

Mountdale Limited

Mountdale Nursing Home

Inspection report

59 Mountdale Gardens
Leigh On Sea
Essex
SS9 4AP

Tel: 01702421019

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Mountdale Nursing Home is a residential care home providing the regulated activities of personal and nursing care to up to 24 people. The service provides support to older people, older people who require nursing care and people who are living with dementia. At the time of our inspection there were 23 people using the service.

People's experience of the service and what we found:

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Staff did not routinely support people to take part in social activities. People did not benefit from an environment that met their needs. Not all staff could communicate effectively with people using the service and this impacted on the quality of care some people received. Staff supported people with their medicines in a way that promoted their health outcomes.

Right Care

Staff did not understand how to protect people from abuse and harm. The provider and staff had training on how to recognise and report abuse but did not know how to apply it to keep people safe. The service did not have enough appropriately skilled and competent staff to meet people's needs. Information about risks were not comprehensive or up to date. People were not protected by the service's infection, prevention, and control of infection arrangements.

Right Culture

There was a lack of clear leadership and oversight. Responsibilities and accountability arrangements were not clear. The arrangements for identifying, capturing, and managing risk were not effective. Although staff reported incidents, managers failed to act on known issues. Feedback and complaints were not dealt with in an open, transparent and timely way. Staff were not aware of the service's vision and values.

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 November 2017].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of Safe and Well-Led. During the inspection

we found concerns with protecting people from harm, staffing, including the provider's recruitment practices and procedures. Therefore, we widened the scope of inspection to include the additional key question of Effective. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mountdale Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safeguarding people from abuse, risk management, staff recruitment practices, including staff training, induction and supervision and governance arrangements. We have also made a recommendation about the premises.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not well led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Mountdale Nursing 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, 1 regulatory coordinator and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mountdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Mountdale Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post. One of the registered manager's was also the nominated individual.

Notice of inspection

The inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service and 7 relatives about their experience of Mountdale Nursing Home. We spoke with both registered managers, 1 qualified nurse and 7 members of staff. We also spoke with the staff member responsible for facilitating activities and the service's chef. We reviewed a range of records. This included 6 people's care records and 8 people's medication administration records. We looked at 6 staff files in relation to recruitment, training, induction and supervision. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not safely monitored and managed to support them to stay safe. We observed 4 separate incidents whereby staff performed unsafe moving and handling practices. Staff placed people at potential risk of harm by placing their hands under people's underarms when assisting them with transfers.
- Not all risks to people's safety had been assessed and recorded. Not all people who had a catheter fitted, had the risks identified with this equipment. A person's care records referred to them being at risk of exhibiting behaviours that could be distressing to themselves and others. No risk assessment was completed detailing the risks posed and the steps required to keep people safe. A person's care records referred to them living with Diabetes. No information was recorded to demonstrate how this was being monitored and addressed to lessen the risk of complications associated with this potentially life-threatening medical condition. This placed people at potential risk of not having risks to their safety met in an appropriate and safe way.
- Control of Substances Hazardous to Health [COSHH] chemicals were not stored safely and securely within the service's sluices. This could have serious consequences for people if consumed and cause significant eye irritation. On the second day of inspection both sluice areas were locked.
- We were not assured regular fire drills were happening for night staff. Regular fire drills are key to increasing employees' knowledge of how to respond in a fire emergency. At the time of our inspection there was no fire emergency grab bag available. This is recommended to be kept in an easily accessible place and its contents are there to assist staff and/or the fire authority in case of a fire emergency for safe evacuation purposes.
- Personal Emergency Evacuation Plans [PEEPs] documented the level of staff assistance necessary to evacuate safely. No consideration had been made to identify people's physical and neurological needs which would affect their ability to evacuate, their ability to communicate and understand instructions and where they could be anxious and distressed. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently applying good infection prevention and control practices. Several vanity units within the service required replacement. For example, the paintwork on a vanity unit on the ground floor was observed to be flaking and peeling. The sink was not properly sealed into the worktop or between the vanity unit and the tiles. The worktop was stained and discoloured. This was not an isolated case. The sluice room sinks on both the ground and first floors were dirty and stained.
- Not all staff employed at the service had attained up to date infection, prevention, and control training.

