

# Barchester Healthcare Homes Limited

# Mount Vale

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out this unannounced inspection on the 17 and 19 March 2015. We last inspected this service in July 2013.

Mount Vale provides nursing and personal care for up to 65 people. It also provides care for some people who have a diagnosis of a dementia type illness. Mount Vale is owned by Barchester Health Care Homes Ltd and is a new, purpose built care home in close proximity to the town of Northallerton.

The home had a registered manager in place and they have been in post as manager since January 2015. 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.

We observed that the carers were kind, supportive, and respectful to the people that used the service. Key pad doors on the dementia unit prevented people living with a dementia from accessing the staircases but they could walk freely within the unit. People living downstairs were free to leave the premises if they wished and escorts were provided if available.

# Summary of findings

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified.

Out of 72 staff members, 24 had not received up to date safeguarding training and nine staff member's training were about to expire. Staff we spoke with did understand how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents recorded did not identify any trends.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We saw that nursing staff were currently registered with the Nursing and Midwifery Council (NMC) at the time of the inspection. This should help ensure people received care and treatment from nursing staff who are required to meet national standards and to abide by a code of conduct.

Staffing levels were appropriate but could benefit from an extra nurse on duty. We saw that due to only having one nurse on each floor, they were under a lot of pressure as they had three people who required palliative care.

Staff we spoke with said they had attended a "one to one" one day induction, where fire training and manual handling were covered. We could see no record of attending an induction programme in their staff file.

We found that medicines were stored and administered appropriately.

We observed a lunchtime meal. The food was well presented, tasty and the correct temperature and the

atmosphere was relaxed. The service had a dining room on each floor as well as a formal dining room for people who want to enjoy meals with their family and friends to celebrate a special occasion. The main dining room downstairs, people who chose to eat here would choose off the menu once seated. The menu provided two choices of main meal or numerous choices of a lighter meal such as jacket potato and filling or beans on toast. One the day of our inspection they were celebrating St Patricks day and the menu was themed around this.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available.

The registered manager had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. Staff did have a limited understanding but were booked in for MCA and DoLS training on the 31 March 2015.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. The care plans were found to be detailed outlining the 'problem', the 'personal outcome', the plan of care' and the 'review date', however it was difficult to gain a clear overview of people's needs and the support they required, which meant that people's needs may be missed or overlooked. It was found to be a complex care file system and difficult to navigate; with poor quality care file binders, which meant that documentation was insecure in the binder and may result in information being misfiled or indeed lost. Care plans provided evidence of access to healthcare professionals and services.

Staff had not received all the training needed to enable them to perform their roles, for example 17 staff members moving and handling training was out of date, 30 staff members fire training was out of date and 23 staff members food hygiene training was out of date.

Staff did not receive regular supervisions and appraisals to monitor their performance. Where people had received a supervision in the last year there was no evidence of what was discussed other than a tick to say which topics had been discussed.

# Summary of findings

Staff said they were supported by their manager and were able to raise any concerns with them. Although staff, people who used the service and relatives were feeling unsettled due to management changes in the last year and the fact that the registered manager was due to leave.

The service looked at incidents that occurred and to see if lessons could be learnt and improvements would be made if and when required. No incidents had shown any

trends so far. The service had a system in place for the management of complaints although complaints we looked at did not provide an outcome to say whether the complainant was happy.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

# Summary of findings

## 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 safe.

The service provided a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and would be confident to report any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others. Plans were in place to manage these risks and protect people using the service.

Medicines were stored securely and administered appropriately.

Staffing levels were appropriate but could benefit from an extra nurse on duty. Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Good



### Is the service effective?

The service requires improvements to be effective.

Staff were not provided with the knowledge and skills to support people who used the service. This had been recognised by the registered manager and training manager and a training programme was in place.

Supervisions and annual appraisals were not fully documented and up to date.

People were supported to have their nutritional needs met and were provided with choice.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Requires improvement



### Is the service caring?

The service was caring.

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy and dignity was respected by staff.

Wherever possible, people's independence was promoted. End of life preferences was not always documented.

Good



# Summary of findings

## Is the service responsive?

People's care plans were reviewed monthly and on a more regular basis, in line with any changing needs. We saw no evidence regarding person/family involvement in care planning,

We saw lots of activities taking place. People were supported to access the community.

The service required improvements to be responsive.

We saw that meetings were held with people who used the service and their relatives. A complaints process was in place, although an outcome to the complaint was not always recorded.

