

M D Homes

# Mountview

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 31 October 2018 and was unannounced. The last inspection of the service was in April 2016 when we rated the service as good for all five questions we ask.

Mountview is a 'care home' for 10 people with mental health needs. When we carried out this inspection, five women and four men were living in the 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.

The home is a detached, converted residential property with 10 single rooms and shared communal areas, bathrooms, toilets, laundry and kitchen. There was also a large garden that people told us they enjoyed.

The service had a registered manager but they were on maternity leave when we inspected. The provider notified the Care Quality Commission of the registered manager's absence and arranged for the registered manager of another service to provide support for the home. 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.

The provider had a policy and procedures to protect people from abuse, staff understood these and had received training.

Staff assessed risks to people using the service and acted to mitigate any risks they identified.

There were enough staff on duty to support people and the provider carried out checks to make sure new staff were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed.

The provider had policies and procedures that covered the day to day running of the service. They reviewed these regularly and made sure they referred to the latest legislation, guidance and standards.

Staff in the service completed training the provider considered mandatory.

We saw the menu reflected people's preferences and choices were available. Food was stored safely and fresh fruit and hot and cold drinks were available.

The deputy manager and staff had a good knowledge of their responsibilities under the Mental Capacity Act 2005 and worked with people using the service, their families and health and social care professionals to make sure people could make decisions about their care and support, whenever possible.

Where it was necessary to use the Deprivation of Liberty Safeguards to make sure people were cared for safely, the provider worked with the local authority to achieve this. Although some people using the service were subject to restrictions to ensure their safety, nobody was deprived of their liberty unlawfully.

People using the service and their representatives told us the staff were kind and caring and treated them with respect and dignity.

During the inspection we saw examples of positive interactions between staff and people using the service. Staff knew the people they worked with well and could tell us about their care and support needs, life history, significant people and events.

During the inspection we saw that staff respected people's privacy, dignity and independence.

The provider had also introduced a 'Resident of the Day' scheme in the service.

The provider ensured that people's care records were reviewed regularly and kept up to date. Information contained within care plans was personalised to people's individual needs.

Before people came to live at the service, staff completed a full assessment with them, their relatives and professionals involved in their care to determine if the service could meet their support needs.

People told us they enjoyed varied and meaningful activities and said they could access the local community. Staff supported people to access activities they enjoyed and provided support to individuals to develop life skills such as cooking, budgeting and accessing public transport.

People's care records included information about their health care needs and how these were met in the service.

The provider had a policy and procedures for responding to complaints they received and we saw they had reviewed this in March 2017.

People told us they felt the service was well managed. The provider had appointed a manager who registered with the CQC in July 2017. At the time of this inspection the registered manager was on maternity leave and the deputy manager was covering the post, with support from the manager of another of the provider's care homes and the provider.

The provider sent satisfaction surveys to people using the service, their relatives and staff in April 2018. The provider's action plan showed the service scored highly in all the areas they surveyed, with people rating the friendliness of staff and the support they provided at 100%.

The provider had systems in place to monitor quality in the service and make improvements. A representative of the provider carried out monthly monitoring visits.

## 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.

The provider had a policy and procedures to protect people from abuse, staff understood these and had received training.

Staff assessed risks to people using the service and acted to mitigate any risks they identified.

There were enough staff on duty to support people and the provider carried out checks to make sure new staff were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

The provider had policies and procedures that covered the day to day running of the service. They reviewed these regularly and made sure they referred to the latest legislation, guidance and standards.

Staff in the service completed training the provider considered mandatory.

We saw the menu reflected people's preferences and choices were available. Food was stored safely and fresh fruit and hot and cold drinks were available.

The deputy manager and staff had a good knowledge of their responsibilities under the Mental Capacity Act 2005 and worked with people using the service, their families and health and social care professionals to make sure people could make decisions about their care and support, whenever possible.

Where it was necessary to use the Deprivation of Liberty Safeguards to make sure people were cared for safely, the provider worked with the local authority to achieve this. Although some people using the service were subject to

restrictions to ensure their safety, nobody was deprived of their liberty unlawfully.

