

Cranford Care Homes Limited

Montgomery Care Home

Inspection report

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Date of inspection visit:
24 October 2018
31 October 2018

Date of publication:
10 January 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 24 and 31 October 2018. Both visits were unannounced.

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

Montgomery Care Home accommodates 24 older people in one adapted building

At the previous inspection we found a breach of Regulations 10,11,12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's rights to respect and dignity were not always respected; systems were not in place to ensure that people's consent was sought appropriately; people's care and treatment was not always planned effectively and audit systems were not in place or always effective. During this inspection we found that improvements had been made and their registered provider was no longer in breach of these Regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions was the service safe; effective; caring; responsive and well-led to at least good.

We have made a recommendation that the registered provider reviews and monitors the weekly quality assurance checks in place to ensure that they are effective and consistent.

Systems were in place to ensure that people's medicines were safely stored and to help ensure that people received their medicines when they needed them.

People's living environment was clean and tidy and procedures and equipment were in place to minimise the spread of infection.

Safe recruitment procedures were in place to help ensure that only suitable applicants were employed to support people.

Procedures were in place in relation to the Mental Capacity Act 2005. Records demonstrated that where required, applications had been made on behalf of people in relation to Deprivation of Liberty Safeguards.

People had freedom of movement around the service and told us that they had a choice what time they went to bed and got up.

Sufficient staff were on duty to meet people's needs and wishes.

People were supported by staff who had received training for their role.

People were encouraged to maintain their independence wherever possible.

People using the service felt safe and told us that they knew who to speak with if they had any concerns.

A complaints procedure was in place and people and their family members knew who they would speak to if they wanted to raise a concern or complaint.

People were supported by staff who knew them well.

People had a choice of menu during mealtimes and regular drinks were available; they were happy with the food they were served.

At the time of this inspection there was a manager in post, however, they had not registered with the Care Quality Commission. 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.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People felt safe living at the service.

Procedures and equipment were in place to minimise the risk of infection.

Safe recruitment procedures were in place.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

People's rights were maintained under the Mental Capacity Act.

People had access to health care professionals.

People's dietary requirements were met.

Is the service caring?

Good ●

The service was caring.

People had freedom of movement around the service.

People felt that staff were caring towards them.

Staff understood the needs of the people they supported.

Is the service responsive?

Good ●

The service was responsive.

Each person had an individual care plan.

People had access to activities.

People were aware of whom to speak to if they had any concerns.

People had access to a complaints procedure.

Is the service well-led?

The service was not always well-led.

No registered manager was in post.

improvements were needed as to the recording of monitoring checks carried out within the service.

The registered provider informed the Care Quality Commission of specific events.

A system was in place to gather the views of people and their family members about the service.

Requires Improvement ●

Montgomery 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 visit took place over two days. Both days were unannounced. The inspection team consisted of one adult social care inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of five recently recruited staff, and staffing rotas. In addition, we spent time looking around people's living environment and spent lunchtimes with people using the service.

We spoke with and spent time with 15 people using the service, six visiting family members, eight staff members and the manager. We used information the registered provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we assessed information we held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the provider.

We spoke with the local authority to gather any information they had about the service. The local authority had no immediate concerns about the service. In addition, we contacted Health Watch Knowsley. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no current information to share with us about the service at the time of this inspection.

Is the service safe?

Our findings

During the previous inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) as people's medicines were not always managed appropriately, people's care and treatment was not always planned effectively and improvements were needed as to how the service mitigated risks for people. During this inspection we found that improvement had been made and the registered provider was no longer in breach of this regulation.

An electronic management system had been introduced to support the safe administration of medicines. The system enables specific information about people's medicines to be available at the times needed. For example, the system highlights when a person requires medicines to be given at a specific time, for example, prior to eating. In addition, the system is designed to alert staff to any known allergies and timescales between doses of specific medicines. Secure storage facilities were available for medicines. The most recent inspection of medicines by the Clinical Commissioning Group had rated the service as 'overall good'. Staff responsible for the administration of medicines had received training for this role which included having their competency checked prior to administering people's medicines.

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and reduce the level of risk an electronic risk assessment form was completed on the computerised care planning system. The system assisted with the calculation of potential risk and also identified to staff when risk assessments were in need of review. Risk assessments were in place for people in relation to moving and handling, nutrition and risks to skin integrity.

Accidents and incidents were recorded and monitored as part of the computerised care planning system. The manager demonstrated when and how an incident would be recorded and how they ascertained if there was a further risk of an incident reoccurring. This helped identify future risks and enabled staff to assess and plan to minimise risks to individuals.