Learning lessons when things go wrong

- The provider did not learn lessons when things had gone wrong. Not all staff felt able to raise concerns with the registered managers. Some staff told us they were discouraged from raising concerns or issues as they did not have confidence in the management team to address these in a timely manner. Our inspection findings found this was accurate.
- There was no strategic oversight of incidents, complaints, and safeguarding concerns to explore and examine trends and lessons learned, in order to reduce the risk of reoccurrence.

Effective arrangements were not in place to mitigate risks for people using the service, including infection, prevention and control measures and lessons learned. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective.
- Hot water outlets were tested at regular intervals to ensure hot water emitted remained safe and within recommended guidelines. An analysis for legionella had been carried out and this confirmed no bacteria was detected.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not safeguarded from abuse and avoidable harm. The registered managers failed to understand their role and associated responsibilities to protect and keep people safe. They did not make sure allegations of abuse were investigated without delay and actions taken to investigate the issues raised, including any subsequent disciplinary action, or monitoring of the staff members involved. This did not provide assurance that effective arrangements were in place to protect people from abuse.
- Safeguarding procedures were not being followed as the registered managers failed to raise concerns and allegations of harm and abuse with the Local Authority and Care Quality Commission. A relative told us they raised concerns with a registered manager about unexplained bruising to their family member's arms. They told us nothing more was mentioned, and it was "swept under the mat." This was not raised as a complaint for further investigation or raised as a safeguarding concern with external agencies.
- Though staff had received safeguarding training, were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm and improper treatment, this did not happen in practice. Staff told us they had raised concerns with the registered managers about people incurring unexplained bruises, but no action was taken. Staff told us they had not escalated this with external agencies, therefore, placing people at a significant risk of continued harm and/or abuse.

The provider's safeguarding practices and procedures were not effective, and people were not safeguarded from abuse and avoidable harm. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe and had no concerns about their safety or wellbeing. A person told us, "I do feel safe here, people look after me." Another person told us, "I feel safe here, there is someone around to keep an eye on me." Relatives raised no concerns about the safety of their family member. Comments included, "I do feel [family member] is safe as there is always someone around" and, "I think [family member] is safe, I have no concerns."

Staffing and recruitment

- The provider did not operate safe recruitment processes and procedures to ensure staff employed had the appropriate recruitment checks undertaken and were suitable to work with vulnerable people.
- Not all Disclosure and Barring Service [DBS] checks were completed. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Not all 'Adult First' checks were completed. The Adult First' check is a service that allows an individual to be checked against the adults' barring list. There was no evidence to demonstrate a risk assessment was completed to assess and manage these risks.

- Not all written references were acquired or obtained prior to staff commencing in post. Proof of identification including a recent photograph and health declaration had not been sought.
- A written record was not completed or retained for staff to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.

The provider did not ensure all required recruitment checks were completed on staff. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People's dependency needs were assessed but these were not routinely updated and reviewed. The last dependency tool was completed in August 2023. There was no information available to demonstrate this information was used to inform existing staffing levels.
- Variable comments were made relating to the service's staffing levels. Relatives told us when they visited, often there were no staff within the communal lounge. This was accurate as during both days of inspection, there were periods of between 10 to 15 minutes when there were no staff present within this area. This was predominantly in the afternoon when in addition to providing care and support to people using the service, a member of staff was expected to prepare the evening meal.
- There were insufficient staff available to facilitate social activities for people throughout the day [morning and afternoon] and at the weekend. This was confirmed as accurate by staff. A member of staff told us, "They [people who use the service] don't do activities in the afternoon and care staff do not do any activities." A relative told us, "There is very little social engagement here [Mountdale Nursing Home], and staff only chat when food is brought into the lounge. Very little goes on for the residents, and I visit most days." There was an over-reliance on the televisions within the communal lounge areas.

