

Mountaincare Ltd

# Mountaincare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Mountaincare Ltd is a domiciliary care agency. At the time of the inspection it was providing personal care to one person living in their own home.

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

The person and their relatives spoke positively about the care provided. The service had a small staff team who worked closely together and knew the person well.

The systems in place for monitoring the quality and safety of the service were not robust.

We have made recommendations about the management of medicines, staff training, end of life care and oral health care.

Risks to the person were assessed and monitored but records were not always updated. Staff did not always have appropriate, up to date training to meet the person's needs.

Staff were trained in the administration of medicines. However, medicines records were not always completed accurately.

Staff had received safeguarding training and knew what action to take to protect the person from the risk of harm. There were enough staff available to support the person.

The service worked closely with other health professionals and accessed health services when needed. The person was supported with their nutritional needs.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was personalised. Staff were kind and caring and treated the person with dignity and respect.

The person and their relatives knew how to raise concerns and told us they were confident action would be taken by the service if necessary.

Staff felt supported by the registered manager. The service sought regular feedback from the person and their relatives.

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

#### Rating at last inspection

The last rating for this service was Good (published 19 July 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Mountaincare Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the person who used the service, two relatives, the registered manager, deputy manager and

two care workers.

We reviewed a range of records including the person's care and medication records, two staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with a professional who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

### Using medicines safely

- The service did not consistently manage medicines safely. Medicines administration charts did not always detail the names or dosages of the medicines administered, only the number given. Checks showed the amount of medicines in stock were correct; however, we could not be assured from the records we viewed the person had received their medicines as prescribed.
- Where 'as and when' medicines were being given, there was no protocol in place for staff to follow. However, the person told us they knew when they needed these medicines and would ask the staff for them.
- Staff had received medicines training, but no observations or assessments were in place to check whether staff were competent to administer medicines following their training.

We recommend the provider considers current best practice guidance on the management of medicines, including recording and the training and continued monitoring of staff competence.

- Medicines received from the pharmacy were counted and checked by staff to ensure they were correct prior to admission.

### Assessing risk, safety monitoring and management

- Risk assessments were in place however, these did not always reflect the person's current level of need.
- Reviews of the risk assessments had been recorded on the care plan review sheet, but this information was not always transferred back into the risk assessments. This meant staff may not have the guidance they needed to support the person safely. Following our feedback, the registered manager said they would update the risk assessments.

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

- The service had safeguarding and whistleblowing policies in place for staff to follow.
- Staff had received safeguarding training as part of their induction and knew how to raise concerns.
- The registered manager knew what their responsibilities were regarding reporting safeguarding concerns to the local authority

### Staffing and recruitment

- There were enough staff available to support the person.
- Staff were recruited safely, with relevant checks completed prior to starting work.

#### Preventing and controlling infection

- Staff wore protective clothing such as gloves and aprons when appropriate.

#### Learning lessons when things go wrong

- The service monitored accidents and incidents and recorded what they had done to minimise the risks.
- When things had gone wrong, the registered manager worked with the people involved and the local authority in reviewing what had happened and how to make improvements.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- The service was providing support with moving and handling, but staff had not completed practical moving and handling training since 2016. Records showed staff had requested updated moving and handling training. However, at the time of the inspection no additional training had been provided. This meant staff may not have up to date knowledge on how to support the person safely.
- The deputy manager was responsible for providing moving and handling training to staff; however, their accreditation to train staff had expired in 2017 and not been renewed as required. This meant they did not hold an up to date qualification and could not demonstrate their competency to train others. Following our feedback, the deputy manager booked moving and handling training for themselves and the staff and sent us confirmation of their completed training.
- The service did not always provide training tailored to the specific needs of the person they were supporting. Staff had requested more in-depth training, but this had not been provided at the time of the inspection.

We recommend the provider ensures all staff receive the appropriate training to meet people's specific care needs.

- Staff completed an annual appraisal with the management team but did not receive supervisions to discuss their training and development needs.
- The service had not recruited any new staff since the last inspection. The deputy manager told us there was an induction process in place. They said, "In their induction we talk about the company, our expectations, the code of conduct and training they are required to do. Their shadowing depends on their level of experience – it's usually two to three days. "

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

- The registered manager told us they made referrals to other agencies when appropriate and we saw evidence in the care records of input from health professionals.
- Staff told us how and when they would make appointments or seek advice from a GP or nurse.
- The service did not have an oral health policy in place and care records did not include information about how to support the person with their oral health.