### **Is the service caring?**

**Good** ●

The service was caring.

People using the service and their representatives told us the staff were kind and caring and treated them with respect and dignity.

During the inspection we saw examples of positive interactions between staff and people using the service. Staff knew the people they worked with well and could tell us about their care and support needs, life history, significant people and events.

During the inspection we saw that staff respected people's privacy, dignity and independence.

The provider had also introduced a 'Resident of the Day' scheme in the service.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The provider ensured that people's care records were reviewed regularly and kept up to date. Information contained within care plans was personalised to people's individual needs.

Before people came to live at the service, staff completed a full assessment with them, their relatives and professionals involved in their care to determine if the service could meet their support needs.

People told us they enjoyed varied and meaningful activities and said they could access the local community. Staff supported people to access activities they enjoyed and provided support to individuals to develop life skills such as cooking, budgeting and accessing public transport.

People's care records included information about their health care needs and how these were met in the service.

The provider had a policy and procedures for responding to complaints they received and we saw they had reviewed this in March 2017.

### **Is the service well-led?**

**Good** ●

The service was well led.

People using the service told us they felt the service was well managed.

The provider had appointed a manager who registered with the CQC in July 2017. At the time of this inspection the registered manager was on maternity leave and the deputy manager was covering the post, with support from the manager of another of the provider's care homes and the provider.

The provider sent satisfaction surveys to people using the service, their relatives and staff in April 2018. The provider's action plan showed the service scored highly in all the areas they surveyed, with people rating the friendliness of staff and the support they provided at 100%.

The provider had systems in place to monitor quality in the service and make improvements. A representative of the provider carried out monthly monitoring visits.

# Mountview

## 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 comprehensive inspection took place on 31 October 2018 and was unannounced.

The inspection team consisted of one inspector 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.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and notifications the provider sent us. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about. We also contacted seven health and social care professionals the provider told us worked with people using the service.

The provider also completed a Provider Information Return (PIR) in March 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people using the service and two members of staff. We also met with the manager covering the service while the registered manager was on maternity leave and two representatives of the provider. We reviewed care records for two people using the service and the recruitment, training and supervision records for two members of staff. We also reviewed other records related to the running of the service, including audits and checks the provider carried out to monitor quality in the service and make improvements.

# Is the service safe?

## Our findings

People using the service told us they felt safe living at Mountview. Their comments included, "I feel very safe," "Yes, I feel safe" and "Yes, it's safe here."

The provider had a policy on safeguarding people using the service and a whistle blowing policy for staff and we saw they reviewed and updated these regularly. The provider notified the Care Quality Commission (CQC) of any safeguarding concerns involving people using the service and worked with the local authority to investigate and resolve any concerns.

Care staff in the service assessed possible risks to people using the service and acted to mitigate any risks they identified. People's care records included assessments of risks associated with smoking, the use of alcohol and malnutrition. The assessments included clear guidance for staff on how to mitigate the risk. For example, staff kept one person's cigarettes and lighter with their agreement and fitted an extra smoke detector in their bedroom to give extra warning in the event of a fire. Staff also asked one person's family and other people using the service not to buy alcohol for them and carried out regular room checks, with the person's agreement. Staff reviewed the risk assessments monthly or more frequently if needed.

We saw that the provider had also completed a fire safety risk assessment in May 2018 and the deputy manager confirmed they had implemented all recommendations in the assessment.

The provider carried out checks on new staff in the service to make sure they were suitable to work with people. The staff recruitment records we reviewed each included an application form, a full employment history, proof of their identity and right to remain and work in the UK, two references and a Disclosure and Barring Service (DBS) check.

There were enough staff to meet the care and support needs of people using the service. When we arrived, the deputy manager was on duty with two other care staff, one of whom provided 1:1 support for one person. The provider's staff rota showed that, at night, there were two staff on duty, one awake and the other on call in the service if needed in an emergency. The provider told us that most of the staff working in the service had been there for some years and they were usually able to cover the rota without using agency staff. During the inspection we saw there were enough staff on duty and we did not see people waiting for care or support.

