

Mount Hill Care Limited

Mount Hill Care

Inspection report

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18 January 2023
24 January 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Mount Hill Care is a domiciliary care agency providing personal care to older people, some of whom may have dementia. At the time of our inspection there was 1 person using the service.

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

The registered manager did not have systems and processes to ensure safe oversight and governance of the service. Staff described a positive culture within the service and felt well supported by the registered manager.

There were enough staff to provide care safely. The person's care plans and risk assessments provided staff with guidance to support them safely and meet their needs.

The person was supported to have maximum choice and control of their life 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.

The person's care plan included details of what was important to them. Staff communicated with the person in ways they could understand.

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

Rating at last inspection

This service was registered with us on 30 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach relating to the governance of the service.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Mount Hill Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 18 January 2023 and ended on 24 January 2023. We visited the location's office/service on 18 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 14 December 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and received feedback from 1 member of care staff. We looked at 1 person's care record and spoke to 1 other professional involved with the service. We reviewed training and supervision records and documents relating to the management of the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 registered manager did not have a system to monitor staff competencies. Staff had a competency assessment in medicines administration when they first started work but there was no process for ongoing assessment. We have addressed this concern within the well led domain of this report. One person was being supported and they were not at risk of harm.
- The person's care plan and risk assessment included clear information to ensure safe administration of their medicines. However, staff were not recording this on a medicines administration record (MAR) as per national guidance.
- Staff told us they felt well informed of any changes to the person's medicines. A member of staff said, "From time to time [registered manager] speaks to us about some of the things we need to know. Like about medication, if there are any changes, [they] inform us."

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and told us they would inform the local safeguarding authority of any concerns. However, they had not submitted a notification to CQC for an ongoing safeguarding concern.
- Staff had received training in safeguarding. A member of staff told us, "I inform line manager if concerned."

Assessing risk, safety monitoring and management

- The registered manager had completed risk assessments which gave staff guidance on what to do.
- Staff were able to describe the needs the person had and told us they received regular updates from the manager.

Staffing and recruitment

- Staff had been recruited safely. They were subject to Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff to support the person's needs.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear. They said, "We never run short."

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager told us if an incident occurred, staff would be asked to fill in a form on the system. The service had not had any incidents at the time of our inspection.
- Staff told us they were in regular contact with the manager and felt confident they were informed of anything they needed to know.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed the assessment, which covered all aspects of the support the person needed including their history.
- The person's protected characteristics under the Equalities Act 2010 had been discussed and recorded such as religion and culture.

Staff support: induction, training, skills and experience

- Staff had the knowledge to provide effective support. Another professional described input from staff during their visit being helpful, telling us, "I got the impression [they] knew the person well."
- Staff were provided with training which was a mixture of online e-learning and face to face training. There was regular support from the registered manager; this tended to be informal when they met at the service user's house. For example, the registered manager told us they confirmed staff understanding of online training by asking them questions and would arrange further training if required.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The person's food and drink preferences were recorded in their care plans. For example, it stated, "I like African food, I like cranberry juice and tea, I like my meals in the lounge."
- The person's care plan included information on their health needs and gave staff guidance on how to support them to stay well. For example, 1 member of staff described the diet plan, "We have the electronic copy and hard copy and we are informed if it changes."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with health professionals such as occupational therapists and dieticians and other agencies where required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability and capacity to make decisions for themselves had been discussed with them. This had been recorded in their care plans so that staff were aware of how to support them to make everyday decisions about their care, have control over their life and remain as independent as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 was supported by a small team of staff who knew them well.
- The person's cultural and religious needs were documented in their care plan.

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

- The person's care plan included information about their preferences and what was important to them. For example, they were interested in fashion and liked to wear matching outfits.

Respecting and promoting people's privacy, dignity and independence

- The person's care plan described where supervision and prompting were required to help maintain their independence.
- Another professional had visited the person recently and told us, "[The] service user was well presented and very happy."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 preferences

- The person's care plan was personalised and included information on physical and mental health needs as well as their hobbies and interests. There was guidance for staff relating to household tasks, personal support and activities to be completed throughout the day.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person spoke more than 1 language and tended to fluctuate between these. They were supported by staff who were able to speak the other languages too.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had consulted with an activities co-ordinator who helped create an activity timetable. This included hand massage and music therapy.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of the inspection.

End of life care and support

- No one using the service was being supported with end of life or palliative care needs at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have systems to identify and manage risks to the quality of the service. They did not monitor staff competencies, spot checks or supervisions. There were no audits to assess the quality of the service. They had not identified staff were not recording administration of medicines and there was no system to identify themes from safeguarding concerns, incidents or complaints.

The service did not have robust processes 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.

- The service had just started using a new electronic system. The registered manager was still having training, and this would include incident analysis. They told us if the service expanded, they would implement a structured audit to identify issues.
- The registered manager did not have a clear plan for the future of the service; they were very focused on improving care provided for their existing service user. They told us if the service expanded, they would recruit admin staff for additional support. However, they were unable to tell us what this person would be responsible for. Following the inspection, the registered manager told us they had specific job posts including care supervisors, deputy manager and administrative assistants ready to be advertised in readiness for subsequent contracts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked 30 hours per week for another organisation. At the time of our inspection we found no impact of this, or the concerns described above; they were well informed about the care and needs of the service user, but we were not assured they could have full oversight of care packages and supervision of staff if the service expanded.
- Staff told us they enjoyed working at the service and spoke positively about the registered manager. A member of staff told us, "Yes. I like the management there. Yeah, they are understanding. They do things rightly, appropriately."
- Staff described positive working relationships with other staff. Although they mostly worked on their own

there had been occasions when they worked together. They said, "Worked with other staff fine, [they are] okay, co-operative, it's teamwork."

Working in partnership with others

- The registered manager arranged input from various other services. During our inspection a meeting was being held with another professional and arrangements made for a referral to another service.

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

- The registered manager told us they held meetings with staff via teams. These were recorded so staff could listen to the recording if unable to attend.
- Staff told us they were able to give feedback on the service and suggest improvements. For example, 1 member of staff told us of a concern they had about assisting the person with personal care safely. The registered manager agreed the alternative suggested and made enquiries about other options to further support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust processes to monitor the quality and safety of the service.