**Requires improvement**



## Is the service well-led?

Staff felt they were supported by their registered manager but were feeling unsettled due to all the management changes.

The service had processes in place to review incidents that occurred. Incidents were notified to the Care Quality Commission as required.

The service requires improvements to be well led

The registered manager reviewed policies and practices at the service to ensure the quality of service provision, and monitor the support provided to people that used the service.

**Requires improvement**



# Mount Vale

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 and 19 March 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism in the service being inspected such as a nurse and 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 expert by experience had experience in caring for older people living with dementia.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete a provider information return (PIR). 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 visit we spoke with eight people who used the service, the registered manager, eight members of staff and the chef. We also spoke with six relatives of a people who used the service and a two external healthcare professionals. We undertook general observations and reviewed relevant records. These included four people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms with their permission, bathrooms, the kitchen and communal areas.

# Is the service safe?

## Our findings

People we spoke with told us they felt that the home provided a safe and happy environment. One person said, “Where I lived before was quite isolated, now I feel the angels were looking down on me, I am relaxed and that makes a difference.”

Relatives we spoke with said, “It is a massive relief for us to know that someone is always walking past and popping in to see that Mum is OK.” Another relative said, ““We worry about my relatives safety when we find her being fed when wrongly positioned in her chair and she is choking. Sometimes they have ticked her chart to say she has been turned but we have been with her all afternoon and know she has not been re-positioned, this raises the risk of pressure ulcers.” We passed these comments onto the registered manager who was going to investigate.

Staff we spoke with said, “People are very safe, we follow safe practices.”

The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff said, “I would report it no problem.” Another staff member said, “I would rather say something, I would never turn a blind eye.”

We found that risk assessments were in place, as identified through the assessment and care planning process; and they were regularly reviewed and evaluated, which meant that risks were identified and minimised to keep people safe.

We also saw general risk assessments which included catering, fire, housekeeping, maintenance and care delivery.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were

reviewed to see if any themes or patterns emerged. Accidents and incidents at the time of our inspection did not recognise any emerging themes or patterns. The registered manager explained that they were moving to a system called ‘Footsteps.’ The registered manager said, “Footsteps is a Barchester management of falls and falls prevention strategy that is to be rolled out and incorporates care planning, it is almost a re launch of falls prevention.”

We saw the staffing rota for the whole of March. It showed there was enough staff on duty at all times, although we felt that one nurse on each floor was putting them under pressure, due to them having three people with palliative care needs. We discussed this with the registered manager who said they usually do have three nurses on duty so one could support both floors where needed. At the time of our visit they were using agency staff to cover nursing shifts. The registered manager said this should stop once the new team leader starts on April 1 2015. Barchester had a preferred supplier of approved agencies.

We spoke to staff about staffing levels, they said, “Sometimes we could do with more staff on the caring side.” Another said, “I feel we need two nurses, especially on a morning, we often have fast track palliative care and these people need and deserve our support.” Another staff member said, “It is fine if no one rings in sick.” And “It has good and bad points, we need two nurses on the ground floor, we’re going to get two nurses upstairs too, it’s really busy, lots of palliative care patients.”

We also spoke with people who used the service and their relatives about staffing levels. People who used the service said, “They always answer the call bell fairly promptly but if your need isn’t urgent they ask you to wait as they are busy.”

Relatives we spoke with said, “You can hear the call bells ringing for a long time, they need more staff to look after everyone.” Another relative said, ““They have enough staff for routines but not enough for individual caring needs to improve the quality of life.”

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS)

## Is the service safe?

check had been completed before they started work in the home. Furthermore the DBS had been renewed for some people, it is good practice to request a DBS every three years. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

We saw that nursing staff were currently registered with the Nursing and Midwifery Council (NMC) at the time of the inspection. This should help ensure people received care and treatment from nursing staff who are required to meet national standards and their code of conduct.

Each new member of staff went through a three month induction. They were provided with a buddy who was there to support them at each step. Staff files we looked at where people had started in 2012 there was no evidence of induction, however one of these staff members said they did a one day induction where fire training and manual handling was covered.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

We found that medicines were stored and administered appropriately. We looked through the medication administration records (MARs) and found medicines had been administered and recorded correctly. We were shown an example where a member of staff had dropped a tablet and this had been recorded appropriately with the relevant code, with full explanation given overleaf on the MAR chart. Discontinued medicines were still listed on the Medication Administration Records (MAR), the nurse we spoke with said they were having issues getting these removed by the pharmacy.