Since the previous inspection the registered provider had audited and updated all of the information contained in staff recruitment files and a system was in place to show that appropriate recruitment procedures were followed. Staff files demonstrated that appropriate checks had been carried out prior to staff starting their employment. For example, we saw evidence of written references, evidence that formal identification had been sought and a check with the Disclosure and Barring Service had been carried out. These checks were carried out to help ensure that only staff of a suitable character were employed by the registered provider.

Safeguarding procedures were in place. Staff were aware of what constituted abuse. Since the previous inspection all staff had received training in safeguarding people. At the time of this inspection one safeguarding concern was in the process of being investigated under Knowsley Metropolitan Borough Council's joint agency safeguarding procedures. People and their family members told us that they felt the service was a safe place to live.

Sufficient staff were on duty to meet people's needs. Staff were allocated on a daily basis to carry out specific roles and tasks. These roles included providing activities; preparing drinks; supporting people with their meals and personal care. People told us that they never had to wait any length of time for their needs to be met. We observed that call bells were answered promptly by the staff team on both days we visited.

A handy person was employed to carry out regular weekly and monthly checks on the fire detection system; call bells; shower head checks and cleaning and people's living environment to ensure that it remained safe. One radiator was found to be excessively hot in a communal area. The handy person explained that all radiators were set at a specific level, however, this had been changed. Discussion took place around the need for a risk assessment to be carried out to ensure that any known risks relating to radiators were minimised in the future.

Each person had a personal emergency evacuation plan (PEEP) which detailed what support a person would need in the event of having to leave the building in the event of an emergency. These plans were in place to help ensure that people could safely be supported away from the building with as least disruption as possible. Discussion took place with the manager on the need to review these plans on a regular basis in line with people's care planning documents. This would help ensure that the information is regularly monitored and if required, updated.

Systems were in place to control the spread of infection around the service. Infection control equipment including disposable gloves; aprons and hand sanitizers were available throughout the service and available to people who used the service, staff and visitors. People's living environment was clean, warm and tidy. People told us that their bedrooms were cleaned "All the time" and "Everything is always clean."

Is the service effective?

Our findings

During the previous inspection we identified a breach of Regulations 10 and 11 of the Health and Social Care Act 2008 (Regulated Activities) as the registered provider did not have effective systems in place to ensure that people's consent was sought appropriately. During this inspection we found that improvement had been made and the registered provider was no longer in breach of this regulation.

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 with appropriate legal authority. 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. Seven people living at the service had been granted a DoLS application by the local authority. None of these safeguards had specific conditions recorded. A system was in place to ensure that reviews of DoLS took place within the appropriate timeframes.

Where people had been assessed as not having the capacity to make specific decisions for themselves a record of others who could make these decisions. For example, family members who had the legal authority by way of Power of Attorney were maintained. People's records clearly who was to be involved in their decision making on behalf of individuals. To help ensure that staff were aware of people's needs in relation to decision making at all times, a colour coded mark was in place on people's bedroom doors to highlight that support may be required in any decision making process.

Prior to a person using the service their needs were assessed. The purpose of this assessment was to identify people's specific needs and wishes and to ensure that the service had the facilities to meet these needs. Information from the needs assessment contributed to the person's planning of their care and support.

People had access to support from external health care professionals. For example, people told us and records demonstrated that people had access speech and language therapist; community psychiatric nurse; continence nurse; chiropodist and optician services when required. In addition, people had access to a GP and community nurses who visited the service on a regular basis. People told us staff would always contact a GP if they were unwell. One person was in receipt of pressure sore care from the local community nursing team. To support this care staff were supporting the person change their position on a regular basis to promote healing and comfort.

People received a diet that met their needs. Where it was identified that a person had specific dietary needs this was recorded in people's care plans. For example, two people required their food preparing to a specific consistency in order for them to eat safely. In addition, another person was in receipt of a specific diet to support a medical condition. Information produced by the national health service was available to staff in relation to people's specific dietary requirements. Having this information available helped ensure that meals were prepared and served to meet people's needs. A selection of drinks were served regularly throughout the day and staff had full access to the kitchen day and night to prepare snacks and drinks for people.