The provider had policies and procedures for the management of people's medicines, including 'as required' (PRN) medicines, controlled medicines and the use of covert medicines. They had reviewed these in January 2018 and we saw they referred to guidance from the Royal Pharmaceutical Society, National Institute for Health and Care Excellence (NICE), the Nursing and Midwifery Council (NMC) and CQC.

The provider told us the pharmacist who supplied medicines to the service carried out an annual audit of medicines management. We saw they had completed the last audit in June 2018 and had made two recommendations to improve the way staff managed people's medicines. We discussed this with the deputy

manager who told us they had implemented both recommendations. For example, they had investigated the reason for one discrepancy in the balance of one person's medicines and provided an explanation to the pharmacist.

We looked at the medicines records for four people using the service. We saw that each person's record included a photograph, details of any 'as required' (PRN) medicines they needed and a weekly audit of their prescribed medicines. Staff completed a Medicines Administration Record (MAR) sheet each time they gave people their medicines and we saw these were well completed, with no errors or omissions.

Controlled medicines were securely stored and staff completed a daily audit at each handover. Staff also kept a record of storage temperatures in the medicines room and the fridge used to store some medicines. The deputy manager and staff also completed weekly and monthly audits of medicines in the service and we saw these were up to date. Where the audit identified an issue the deputy manager acted. For example, a recent audit identified that one person was refusing their medicines more frequently and the deputy manager arranged a referral to their GP.

The provider had a policy and guidance for staff on the control of infection in the service and they included an annual update in their staff training programme. Staff told us they had access to personal protective equipment (PPE) and we saw that cleaning materials were available and securely stored. Staff also completed food hygiene training and we saw from the provider's training matrix that this was up to date for permanent staff and one agency member of staff who worked in the service regularly. During the inspection we saw that all parts of the service were clean and there was no malodour.

The provider had policies and procedures for managing safety in the service and we saw they updated these regularly. They covered health and safety, fire safety, food hygiene and the management of clinical waste. The provider had a business continuity plan they had reviewed in November 2017 and this gave staff guidance on action to take in any event that affected the running of the service. The deputy manager told us they had used this recently as the service's passenger lift needed repairs and they had acted to ensure that each person could get from their rooms on the first floor to communal areas on the ground floor safely.

Staff completed a daily health and safety check that included fire safety, infection control and the control of substances hazardous to health (COSHH). The service manager or deputy manager also completed a monthly audit that covered people using the service, their personal finances, the environment, staff records and medicines and we saw these were up to date. Where the audit identified actions that staff needed to take, managers checked that this had happened. For example, where one person needed to be referred to their GP, the audit checked to make sure they had attended an appointment.

Staff in the service kept a record of accidents and incidents involving people and acted to make sure people were safe. For example, following an incident where a person had two doses of paracetamol within an hour, staff contacted NHS Direct and the GP for advice, carried out observations and made sure the person was safe. The provider also interviewed the staff involved in the incident and arranged refresher training in medicines management.

## Is the service effective?

### Our findings

The provider had a set of policies and procedures that covered the day to day running of the service. We saw they reviewed these regularly and made sure they referred to the latest legislation, guidance and standards. For example, the medicines policy referred staff to guidance from the Nursing and Midwifery Council, the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE) and the infection control policy referred to the code of practice for the prevention and control of health care associated infections.

Staff in the service completed training the provider considered mandatory. This included infection control, health and safety, mental health, fire safety, safeguarding and medicines management. The provider's training matrix showed that staff were up to date with their training and the provider organised refresher training when this was due. Where staff were new to the service, the deputy manager confirmed that they had assessed their training needs and applied to the provider for dates where training was needed.

The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider confirmed that any staff who were new to care work would complete the Care Certificate but all the staff working at Mountview had been in post for several years and the provider's mandatory training met the requirements of the Care Certificate.