The medication trolley's were stored safely when not in use. Room and fridge temperatures were checked and recorded daily. Room and fridge temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. The controlled drugs book was in good order and

medicines were clearly recorded. The nurse told us that a second member of staff witnessed a CD administration. We saw the CD register was a bound book with numbered pages, with a separate page for each CD for each person. We saw the balance remaining was checked against the amount in the pack/bottle on each administration and also a weekly check of stock balances was undertaken. Controlled drugs were stored in a separate locked CD cabinet, which was solely used for the storage of CDs. We saw that the nurse, who had authorised access, held the keys to the CD cupboard.

The service had protocols for when required (PRN) medicines, these were very detailed and provided information on how people would show signs of pain or agitation. The PRN protocols were reviewed monthly.

Medication training was up to date and they checked people's competency to administer medicines annually. We were told that the annual competency assessment to assess staff's competency when dealing with medication was conducted by an internal Registered Nurse who worked at the home. We were shown evidence of this. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

The service was clean and tidy and staff had access to plenty of personal protective equipment. However one relative said, "Sometimes staff are careless and used gloves have been discarded on the floor of the en-suite. That is a health risk." Bins in toilets and bathrooms did not have bin liners in, the registered manager was going to discuss this with the domestics. The service has what they call the 'resident of the day,' the registered manager said that on this day they check the persons room has been deep cleaned in the last month. We did see bathrooms being used for storage of commodes and dirty linen skips, the registered manager said these will be removed once the new storage area is ready.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks were recorded weekly. Finding this information was difficult as the dates did not follow on the paperwork. The registered manager said that new 'property booklets' are being introduced.



# Is the service effective?

## Our findings

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “The staff are lovely, everyone is very helpful and friendly, they know what they are doing.”

Relatives we spoke with said, “My relative receives good quality nursing care.” Another relative said, “My relative is being well cared for.” One relative said, “Last night my relative was completely zonked by her morphine so the doctor was called immediately to give her a full check-and it was good that it was the regular doctor who came out of hours.”

Staff we spoke with said, “They do provide good training, I have learnt lots such as CPR training and training on tracheostomy's.” Another staff member said they were booked in for ‘footsteps training’ which covered the following areas: mobility, falls, independence, empowerment and quality of life.

We were provided with a training chart and we asked to see the certificates to match what the training chart stated. The registered manager could not find any certificates. There was no record to show that staff had received training on dementia, end of life, MCA or DoLS. The training chart stated that out of the 72 named staff 30 had not received fire training and an extra 14 members of staff's fire training was about to expire. 20 staff had not received manual handling training with another 11 about to expire. 19 staff had not received infection control training, 13 about to expire and 26 staff had not received safeguarding training with nine about to expire.

We discussed training with the registered manager and the training manager. They had recognised the need to update people on their training and had a training plan in place.

We did not see any evidence that staff received good support through supervision and an annual appraisal. The service's policy said that all staff should have at least one formal supervision session of at least one hour duration every two months. We looked in the supervision file and saw some records where staff had received one supervision in the last year, unfortunately no record was kept of what was discussed, there was only a tick to say they had

discussed personal development, training, goals and other. Regular supervision should help highlight any shortfalls in staff practice and identify the need for any additional training and support.

This was a breach of Regulation 18 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, 16 people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed the Care Quality Commission of the request for a DoLS authorisation and the outcome.

We saw evidence of consent in the care files to administer medication, but not all files had consent to photographs being taken and consent to share information.

The service had a dining room on each floor as well as a formal dining room for people who wanted to enjoy meals with their family and friends to celebrate a special occasion. The main dining room was downstairs, people who chose to eat here would choose off the menu once seated. The menu provided two choices of main meal or numerous choices of a lighter meal such as jacket potato and filling or beans on toast. One the day of our inspection they were celebrating St Patricks day and the menu was themed around this with Irish stew and Irish coffee.

We observed a lunchtime meal on the dementia unit. We saw people were shown two alternative plates for them to make their choice. Three people in the dining room were quietly fed by staff in a supportive manner. Four other

## Is the service effective?

people ate in the lounge area, one fed by a member of staff and three by relatives. The food was well presented, tasty and the correct temperature and the atmosphere was relaxed.