Using medicines safely

- People were supported to receive their medicines safely.
- We looked at the Medication Administration Records [MAR] for 8 people living at the service. These showed each person received their medicines at the times they needed them, and records were kept in good order.
- The medicine rounds were evenly spaced out throughout the day to ensure people did not receive their medicines too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines had completed appropriate training. However, there was no evidence to demonstrate staff had had their competency assessed to ensure they were competent to undertake this task safely.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed a steady flow of visitors to Mountdale Nursing Home throughout each day of inspection.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- The service did not always make sure staff had the skills, knowledge, and experience to deliver effective care and support.
- Observations of staff's practice did not provide assurance staff were skilled and competent to effectively apply their learning in their everyday practice. For example, although staff had received 'practical' moving and handling training, not all staff's practice was effective or safe. The registered manager provided moving and handling training to staff but their 'train the trainer' training had lapsed. Following the inspection, the manager confirmed they had booked this training update. The registered manager told us all qualified nurses were the service's fire marshal, however no-one had received fire marshal or a higher level of fire training. Following the inspection, the manager confirmed they had booked this training update.
- Staff employed at the service had not received specific training relating to people who were autistic or who had a learning disability. This was despite the service being registered to provide care and support for this population group.
- Suitable arrangements were not in place to ensure all newly employed members of staff had received a robust induction. Staff had not received regular formal supervision in line with the provider's policy, which stated this should be completed bi-monthly. Staff who had been employed longer than 12 months, had not had an appraisal of their overall performance.

The provider did not ensure staff had the competence and skills for their role. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- People's individual needs were not always met by the adaptation, design, and decoration of the premises. The environment was tired and worn. Items of furniture required replacing, areas required redecoration and some areas were cluttered. A relative told us they would like to sit with their family member in the conservatory, but often they couldn't because of the amount of clutter. This was accurate on the first day of inspection, but the clutter had been moved when we arrived on the second day of inspection. Another relative told us, "[Family member] room needed some attention, they [registered managers] need to spend some money on the home, it could be really lovely."
- The environment was not fitting for people living with dementia. There was a lack of visual clues and prompts, including signs using both pictures and text to help promote people's orientation and independence.

- There was a lack of sensory stimuli, for example, orientation boards and information for people in an easy-to-understand format. There were no dementia friendly household items, such as clocks with large LCD displays, reminder devices or items to provide sensory stimulus. There were no memory boxes and objects of reference to help aid reminiscence or provide a stimulating environment.

We recommend the provider seek national guidance to ensure the premises are suitable to meet people's needs and for the service provided at Mountdale Nursing Home.

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

- People were supported to eat and drink enough to maintain a balanced diet. People and those acting on their behalf were complimentary about the meals provided. Comments included, "The food is lovely", "I very much like the meals provided" and, "I must say, the food is very good here."
- Where people required staff assistance to eat, this was not always provided in a respectful and dignified manner. On the first day of inspection, 2 members of staff were observed to stand up whilst supporting people to eat, rather than being seated at the person's eye level.
- Staff did not ensure people's hydration levels were assessed in line with their hydration needs. No information was recorded to demonstrate how this was being monitored and addressed to mitigate their risk of dehydration.

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

- People's needs were assessed prior to their admission to the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of a person's need assessment.

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

- The service worked effectively within and across organisations to deliver effective care, support, and treatment. People were supported to access healthcare services and support as needed.
- Relatives told us they were kept up to date about their family members needs and the outcome of health-related appointments. A relative told us, "I do get regular updates."