We recommend the provider ensure they are up to date with current guidance on supporting people with

their oral health.

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

- The person's needs were assessed before they began using the service and this information had been used to develop their care plans.
- The service had regularly reviewed the person's needs. However, where a change in needs had been noted in the review, the care records had not always been updated to reflect these changes.

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

- Care records contained information about how to support the person with their eating and drinking needs.
- We observed staff offering the person choices about what they would like to eat and recording this in their daily notes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We observed staff ask for the person's consent prior to giving support.
- The person had been asked to give their consent in their care plan and this had been recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person told us they were happy with the support they received. They said, "I'm happy, the staff are good."
- Relatives said the staff were kind and caring. One relative told us, "You can't fault them, they're very caring."
- Staff were able to tell us about the person's preferences and how they liked to be supported

Supporting people to express their views and be involved in making decisions about their care

- The service involved the person and their family in decisions. One relative said, "They are good, they tell me what's happening."
- We saw evidence the person had been involved in the decisions recorded in their care plan.
- We observed staff checking with the person before offering support and listening to what they said.

Respecting and promoting people's privacy, dignity and independence

- Staff offered the person choices about how they would like to be supported to encourage their independence.
- Staff ensured the person's dignity and privacy were respected when offering support. Daily care records were written in a dignified way.
- Care records and personal information were stored securely in the office location.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preference

- The person was supported by a small staff team who knew them well and knew how they liked to be supported.
- The person, their relatives and health professionals were involved in regular reviews of the care provided.
- Care records were in place but lacked detail about how staff should offer support. A shortened care plan document was available in the person's home, but this did not contain all the relevant information from the care plan held in the office location. This meant staff may not always have information about the person's needs available when they were supporting them.

End of life care and support

- The service did not currently include end of life care wishes in their care plans. However, management knew how to access support from other healthcare professionals should this be required.
- Staff had previously completed training in end of life care with a local hospice. The registered manager confirmed staff had requested this training again and said they planned to source this for all staff in the future.

We recommend the registered manager develops and implements end of life care plans for people and training for staff

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- Staff told us they would raise concerns with the registered manager.
- Relatives said they were aware of how to raise concerns.
- When issues were raised the registered manager responded appropriately.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

- The registered manager did not have systems in place to ensure the quality of the service was monitored effectively.
- Care records and assessments were not always updated to reflect the current needs of the person using the service. We highlighted this at our last inspection and the registered manager told us they were in the process of updating records. However, at this inspection we found this continued to be an issue.
- Medicines records were not audited to check the amount of medicines being given were correct. The registered manager said they checked the administration chart once a week to ensure it was signed but they did not complete balance checks. The administration charts did not always detail the names or dosages of the medicines given, therefore errors would be difficult to identify.
- Supervisions and team meetings were not taking place. The registered manager told us the team met informally; however, there was no evidence of what was discussed or if any actions were needed.
- The service had a training matrix in place to show what training staff had completed. However, the matrix did not detail when the courses were completed or when they were due for renewal. The deputy manager said the service was implementing a new care planner electronic system which would show staff training in more detail, but this was not yet in place

Robust systems were not in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a small staff team who worked closely together. Staff told us they felt supported in their role by the registered manager.
- Professionals working with the service said the registered manager had communicated with them when issues arose.
- When incidents happened, the service had been honest with the people involved. One relative told us, "When something happened, the manager called and apologised."

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

- The person using the service was encouraged to give regular feedback on the care provided.
- The registered manager told us the staff team spoke regularly about how they offered support to the person.
- The service had received a number of compliments from people who had previously used the service and their relatives.
- The person's equality characteristics had been considered when the service started providing care.

Continuous learning and improving care; Working in partnership with others

- The registered manager arranged meetings with the person, their relatives and healthcare professionals to look at how the care provided could be improved.
- Where appropriate the service requested support from other professionals to drive improvement.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not always effectively used to assess and monitor the quality and safety of the service.</p> <p>The provider had not fully acted on the feedback given at the last inspection in order to improve the service.</p>