People who used the service could have three cooked meals a day and intermittent snacks and coffee, tea and biscuits were always available.

People who used the service said, "The food is excellent." Another said, "I eat better now than I used to."

Relatives we spoke with said, "My relative doesn't eat much but they keep tempting her so that she gets what she wants and needs in small portions. They weigh her regularly." Another relative said, "Sometimes the food is cold and we need to heat it in the microwave, sometimes the food is very hot."

At the time of our visit, the service and Barchester Healthcare were celebrating National Nutrition Week. They were hosting an afternoon tea party for people who used the service and their relatives and friends. The registered manager said they were focusing on specific catering topics throughout the week, such as puréed food and fortified meals. The chef had made soft puddings and soaked sandwiches, these were all made to look like they were originally but people who struggled with swallowing etc could enjoy them.

We spoke with the chef about how they were made aware of individual dietary needs, they said the nurses keep them informed and they documented it. They showed us a board

which had not been updated since January. We asked if they knew people's likes, dislikes and preferences, they had a file where they kept this information, the file had a lot of paperwork in making it difficult to find the relevant information.

We spent time looking around the premises and found that although it was in good condition homely, comfortable and furnished to meet the needs of people who used the service, there were a few issues. For example, two bathrooms were out of use, one was being changed to a store cupboard, the other was broken and they were awaiting a part, this was reported July 2014, it was fixed but broke again in January 2015, a shower on one of the baths was broken and reported on 4 March 2015. The registered manager said these had all been reported to Barchester maintenance services, some had been signed off and they were now awaiting the local repairers. There were also three broken commodes stored in a bathroom.

The dishwasher was also broken, so they were having to hand wash everything, we were told the dishwasher had ongoing issues, it had been fixed in February 2015 but broke again 2 March 2015. The registered manager said that a replacement dishwasher would be delivered the following Monday 23 March 2015.

We asked the registered manager if people could have keys to their doors, we were told that only one person had a key. Staff we spoke with were not aware that this facility was available to people.

# Is the service caring?

## Our findings

There was positive interaction between staff and people living at the service and staff clearly knew people well. Interactions between nursing, care and domestic staff were discreetly observed during the day in various locations, and were felt to be both friendly and professional in approach. People were treated with kindness and compassion.

The general impression was that staff were responsive and capable of routine tasks. Downstairs staff responded to individual residents wishes and upstairs it was evident that carers were responding differently to each resident according to the state of their dementia and the atmosphere was happy and relaxed.

Staff we spoke with said, "I love working here, I feel I make a difference." Another staff member said "Everyone likes different things and everyone is different, I take time to find out what each person is like and what they like."

We observed and chatted to people who used the service they said, "I really like it here, it's a home from home, tonight I am having a bath, I love taking baths here."

One relative we spoke with said, "Staff turnover prevents a proper relationship and understanding being built up between resident and carer." A relative of someone who used to use the service said, "All aspects of care and service were first class at that time, my relative remained in the home at our request for her palliative care in which she was supported to die with such dignity and calmness." Another relative spoke highly of the care their loved one has received and was complementary about the staff and food in particular. Overall they said, "I feel X is well looked after and I am confident they are delivering a very good standard of care."

The healthcare professional (HCP) we spoke with said, "It is a very welcoming service, they are good at keeping me updated and good at communicating." Another said, "We have no concerns about the service."

We saw evidence of involvement of other HCPs involved in care, on reviewing the communication visit record this demonstrated that the GP, dietician, social worker,

specialist palliative care team, community mental health team and the nutrition specialist nurse had visited people in the home. This meant that people received on going healthcare when they needed it and were supported to maintain their health.

We observed people being moved by hoist on two separate occasions by different members of staff. We saw this was done effectively and calmly, reassuring the person throughout with full explanations about what was happening.

We saw the services advocacy policy and information on advocates was on the notice board if and when needed.

We asked staff how they promote privacy and dignity. Staff explained they always knock on doors before entering. One staff member said, "I always chat to them first before starting personal care, I know other staff feel I take ages, but I think it is important rather than just rushing in and doing the task."

We asked staff how they promoted peoples independence and choice, they said, "If they can do something themselves I make sure they do it." Another staff member said, "I always offer choice on everything, we have one person whose favourite colours are green and blue, so I ask if it's a green or blue day today, I then pick out a few clothes of that colour and they choose."

