal preferences. People told us, "I enjoy the activities, we play bingo and have quizzes," and "I have plenty to do, I can join in the activities or watch television, My family take me out and I meet friends for lunch here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples' communication needs were assessed, and care plans documented people's preferred names, how they communicate and what assistance they needed from staff. For example, the wearing of masks had made it difficult for people who lived with a sensory impairment, so staff had ensured that they kept a safe distance and lowered their face mask momentarily to allow the person to see their mouth movements to make sure the person had understood. Some staff said they had used pen and paper and thought of picture signage they could use to improve communication.
- Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails. This was supported by care plans.
- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication. Documents were available in large print or other languages if these were required.
- Signage in the service was clear with pictures as well as words to aid understanding, for example, signs for bathrooms.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The registered manager investigated complaints received and outcomes were shared with complainants in accordance with the company's time scales.
- Most people and relatives we spoke to knew how to raise concerns and some had done so when necessary. However, during the inspection, we were informed by a family that their complaints sent via email had not been responded to. We have received an explanation from the registered manager and this is reflected in depth in the well-led question.

End of life care and support

- The service provided end of life care and support which enabled people to remain in their home with staff they knew if their needs increased.
- End of life care plans and peoples' wishes and preferences had been documented. We found the care plan for one person who was approaching that stage of life, did not reflect the level of care staff were giving. This was immediately addressed. The lack of a detailed care plan had not impacted on the person's well-being and care and the family were very pleased about the level of care their loved on was receiving.
- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep people as comfortable as possible.

# 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 remained requires improvement. This meant whilst the service management and leadership was now consistent with a registered manager, there were areas that still needed to be developed and embedded to ensure safe, effective and consistent care.

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

At our last inspection the provider had failed to sustain and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection to meet the breach of regulation 17, however there was a need now to sustain the systems developed and consistently continue to improve.

- At the last inspection we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service needed to improve the service. This inspection showed that quality monitoring processes had been implemented and developed, providing oversight of care.
- Whilst we found shortfalls in medicine management, the spot checks and audits completed in house had identified these. However, the actions taken had not completely addressed the issue as the errors had occurred again. For example, two staff signing in handwritten medicine prescriptions and verbal orders from the GP. The reason for two staff to check handwritten entries is to reduce the risk of human error.
- Oral health was an area identified on previous two inspections and whilst we saw that care plans included oral care and guidance, there were some people who had not received support with oral health. This was being monitored intermittently but further monitoring would be beneficial for people.
- There were gaps in the complaint procedures followed. We were informed that the registered manager was not always informed of clinical concerns as they had been sent to the deputy manager. If the deputy was not at work, then there was a delay in the response being sent and a family had felt that their concerns had been ignored. This had impacted on open and transparent relationships with families.

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 told us that staff meetings had been happening in recent months, we saw evidence of monthly staff meetings. A daily meeting for all staff had been introduced and outcomes from these meetings were recorded and taken forward. One staff member said, "we are definitely going forward, communication still needs to improve."

- People told us, "Very happy here, the food is good, staff are nice," and "I am settled here, the staff are good and seem to be highly efficient and trained, I don't have any worries."
- The 'out of hours' service for emergencies were managed well and staff said the registered manager was always available.
- Handover documents helped the shift leaders deploy staff to ensure that peoples' needs were consistently met.
- We were told that the management team shared outcomes of safeguarding with staff and these were then taken forward as lessons learnt. The registered manager said that these was used as a learning tool to improve care delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and the complaints procedures. One relative commented, "I am very happy with how the staff look after my relative, no complaints at all, they are happy here." Another one said, "I feel that the home and staff is more settled, and people seem happier." People told us, "They treat us all really well, nothing too much trouble," and "I am safe and cared for, no grumbles, apart from of course I would rather be in my own home, but this is now my home."
- The registered manager analysed the results of surveys from people to improve the service. The last survey was July 2022. The results showed people felt that the food had improved, and the home was clean and tidy. We saw that issues mentioned were taken forward, such as more staff in communal areas. A second activity person had been employed which ensured that the lounge always had a staff member available.
- The registered manager understood the importance of continuous learning to drive improvements to the care people received. For example, encouraging staff to update their skills and taking responsibility, for example becoming a medicine giver.
- Staff told us they felt motivated and supported by management. They spoke of how they had been given more responsibility and felt listened to. One staff member said, "For me, I feel that I can now raise how I feel about the care and I can ask for training."

Working in partnership with others

- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs. The registered manager confirmed that the relationships had improved, and they worked closely with the local authority.
- Staff worked closely with GPs, speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. The provider had also formed links with a local hospice to provide support and guidance with people who were at the end of their lives.