

Mountfield House Care Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mountfield House Care Home is a care home providing accommodation and personal care to a maximum of 14 people over the age of 65 years in one adapted building. At the time of our inspection there were 13 people using the service.

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

People were not always protected from environmental risks because there were no effective systems in place to identify, monitor or mitigate risks. We were mostly assured the provider was meeting key principles for infection prevention and control at the service, including for COVID-19. However, some areas required attention to ensure cleaning could be carried out effectively. The provider's quality assurance procedures had not been effective in identifying the shortfalls we identified at the inspection.

People received their medicines when they needed them. People felt safe living at the home and with the staff who supported them. Staff had been trained to recognise and report any signs of abuse. The provider's staff recruitment procedures helped to protect people from harm. Risks associated with people's care were assessed and there were plans in place to mitigate risks.

The provider regularly sought the views of people, relatives and staff. Staff morale was good, and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal requirement and of their responsibility to be open and honest when things go wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 10 March 2020).

Why we inspected

We received concerns in relation to the management of risks relating to the care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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

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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

Mountfield House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Mountfield House Care 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. Mountfield House 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 six people who lived at the home, the provider/registered manager and four members of staff which included a cook, senior care staff and care staff. We looked at four care plans and all available medication administration records. We looked at records relating to health and safety and the management of the home.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During this inspection we found some issues which could pose a risk to the people living at the home. Free standing wardrobes had not been secured to the wall, therefore there was a risk of them toppling onto people. Although windows on the first floor had been fitted with restrictors, these were not tamperproof or robust enough to ensure people's safety. The provider gave their assurances that action would be taken to replace the restrictors without delay. Following the inspection, the provider confirmed that all window restrictors had been replaced with a type which met with Health and Safety Executive standards.
- Hot water outlets had been fitted with thermostatic valves to regulate temperatures however these were not failsafe and there were no systems in place to ensure the temperature of the hot water outlets remained within safe limits to prevent scalding. We discussed this with the provider at the time of the inspection who gave their assurances hot water outlets would be checked every month.
- Risks associated with legionella had not been fully considered. There was no regular flushing of water outlets which were not in current use and shower heads were not descaled every three months.
- There was uncovered pipework and uncovered radiators which could pose a risk of burns to people if they came into contact with them. The height of the balustrade at the top of the stairs could pose a risk to people as it is low enough to allow a pivot point, possibly allowing people to fall. There were exposed wires leading from a plug socket in the lounge area. Action was taken at the time of the inspection to make safe.
- We found a fire escape on the ground floor had been partially obstructed. This was addressed at the time of the inspection. The fire escape route led out to a courtyard area with locked double doors to the front of the property. Although the courtyard led to the main garden area, there were obstacles such as bins and washing lines which may impede an emergency exit from the home. The provider told us they did not envisage any problems in evacuating people in the event of an emergency. They told us a key to the doors was readily available.
- The home had a fire risk assessment in place, but this was dated 2010 and was handwritten. There were notes to record that it had been reviewed annually but we saw no evidence of any amendments or updates. The fire risk assessment did not take into account the locked external doors leading to the front of the property. Following the inspection the provider informed us that there had not been any amendments or updates, therefore the risk assessment had not needed to be rewritten.
- Door closures on a bedroom door and laundry door were damaged which meant they would not close effectively in the event of a fire.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the risks associated with fire safety, free-standing wardrobes, window restrictors, hot water outlets and the first floor balustrade had been addressed.

- New fire alarm systems were installed last year and fire detection and alarm systems were checked each week and were serviced by external contractors. Staff received training in fire safety and each person had a personal emergency evacuation plan.
- Hoists and the stair lift had been regularly serviced to ensure they remained safe for people to use.
- Prior to the inspection we received concerns that risks relating to people's care were not always considered or acted upon. At this inspection, we did not identify any concerns.
- Care plans contained risk assessments which included mobility, skin integrity, falls, eating and drinking, relationships and managing periods of emotional distress. Where risks had been identified there were plans in place to manage and mitigate risks. Staff had a good understanding of people's risks and how these should be managed.

Using medicines safely

- People's medicines were securely stored at temperatures within the manufacturer's guidelines.
- People's prescribed medicines were recorded on pre-printed medicine administration records (MAR) and there was a clear audit trail of medicines held at the home.
- People told us they received their medicines when they needed them. One person said, "I get my tablets when I should have them."
- Staff received training on the management and administration of people's medicines and checks were made to ensure they remained competent in the task. We observed a member of staff wearing a red tabard when administering medicines to remind others they should not be distracted.

Staffing and recruitment

- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- Staff told us references and a DBS check were obtained before they started working at the home. 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.
- People told us staff were available when they needed them. One person said, "There are always enough staff to look after us." We observed a good staff presence and staff responded quickly for any requests for assistance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. When asked, one person said, "I feel absolutely safe here." Another person told us, "The carers are lovely and very kind."
- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe.
- The provider told us they understood when and how to inform us and the local authority of reportable incidents that occurred in the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the varnish on wooden handrails and small tables was worn, the top of the washing machine was ripped and the flooring and tiles in a bathroom were damaged which meant they could not be effectively cleaned.
- Following the inspection the provider informed us that action had been taken to varnish wooden handrails and tables and to repair the damaged tiles and flooring in a bathroom.
- 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.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance.

Learning lessons when things go wrong

- There had been very few accidents or incidents involving the people who lived at the home however, these were reviewed by the provider to help identify any trends and consider action to reduce the risk of reoccurrence.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 provider's audits and checks were not sufficiently robust and had not been effective in identifying where improvements were required. For example, the provider's audits had failed to identify the issues we found relating to the environment, fire safety, risks associated with hot water and surfaces, legionella and some aspects relating to infection, prevention and control.

The provider's audits and monitoring systems were not effective in identifying the issues we found at this inspection. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with the health and care people received were considered and care plans were in place to ensure risks were effectively managed.
- Staff were clear about their roles and their responsibilities. Staff were regularly updated by the provider through staff meetings and a secure mobile telephone application. The provider also carried out announced out of hours visits to support staff and to ensure people received the care and support they needed.
- Staff were very positive about the support they received from the provider. They all told us they received regular supervisions where they could discuss their performance, training and role. Staff told us they received the training needed to meet the needs of the people they supported. One member of staff said, "The training is really good and if I felt I didn't understand something or wanted more training I would only have to ask." Another member of staff told us, "The best part of the home is the strong team and how everybody works together to achieve the best for the residents."
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home.

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 told us their views were sought on a daily basis. One person said, "[Name of provider] is very kind and will do anything for you." Throughout our inspection we saw the provider and staff interacting with people and asking if they were happy with everything."

- People, their representatives and staff completed an annual survey where they could comment on the quality of care provided. Results of the last survey had been positive. There were regular meetings for people where their views were valued. In a recent meeting people had been involved in developing the summer menu.
- The provider had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. Relatives were supported to visit people when they wanted.
- People benefitted from regular trips out to the local community and beyond. The provider was asking people about where they would like to go for a planned trip the following day. All agreed on a visit to a local garden centre. One person was keen to tell us about a recent trip they had enjoyed to Liverpool.

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 had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being.
- Complaints had been dealt with in accordance with the provider's procedure and action taken to the satisfaction of the complainant.
- This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This related to fire safety, risks associated with hot water and surfaces, legionella and some aspects relating to infection, prevention and control.</p> <p>Regulation 12(1) & (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring systems had not been effective in identifying or addressing the risks and concerns we identified at this inspection.</p> <p>Regulation 17(1) & (2)</p>