We did not see any evidence of end of life care plans in three of the four plans we looked at. This meant that information was not available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

However for one person we did see details regarding end of life care in the 'healthcare professional records sheet'. We also saw an Emergency Healthcare Plan for this person. This meant that information was available to inform staff of this person's wishes at this important time to ensure that their final wishes could be met.

Relatives could visit freely but there was no provision for overnight care for either relatives who travelled a distance or whose loved one was on end of life care.

# Is the service responsive?

## Our findings

We looked at care plans for four people who used the service. The care plans were found to be detailed outlining the 'problem', the 'personal outcome', the plan of care' and the 'review date', however it was difficult to gain a clear overview of people's needs and the support they required. Up to date information was difficult to find due to past information being more prominent, this meant that people's needs may be missed or overlooked. It was found to be a complex care file system and difficult to navigate; with poor quality care file binders, which meant that documentation was insecure in the binder and may result in information being misfiled or indeed lost. Overall this could mean that people's needs may not be met and their care may not be person-centred. We discussed this with the registered manager who agreed that the care plans needed looking at so relevant information could be found more easily and to look into getting stronger files so information did not come loose.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example "staff to encourage X to attend to their daily routine and if X becomes distressed staff to distract X where possible and to offer reassurance to minimize X's distress", "X likes to have a book read to them, prefers biographies", "X likes beauty treatments such as hair and nails done." Other examples for another person were "enjoys wildlife programmes", "enjoys sporting programmes on TV", "likes to sit in room, 1:1 chats" and "enjoys visits from the family". We did see some personal life history in two of the files we looked at.

We found some very vital personal information for one person near the back of the file. We discussed the fact that if someone did not have chance to read all the file, this information could be missed and cause great upset to the person. The registered manager explained that this was also documented in the pre-admission and admission assessment. We recommended that this was renamed, the person had been at the service for quite a while and papers saying pre admission may not be looked at in great detail.

We discussed the care plans with the people who used the service and their relatives, the relatives said, "They do not want resuscitation and they agreed a DNAR but other than

that we have not discussed the care they should receive or what might happen eventually." Another relative said, "There is never any joint discussion between the staff and the relatives about the care required." And another relative said, "No-one has ever asked about Mum as a person before she got dementia, if they don't understand her personal history how can they interact and give personal care?" We asked one relative what the future might hold and they said, "I don't know, we have never discussed how things might progress."

Daily accountability notes were concise and information was recorded regarding basic care delivered and details of interactions with the person, information about behaviour, mood or presentation. In addition, the accountability notes were dated, timed and signed by the member of staff.

The service employed an activities coordinator. At the time of the visit the activities co-ordinator was trying to cover both floors as their deputy was away for 10 weeks. They said, "With no management leadership for so long and now no floor manager upstairs and my deputy away it is really hard trying to do all the things I would like to do for the residents. So many projects have been on hold for so long." They also told us "I make sure I call and see every resident every day, even if only for a few minutes chat, so that they feel cared about."

There were various different areas for the people who used the service to relax as individuals or in small or large groups. Downstairs the lounges had games and jigsaws and even a bar.

This had a facility called "memory lane", for those people living with dementia. This included rummage drawers, each with different coloured knobs and containing tactile items that people who used the service could remove and use as they wished. The general areas were well provided with pictures of local places and objects to trigger memories and responses. Numerous "rummage boxes" were provided to give people the opportunity to handle familiar objects. There was a facility for memory boxes outside peoples doors. There were only two completed, we were told they were given to families and never returned. All bedroom doors were the same colour and not many had memory prompts or even peoples names on. This could cause confusion for people living with a dementia.

The dementia unit was specifically decorated and furnished to provide stimuli and interest for the people who

## Is the service responsive?

lived there and activities were provided to generate inter-action. On the day of the visit a painting session involved one of the people who used the service, an ex teacher, helping two other people to paint and mix colours. Another group were making 'Faberge' decorated eggs for Easter. People who used the service were also encouraged to join those downstairs when a singer came to entertain.

Downstairs had various communal rooms with individual activities such as cards, jigsaws and games readily available. The activity co-ordinator worked hard at encouraging inter-action between small groups of people as well as organising large group sessions. Some people were going out unaccompanied while others had to wait for staff to be available to escort them, we did not see this being a problem at the time of our visit. Occasionally small groups were taken out to a nearby cafe or into town. The garden was not being used at the time of the visit but the co-ordinator said that it was well used in summer and two people who used the service had helped with the gardening. The library supplied books for the home.