During the previous inspection training records were not available to demonstrate what training staff had completed for their role. Since the previous inspection the registered provider had reviewed and organised training for staff to enable them to deliver care and support effectively. Records demonstrated that all staff had received training in safeguarding people and moving and handling. The majority of staff had received training which included equality and diversity; 'react to red' (identifying potential skin pressure areas); fire safety; food hygiene; falls prevention; dementia awareness; health and safety; dignity; nutrition and the Mental Capacity Act.

Staff supervision took place periodically throughout the year. Records demonstrated that since June 2018 no supervisions had taken place. The manager recognised that more dates needed to be scheduled for staff one to one meetings. Staff told us that they felt supported by the current manager and described them as "A good listener" and "Approachable". They told us that they could discuss any concerns they had about their role at any time with the manager.

People's living environment was light and airy and the registered provider had given some consideration to assist people living with dementia to orientate and find their way around the service. For example, people's bedroom doors had coloured frontage which contained people's names to promote wayfinding. Communal bathroom and doors were clearly signed. We saw that family members had been involved in helping their relatives orientate to where they were. For example, in one person's bedroom there was a sign on the inside of the bedroom door written by a family member informing their relative of their location and what vicinity it was in relation to their previous address.

Is the service caring?

Our findings

During the previous inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) as people's rights to respect and dignity were not always respected. During this inspection we found that improvement had been made and the registered provider was no longer in breach of this regulation.

People were offered choices at mealtimes as to where they wanted to eat. The majority of people chose to eat the meals in the dining room or lounge. People told us they enjoyed their meals. Staff were seen to support people whilst encouraging people to eat independently. This support included cutting food up so that it was manageable and verbal encouragement offered to people with a poor appetite. It was evident that people had a choice of the what they wanted to eat. People who chose not to have something on the menu were offered alternatives and staff knew what people's food preferences were. For example, one person who didn't want the food on the menu was offered an egg sandwich which was their favourite. Another person chose to a small main meal but ate two desserts, they told us that they preferred sweet to savoury foods.

People had freedom of movement around the service and chose when to get up in the morning and go to bed. One family member explained that their relative often woke during the night and went into the communal area to sleep in an easy chair. They told us that staff understood this was what their relative wanted to do and supported this.

Staff demonstrated a caring approach when people became anxious. Staff spoke quietly and calmly with people who were becoming anxious and who had difficulty in expressing themselves verbally. Staff managed these situations well by offering a hug or other calming physical interaction such as holding hands or an arm around a shoulder along with distractions to reduce the person's anxiety successfully.

It was evident that staff knew people's needs and wishes. During one lunchtime one person became anxious, staff were quick to recognise this and supported the person to move to another table and sat and chatted with them throughout their meal. This diversion had a positive impact by reducing the person's level of anxiety whilst having encouragement to eat their meal.

Positive communication took place with people who used facial expressions to communicate. Staff asked specific questions to people so that they could respond and be understood by staff. Family members told us that although their relative was unable to verbally say, they knew their relative was happy and comfortable as they hugged members of staff. They explained that since moving into the service their relative had become more tactile and expressive to communicate by way of touch with the staff team.

People told us that they liked the staff team and were happy with the support they received. It was evident from lots of laughing and joking that positive relationships had been formed between people and the staff.

Relatives spoke positively about the staff team. They described them as "Caring"; "Excellent"; "Lovely, the lot

of them" and "Kind."

Information relating to advocacy was available within the service. An advocate is an independent person who supports individuals to have a voice on issues that are important to them. One person's records demonstrated that an independent mental health advocate (IMCA) had been involved in support a person in decision making in line with their rights under the Mental Capacity Act.

Is the service responsive?

Our findings

During the previous inspection we identified a breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) as people's care and treatment were not always planned effectively and appropriate records were not maintained. During this inspection we found that improvement had been made and the registered provider was no longer in breach of this regulation.

An electronic care planning system was in use. The system gave the opportunity to record and plan for people's assessed needs which included personal care; people physical and psychological support needs relating to living with dementia; religion; skin integrity and personal lifestyle choices. People's preferred communication was also recorded. For example, one person's communication care plan stated that their preferred form of communication was both written and verbal. We found that improvements had been made with regards to the content and detail of people's care planning. The care planning system also gave the opportunity to record what care and support people had been offered and had received throughout the day. This included, when require, monitoring the amount of fluid that people had had to drink within a specific period. These records for one person had not been fully completed. We discussed this with the manager who made a commitment to make improvements to these records and to ensure that they were completed appropriately. There was no evidence to demonstrate that the person had been exposed to any harm through the lack of recording.