The provider employed a chef who worked in the home each day to prepare a cooked lunch for people and staff prepared or supported people to prepare their own breakfast and evening meal. We saw the menu reflected people's preferences and choices were available. Food was stored safely and fresh fruit and hot and cold drinks were available. The kitchen was clean and staff completed and recorded daily and weekly cleaning tasks and fridge and freezer temperatures. Monthly food safety audits were up to date. The service was awarded a five-star food hygiene rating at the most recent inspection by the local authority.

People told us they enjoyed the food provided. One person commented, "The food is good. Lunch today was lovely." Food records showed staff prepared varied and nutritious meals using fresh ingredients. They provided a choice at meal times and people told us if they did not want to eat the food on the menu, staff would prepare an alternative. People's care records also included information on living healthy lives. For example, information about smoking cessation, personal safety and the use of alcohol.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in care homes or hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS.

The deputy manager and staff had a good knowledge of their responsibilities under the MCA 2005 and worked with people using the service, their families and health and social care professionals to make sure people were able to make decisions about their care and support, whenever possible. Where staff felt a person lacked the mental capacity to make a specific decision, they worked with the person's family and professionals to agree decisions that were in the person's best interests. Where it was necessary to use the Deprivation of Liberty Safeguards to make sure people were cared for safely, the provider worked with the local authority to achieve this. Although some people using the service were subject to restrictions to ensure their safety, nobody was deprived of their liberty unlawfully.

## Is the service caring?

### Our findings

People using the service and their representatives told us the staff were kind and caring and treated them with respect and dignity. One person said, "The staff are very good, very kind, there's always someone there to help if you need it."

During the inspection we saw examples of positive interactions between staff and people using the service. Staff offered people choices about where they spent their time, what they had to eat and drink and whether or not they took part in activities. Staff knew the people they worked with well and could tell us about their care and support needs, life history, significant people and events.

People also told us they could express their views about the care and support they received and said they were actively involved in making decisions. One person said, "I can talk to [key worker] or any of the staff, they all try to help." Managers and staff also arranged meetings for people using the service and we saw they held these in March, June and September 2018. People discussed menus, complaints, the provider's smoking policy and activities. One meeting discussed the health benefits of drinking more water and less tea and coffee. People agreed to the introduction of planned tea or coffee breaks in the morning and afternoon and the provider arranged to have jugs of water and juice available in the lounge at all times. People told us they liked this arrangement and said they were drinking less tea and coffee as a result. The deputy manager told us they had invited some people's relatives to meetings in the service but they chose not to attend.

During the inspection we saw that staff respected people's privacy, dignity and independence. People could choose where they spent their time and we saw some spent time in communal areas while others preferred to stay in their rooms. When people were in their rooms we saw staff respected their privacy and always knocked and waited for a response before they entered.

The provider had also introduced a 'Resident of the Day' scheme in the service. Each day, staff reviewed one person's care plan and risk assessments with them, checked any equipment they used, carried out a health review and checked their bedroom to make sure they had the clothes and toiletries they needed and any maintenance issues were reported to head office.

## Is the service responsive?

### Our findings

The provider ensured that people's care records were reviewed regularly and kept up to date. Information contained within care plans was personalised to people's individual needs. There was detailed information including guidance for staff in supporting the people's physical, psychological, social and emotional needs. Records provided staff with the guidance they needed and included information about the person's history, significant people and events, their interests, likes and dislikes. This enabled staff to support people in the way they wished to be supported to live full and active lives.

Before people came to live at the service, staff completed a full assessment with them, their relatives and professionals involved in their care to determine if the service could meet their support needs. We saw care and support plans were very inclusive of people's views and wishes.

Where people had specific care or support needs, the provider worked with them and the local authority to agree how these would be met in the service. For example, one person's care records included minutes of a best interest meeting held with the person, the deputy manager from the service and the person's social worker to discuss medication, health issues and lifestyle choices. There was a good record of the discussion and the views and wishes of the person concerned. All those attending the meeting signed the record to indicate their agreement with the discussion and the decisions they agreed. Following the meeting, the local authority funded 1:1 support to enable the person to access the local community safely.