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the Mental Capacity Act or Deprivation of Liberty Safeguards requirements.
- Where people had bedrails in place to keep them safe and to stop them falling, no assessment of capacity was completed or considered for less restrictive options or to demonstrate the equipment in place was in the person's best interests, including if the restrictions were necessary and proportionate.
- Not all staff had attained MCA and DoLS training. Staff did not demonstrate sufficient knowledge and understanding of the key requirements of the MCA and how this impacted on people using the service.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was not a positive and open culture at the service. The registered managers did not have effective systems in place to provide person-centred care that achieved good outcomes for people.
- Quality assurance and governance arrangements were not reliable or effective in identifying shortfalls in the service. The arrangements for identifying and managing shortfalls and areas for development were not robust. There was a lack of understanding of risk and the potential impact this had on people using the service.
- There were no robust governance arrangements in place to identify where the service was compliant with regulations and to identify shortfalls, including non-compliance with regulatory requirements.
- The registered managers did not ensure Mountdale Nursing Home was well-managed and led. Lessons had not been learned to drive improvement or to ensure the quality and safety of the service for people using the service. The lack of effective oversight and governance of the service has resulted in several breaches of regulatory requirements.
- Statutory notifications had not been sent to the Care Quality Commission. Providers must inform us of all incidents that affect the health, safety and welfare of people who use services. This referred to the outcome of an application to deprive a person of their liberty and where a person had sustained a significant skin tear.
- There was little or no evidence of learning, reflective practice, and service improvement. There was no Service Improvement Plan or action plan to help improve the service, so people living at Mountdale Nursing Home have a better overall experience and where the registered managers can identify what improvements are required.

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

- The provider did not understand their responsibilities under the duty of candour.
- People's concerns were not recorded within the service's complaint book. The registered manager told us no complaints had been presented since the last recorded complaint in 2019. This was not accurate as people had repeatedly raised concerns during regular monthly 'resident' meetings. The registered managers had not dealt with these in an open and transparent way to improve the quality of care people received.

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

- The registered managers did not ensure there was an effective management structure in place.
- The registered managers understanding of their role and responsibilities was not reliable or effective. There was no formal mechanism in place to formally review and have oversight of the day-to-day management of the service so they could be assured the service was running smoothly and in line with regulatory requirements.
- Suitable role models were not available to provide support and guidance to staff to enable them to effectively carry out their roles and responsibilities. The registered managers had failed to recognise the importance of this.
- Staff were not able to demonstrate an understanding of the provider's vision and values for the service. Staff were not able to describe this or knew where the information was recorded and located. Neither registered manager or staff spoken with were aware of the 'Right support, Right care and Right culture' terminology which should underpin their day to day working practices. This is because Mountdale Nursing Home is registered as a specialist service for the population group of learning disability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's, relatives', and staffs' views about the quality of service provided. However, these were conducted earlier in 2023, and as yet an analysis of the information had not been completed, despite variable comments recorded.
- Concerns were raised to us by both people using the service and their relatives about staffs' poor communication skills. This referred specifically to staff whose first language was not English. A person who used the service told us, "There are very few things I can do for myself, but staff do not understand that. A lot is because of the language barrier, they [staff] do not understand English. I tell them to give me my toothpaste and they frequently do not understand and do something else." They told us having to repeat what they wanted staff to do made them breathless. Another person told us, "My main complaint is the language barrier. With some staff they just nod their head but don't really know what you are saying to them." A relative told us they had had conversations with staff about their family member's care and support needs. They said these were not always met, stating, "A lot of the time I feel it's a language barrier as not all of the staff can speak English."
- Staff told us the above had been raised with the registered managers. Staff told us, not only was the language barrier an issue with some members of staff but their lack of understanding to follow simple instructions could impact on people using the service.
- Meetings were held at Mountdale Nursing Home to give people who used the service an opportunity to include topics they would like to discuss. Between January 2023 and June 2023, people repeatedly raised concerns about poor staff communication, including staff speaking in their own language and a decline in the quality of the care provided at the service. The registered managers did not act on this feedback, to ensure people felt listened to and their concerns taken seriously. This did not promote an open culture at the service.

Arrangements were not in place to make sure effective systems and processes were developed to assess and monitor the service to ensure compliance with regulatory requirements. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The provider worked in partnership with others, for example, the Local Authority, healthcare professionals and services to support care provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's safeguarding practices and procedures were not effective, and people were not safeguarded from abuse and avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure all required recruitment checks were completed on staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective arrangements were not in place to mitigate risks for people using the service.

The enforcement action we took:

We Served a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements were not in place to make sure effective systems and processes were in place to assess and monitor the service to ensure compliance with regulatory requirements.

The enforcement action we took:

We Served a Warning Notice