Emergency information packs were available for each person. This information included people's physical description; religious preference; marital status; a summary of their care needs and identified risks; prescribed medicines; known health conditions and allergies. The purpose of these plans was to ensure that in the event of an emergency or admittance to hospital health professionals were aware of people's specific needs and choices. The plans contained good information as to how a person would be able to communicate with health care professionals. For example, "[Name] may lose track during a conversation or have minor difficulty finding the words he needs. When this occurs, a gentle reminder of his last statement or suggesting the word he missed may help. Carers will need to be sensitive to the conversation and [Name] feelings regarding such assistance" and "Where possible, language should be kept simple, keeping questions and commentary straightforward will help [Name] take a fully active role in the conversation. Complex sentences, multiple choice questions and convoluted topics will cause some difficulty and erode confidence".

Where a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been made by or on behalf of an individual under the appropriate legislation, this was recorded and placed in a person's care file which made it easily accessible to staff. In addition to the written records people with a DNACPR in place a colour coded symbol was noted on the person's bedroom door. This helped ensure that staff were aware of individual's planned care.

In addition to the electronic care planning system each person had a paper file containing important documents such as DNAR CPR; information relating to Power of Attorney; GP information and medicines changes; consent to treatment, for example, flu jab, eye prescription and pre-admission assessment

information.

Family members, with appropriate authorisation to do so, had access to their relatives care plan and records. Two family members explained that they had read their relative's electronic care plan and discussed it with staff. They told us that they had requested that further information was added in specific areas which the manager did. Records for other people demonstrated that family members had participated in their relative's care planning reviews.

Staff were allocated on a daily basis to support people with activities. An activities programme was available, however, staff told us that this was flexible due to the needs of people. People were seen to read newspapers and lots of chatting took place between people. Many people receive regular visits from family members and friends. One person told us "There is also someone coming and going to have a chat with". The manager was in the process of liaising with local church representatives to enable people to receive regular support, for example, communion.

A complaints procedure was in place and available to people and their family members. Any concerns or complaints received were recorded on people's electronic care planning records. In addition, a log for recording complaints received about the service was available. We discussed with the manager ways in which this log could be improved to ensure that all relevant information in relation to complainants' details through to the outcome of investigations were recorded. People and their family members told us that they would feel confident in raising a concern about the service with the staff team. One family member told us "If you have any niggles you can discuss and get it sorted out; it never gets to having to make a complaint."

Is the service well-led?

Our findings

During the previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) ineffective monitoring had failed to identify areas of improvement needed within the service. During this inspection we found that improvement had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made in the use of the electronic care planning system. More detailed information was recorded about people's needs and wishes and the manager of the service reviewed care planning and medicines information on a regular basis. In addition, the weekly checks included the opportunity to record the review of any policy and procedures and important information that had been shared with the registered provider. However, not all of these checks had been recorded. We discussed this with the manager who recognised that all audits and checks needed to be recorded.

Following the last inspection the registered provider developed an action plan to address the areas of improvement identified during the inspection process. The action plan highlighted when improvements had been completed and continuous improvements that were on-going. Improvements had been made in relation to care planning documents; staff training; recruitment records and the overall management of the service. A representative of the registered provider visited the service on a weekly basis to monitor and offer support to the manager. In addition, these visits included ongoing monitoring of the on-going improvement plan. It was evident that these visits were effective, however records of these visits were not available. The most recent monitoring audit report by the registered provider was dated February 2018.

We recommend that the registered provider reviews and monitors the weekly quality assurance checks in place to ensure that they are effective and consistent.

Since the previous inspection a manager for the service had been recruited and was in post. However, the manager had not registered with the Care Quality Commission. 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.

Quality Assurance questionnaires were in the process of being distributed to people and their family member. The questionnaires were to gather the views of the service delivered to people and to invite people to make suggestions for improvement. Once completed the registered provider and their representative will assess the findings and report on the outcome and any actions taken in response to people's opinions.

People and their family members spoke positively about the current management arrangements. Family members commented that the manager was "Approachable" and "Will always listen." Family members told us that they had seen improvements around the service since the previous inspection.

Policies and procedures were in place that were available to all staff. Many of these procedures had been reviewed and updated since the previous inspection. These documents were in place to offer staff best

practice and guidance when carrying out their role.

Good practice and guidance was available to staff. For example, in offices we saw information and whom to contact for advice on specific health condition; information relating to hand hygiene good practice and advice specific dietary needs.

The provider had notified the Care Quality Commission of significant events which had occurred in line with their legal obligations. The ratings from the previous inspection report were displayed within the service.