People told us they enjoyed varied and meaningful activities and said they could access the local community. Staff supported people to access activities they enjoyed and provided support to individuals to develop life skills such as cooking, budgeting and accessing public transport. During the inspection we saw that some people went out by themselves to take part in community activities and others stayed in the service. There was a programme of planned activities displayed in the lounge but people told us they were free to choose how they spent their time. We saw staff spent time talking with individuals and playing board games and people obviously enjoyed these activities.

People's care records included information about their health care needs and how these were met in the service. In one person's records we saw good evidence of joint work with their GP, social worker and mental health services. This included a full review of the person's care and support with the multi-disciplinary mental health team in March and July 2018. A second person's care plan included a risk assessment for malnutrition as they were at risk of weight loss. There was guidance for staff and a clear plan in place and monthly weight records showed the person had gained weight since admission. As part of the plan and following a skin care assessment, the person's GP prescribed topical cream. Staff discussed this with the person who wanted to administer the cream themselves and staff respected this choice as they assessed the person had the mental capacity to make this decision.

Care staff also completed daily observation and shift handover records. These provided information about each person using the service, ensured staff were kept up to date at each shift and showed people received care and support in line with their care plan.

The provider had a policy and procedures for responding to complaints they received and we saw they had reviewed this in March 2017. Information on how to make a complaint was displayed in the communal lounge and people told us the provider had responded when they made a complaint. One person said, "Any complaints, I'd go to the office. If I had to put it in writing I would. I did complain to head office one time. They took it seriously and I was happy with the outcome." The provider kept a record of complaints they received and this showed they responded in line with their policy and procedures. The provider also kept a record of compliments they received. One visitor commented, "Mountview is one of the nicest places I have seen so far. Friendly and helpful staff, a real credit to the organisation."

## Is the service well-led?

### Our findings

People using the service told us they felt the service was well managed. Their comments included, "[The deputy manager] is in charge while the manager is away, they are doing a good job" and "You can speak to the person in charge here or go to head office, they are all helpful."

M D Homes manages five care homes in north-west London. Four of the homes are registered with the Care Quality Commission (CQC) to provide nursing care for older people. Mountview is registered to provide accommodation and personal care for people with mental health needs and does not provide nursing care.

On their website the provider states, "Residents have a fundamental right to self-determination and individuality. Equally they have the right to live in a manner which corresponds to what is normal for those who remain in their own homes. Our aim is to promote the physical and emotional well-being of our residents in an atmosphere of warmth and trust. We will establish, support and encourage our residents' physical, intellectual and social interests and will involve them whenever possible in all decisions affecting them."

The provider had appointed a manager who registered with the CQC in July 2017. At the time of this inspection the registered manager was on maternity leave and the deputy manager was covering the post, with support from the manager of another of the provider's care homes and the provider. The provider informed CQC of the registered manager's absence and the management arrangements they had put in place until their return. The provider was also aware of other incidents and events they needed to tell CQC about and we saw they sent these notifications when required.

The provider sent satisfaction surveys to people using the service, their relatives and staff in April 2018. The provider's action plan showed the service scored highly in all the areas they surveyed, with people rating the friendliness of staff and the support they provided at 100%. One person commented, "The staff are wonderful but there needs to be someone carrying out activities with the residents to keep them occupied." During the inspection we saw the provider had purchased equipment and games to promote activities in the service and in the garden.

The provider arranged meetings for staff in January, June and September 2018. They used the meetings to update staff on any changes and to discuss training, quality monitoring and people's care and support needs.

A representative of the provider carried out monthly monitoring visits. During the visits they checked the environment, infection control measures, staffing levels, training and supervision, activities, meal times and daily records. Each monthly report reviewed any issues identified at the previous month's visit and recorded the actions taken to address and resolve these.

The provider had systems in place to monitor quality in the service and make improvements. We saw audits

of people's care plans, medicines records and health and safety. Staff had audited both care plan files we reviewed in October 2018 and key workers were given tasks to complete. For example, updating some information and obtaining signatures for key documents.