We asked people who used the service about activities and they said, "They do allsorts of things, nails, bingo, entertainers, we get a list of what is happening each week." And "We had a lovely dog come and see us called Spike."

The activity coordinator also generated a monthly news letter, this provided information of what had happened the previous month with pictures, what was coming up and some puzzles at the back. They had recently raised some money and made a sensory room they were planning an open day for this with a drinks reception in April 2015.

Relatives we spoke with said, "There are not enough staff to sit and talk to individuals or to take my relative out." On the day of our visit we did see staff sitting with people chatting and taking people out to the local shop and so they could smoke their pipe.

We saw the complaints policy and a record of complaints. There was information on how to make a complaint on the wall in the entrance hall. The service had received two complaints so far this year but mainly about fees. Complaints we looked at did not document an outcome. We discussed this with the registered manager who said both for this year were still on going. A service that is safe, responsive and well-led will treat every concern as an opportunity to improve and will respond to complaints openly and honestly.

We asked the people who used the service and their relatives if they knew how to make a complaint and if they had ever made a complaint. People who used the service said, "I have never had to make a complaint, I would speak to the staff if I had a problem." Relatives we spoke with said, "The staff are quick to respond if you tell them about something but the response is not continued and you have to raise the same issue again because the message has not been passed on." Another said, "They will make a fuss [show concern] when you raise an issue but they don't act or close the loop. You are not told how they will address the issue and they do not inform the next lot of new staff so you are back to square one."



# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since January 2015. The registered manager explained that they were leaving Mount Vale due to the length of time it took to commute. People were feeling unsettled due to lack of continuity of management.

Relatives we spoke with said, “I do not know the manager, I've never met her although I am here every day.” Another said, “This morning I saw a lady in an office downstairs so I knocked and asked whether she was the new manager and she was. She has been here since Christmas but I've never seen her.” Another relative said, “There are no problems with day to day issues but the home suffers from a lack of decision making and forward planning. There has been a lack of management and just as a new manager arrives, she announces she is leaving. I think the root cause of bad recruitment is bad recruiters. I don't think the company is paying sufficient attention to the management of individual homes.” And another relative said, “The previous manager was very poor, under the interim manager things improved a little, we were hoping for better things with a new manager but after two months she hasn't met relatives and now she is going. The company let the staff down, they are not receiving good leadership or encouragement so many good staff leave and that stops continuity of care for vulnerable residents.”

Staff we spoke with said, “The manager and all the line managers are supportive.” And “I feel supported, she makes sure there are enough staff.” Another staff member said, “It's been a bit like a roller coaster, unsettling with different managers.” And another staff member said, “I don't know the manager, I have only said hello.” And “I enjoy my work here and there are three of us and we help each other out but there is no one in overall charge.”

One of the senior staff said, “The last manager left and we had a caretaker manager who is leaving after only two months. Everything is still on hold. The dementia manager has left as well. There is a core of loyal staff trying to hold everything together but we need a manager to grasp the

reins and progress development. Everyone is frustrated. I keep considering leaving like everyone else but the care we deliver is excellent. The big organisation does not see the needs of the individual establishments.”

We discussed some of these comments with the registered manager and they said they were aware that people were feeling unsettled. We suggested they let people know the reason they are leaving is due to the commute and no other reason.

We asked the registered manager how they promoted the provider's values. They explained that everyone was provided with a copy of Barchesters vision, mission and values and these were to be discussed at the next staff meeting.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medicines, mealtimes, health and safety, care planning and safeguarding. These were followed up with a full action plan. This assured us the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The service held staff meetings every month for different groups, such as heads of departments, nurses and staff. One staff member we spoke with said, “I have been to one meeting, it was not a good turn out.” Another staff member said, “We have them every two months, I can't remember what we specifically discussed, we don't have them as often as we should have them, it was just the nurses at the last meeting.”

The service also held resident/relative meetings monthly. We saw the minutes from the meetings in February 2015 and March 2015. Both sets of minutes showed they had a really good turn out but they both also showed apologies from the registered manager. Topics they discussed were staff changes, menu, future events, refurbishments and any other business.

The registered manager said they send out surveys annually to staff and relatives. The results are sent to head office and not available for us to look at.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**People were at risk of not being kept safe, or not having their health and welfare needs met because staff are not properly trained, supervised and appraised.**