

Moundsley Hall Limited

# Moundsley House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moundsley House is a residential care home providing personal and nursing care to up to 60 people. The service provides support to adults living with dementia. At the time of our inspection there were 47 people using the service. Moundsley House is part of a purpose-built care village which currently has two other homes open and two which are dormant on the site.

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

People's risk and needs were assessed and managed well by staff. Issues with the environment in some areas were resolved promptly and there had been no impact on the safety of people from this.

The registered managers had oversight of the home and had quality assurance systems in place however development of these would give greater oversight and support to the managers in identifying some of the issues CQC found relating to the environment.

Care plans were in place and reviewed regularly but would benefit from being more detailed to support new and agency staff to have a better understanding of the care they needed to provide.

Medicines and IPC were managed well. Staff received training and support to ensure medicines were managed safely.

Staff sought people's consent before providing support. 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.

Staff, people and relatives were positive about the registered manager and the support they provided.

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

### Rating at last inspection:

The last rating for this service was good (published 06 November 2020).

### Why we inspected

We received concerns in relation to staffing levels, staff training and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe, effective and well-led sections of this full report.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Moundsley House

## Detailed findings

### Background to this inspection

#### 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 was carried out by three inspectors, a specialist professional advisor 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. The specialist professional advisor worked had expertise as a nurse and in working with people living with dementia.

#### Service and service type

Moundsley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the registered managers, nurses, care workers administration staff and the chef. We reviewed a range of records. This included three people's care records and 15 medication records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed. We completed some general observations and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed additional evidence relating to improvements made by the provider to the concerns raised about the environment.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- During the inspection we identified a number of environmental issues which could pose a potential risk to people. These included storage of equipment in bathrooms, linen/storage doors which did not close fully due to the way items inside were stored and a broken foot pedal bin. In the activity room which was not in use and could not be accessed by people without staff support, the window restrictors were missing. We also found some out of date skin emollient sprays in some areas of the home. These had been removed by the end of the site visit and the registered managers had resolved many of the issues identified and provided an action plan of work for the others.
- People's safety and ongoing risk was managed well. Staff continually assessed people's individual risks, and these were recorded on a range of risk assessments which were kept accurate and up to date. One person said "feel safe, can always report any mishaps."
- Relatives said they were confident that registered managers and staff took risk seriously and were 'proactive' in contacting them if staff were concerned.

### Systems and processes to safeguard people from the risk from abuse

- People felt safe in the home and could raise concerns with staff or managers when they needed to. One person said "Alright living here, always felt safe here"
- Staff understood the whistle blowing process and why this was important. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The provider had safeguarding systems in place and followed up safeguarding referrals appropriately. The registered managers ensured staff received training and understood what to do to keep people safe from harm.

### Staffing and recruitment

- People said there were enough staff available when needed and we observed this was the case on the day of the inspection.
- The registered manager said recruitment was ongoing. They used agency staff and block booked staff to cover gaps in the rota so staffing levels were in line with the dependency tool used.
- The registered manager was supported by someone from human resources to ensure staff were recruited safely in line with the provider's policies and procedures. This included DBS checks and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

### Using medicines safely

- Staff administered medicines to people in a way which was sensitive to their needs. They followed protocols for 'as required' medicines and had the appropriate documentation in place for giving people covert medicines.
- People's prescribed medicines were securely stored. Medicine administration records were fully completed and up to date.
- The registered manager ensured staff received training in the safe administration of medicines and completed regular competency checks. Medicines errors were recorded, and the records were audited so learning and actions could be shared with staff.

### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home had no restrictions on visiting but ensured that checks were made and space was available to keep people safe.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

### Learning lessons when things go wrong

- The registered manager used an electronic dashboard to monitor incidents and accidents which they reviewed on a regular basis
- Staff recorded accidents and incidents for the management team to review.

# 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. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff wrote care plans with people and their relatives to ensure they were relevant and personalised. The plans included information about a person's communication needs, health and well-being, religious and cultural needs and reflected how the person wanted to be supported. However, detail of how that support should be given was brief and could have contained more detail for example care plans stated how many staff would be needed for support but not how that support should be given.
- People's needs were assessed before they moved to the home to ensure these could be met.
- The registered manager ensured staff received training in the Equality Act 2010 and this was used to promote inclusion and diversity. This was reflected in people's care plans which identified people's preferred names and gender pronouns such as she, they or he. Staff spoke with confidence about equality and diversity and understood the impact of this on the people they cared for.

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

- Some areas of the home required repairs and renewal work. This included flooring damaged in one room, a wobbly tap and a broken toilet flush. The registered managers have improved their maintenance record and provided evidence that these issues were being addressed.
- The home was suitable to meet the needs of people and was designed to have large communal areas where people could come together such as lounges, a dining room and the activity and cinema rooms.
- People had access to aids and equipment to promote their independence and support them with their daily lives.

Staff support, training, skills and experience

- Relatives said staff were suitably trained and understood the needs of the people they cared for. One stated "They [staff] have genuine compassion and respect for people"
- Staff said training was good and easy to access. One staff member said, "I had training when I started and this is refreshed every year." All staff had received training which was specific to the needs of the people they cared for. This included diabetes support, recognising pressure ulcers and moving and handling.
- Registered managers carried out spot checks of staff practice to ensure staff were competent and had the skills necessary to support people.

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

- People stated that the food was good and that they received support to eat if they needed it. One person said "Lovely food, I'm vegetarian, happy with what they do, plenty of drinks"
- Information about people's dietary needs was recorded including their preferences and allergies. Records

were maintained where required of the food and fluids people had received.

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

- People had access to a range of healthcare professionals including dentists, specialist nurses and a local GP. Relatives said that relevant referrals were made to health professionals in a timely manner.
- Staff recognised when additional support was required to safely manage people's needs. For example, where people needed additional monitoring due to the risk of pressure ulcers this was done in a timely way.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered managers made appropriate referrals for DoLS and understood when they were required.
- The home had 11 people who were deprived of their liberty at the time of the inspection.
- Staff confirmed they completed MCA and DoLS training and understood how this was used to support people. They understood the importance of gaining consent before providing support. We observed staff doing this while using moving and handling techniques to support people to move around the home.

# 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. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The management team used an electronic dashboard to have oversight of the home. Audits were completed and reviewed and were used to identify themes such as people being at risk of falls.
- The management team had oversight of the environmental issues identified during the inspection but had not always carried out regular checks to ensure standards were maintained. Vacancies in the maintenance team for the site meant not all work the registered manager had identified had been completed.
- The home had two registered managers. One who was based in Moundsley House and one who covered across all the homes in the care village. This meant the registered manager role was covered in times of absence and leave.

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

- People and their relatives were positive about the culture of the home. A relative said "They [the manager] is approachable and easy to get hold of".
- People said staff met their needs and preferences including dietary requirements. One person said "Pretty good here, got policies, management team quite good"
- Staff told us the service was well-managed. They used words such as supportive and approachable to describe managers and enjoyed going to work.
- The registered manager had regular meetings with staff to discuss the delivery of the service.

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

- Relatives told us that the staff made contact quickly in an emergency or if something has changed for their relative. One said "Staff really care about them [relative's name] and the other residents".
- The registered managers understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the manager for more than 28 days.

Working in partnership with others

- Records showed staff liaised with a range of professionals such as the GP's and district nurses where needed to ensure people received appropriate help and support.

