

Mountfield Care Home Limited

# The Mount Residential Home

## 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 well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

The Mount is a residential care home providing personal care and accommodation for up to 18 people some of whom may have Dementia. The service was supporting 15 people at the time of the inspection.

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

Systems to monitor the quality and safety of the home were either not in place or were not effective in identifying shortfalls. The providers governance systems had failed to identify the shortfalls we found during this inspection in relation to management of medicines, risks, and records to ensure staff had clear information on how to meet people's need and preferences.

Risks to people were not consistently well managed and left people at potential risk of harm. Staff did not have clear information about known risks and how to manage and reduce these. Medicines were not always administered safely, and storage of cold medicines was not always monitored.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Some staff training was not up to date and not all staff followed safe practices when supporting people. People were not always consulted about the home to ensure their preferences were considered. Improvements were required within the environment as certain areas had an odour and needed redecoration.

People were supported by staff that understood how to protect people from abuse. People had access to routine healthcare checks to monitor their healthcare needs. Staff felt supported in their role. Systems were in place to support people to maintain contact with their loved ones. The manager was described as approachable, open and transparent.

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 and update

The last rating for this service was good (published 29 March 2019).

### Why we inspected

The inspection was prompted in part by a notification of an incident following which a person using the service sustained an injury and died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about

the management of risk and falls management. This inspection examined those risks. We undertook a focused inspection to review the key questions of safe, effective and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mount residential care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the management of risk and medicines, consent and to the overall governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# The Mount Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by 2 inspectors 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.

#### Service and service type

The Mount is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mount is a residential care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This 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 not a registered manager in post. A new manager had been appointed and has submitted an application to register with CQC.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 2 February 2023 and ended on 9 February 2023 when formal feedback was provided. We requested and reviewed records remotely during this period. We visited the home on 2 and 7 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 also used information gathered as part of the monitoring activity that took place on 23 November 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 10 people and 3 relatives about their experience of the care provided. We also spoke with 7 staff which included care and senior staff, domestic, and catering staff. We also spoke with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records including the care records for 6 people, 5 medicine records and 2 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems to manage risks were ineffective and placed people at risk of harm.
- We observed staff using unsafe moving and handling techniques when supporting people to stand up. This placed both people and staff at risk of harm.
- There was a lack of detailed risk assessments, care plans, and monitoring in place to guide staff on how to support people with their medical needs. For example, some people used equipment to assist with their breathing and there was limited guidance for staff on how to mitigate associated risks. Other people required their fluid intake to be monitored. Although their daily intake was recorded, the overall amount consumed was not totalled to ensure they had either reached or not exceeded their daily target.
- Action to reduce the risk of further falls was not always taken and embedded. We reviewed the accident records for falls that had occurred during December 2022 and January 2022 and found where mitigation was put in place, this was not always followed. For example, the frequency of night checks was increased for some people. However, when we checked night records, these reflected the frequency of checks had not been increased.
- We also found for some people the sensor equipment in their bedrooms should be checked prior to people going to bed. However, there was no recorded evidence to confirm these checks were being undertaken to reduce the risks to people.

Using medicines safely

- The management of medicines was not always effective to ensure people received their medicines as prescribed, and medicines were stored safely.
- People who were prescribed 'as required' medicines did not have protocols in place to guide staff when these medicines should be administered.
- Some medicines required cold storage and were stored in a fridge. The temperature of the fridge was not consistently checked and recorded to ensure the required temperature range was being maintained.
- Some people required medicines to be administered at certain times before food and drink. A system was not in place to demonstrate people received these medicines as prescribed.
- Some people required topical creams to be applied. However, guidance such as body maps were not in place to direct staff on where these creams should be applied.
- Staff did not always follow safe practices when administering medicines. We observed occasions where staff administered medicines to people and then walked away and signed the medicine administration record before ensuring the medicines had been taken.

The provider had not ensured risks to people were managed effectively and the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the provider and manager to address some of the above shortfalls and to manage risk more effectively.

#### Staffing and recruitment

- Recruitment checks were undertaken to ensure staff were suitable to work at the home. However, we found gaps in employment for 2 staff which had not been explored with them and a rationale provided. All other checks had been completed including Disclosure and Barring Service checks (DBS). (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed feedback from people, when asked if there were enough staff to meet their needs. One person told us, "For me there is enough staff, but I look after myself and get about. I know them all and when anyone new starts, they always introduce them to me." Another person told us, "Most of the times yes, but if I want to go out somewhere, sometimes no-one is available."
- Relatives we spoke with told us they thought there were enough staff. One relative said, "There is enough staff available which is amazing."
- Staff also confirmed there were enough staff on duty to meet people's needs as long as 'there was no sickness'. However, some staff did acknowledge that although people's care needs were met, it could be difficult to provide meaningful activities and to support people who wanted to go out.
- People's care needs were met overall, and staff were available in the lounge areas to support people. A dependency tool was in place and the manager advised us this was reviewed regularly.

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

- The management team were not always clear about their responsibilities to safeguard people as not all safeguarding concerns were reported to the local authority and CQC. The manager reported all required incidents retrospectively.
- Most people told us they felt safe in the home and when supported by staff. One person told us, "Yes I've settled in. Everyone is friendly and helpful. Staff are kind and wonderful, I don't worry about them. I do feel safe here. There's always someone about. You've only got to call, and they come. I'm very happy here. I'd tell one of the carers if I was worried about anything." Another person said, "Its okay, the staff are okay. I feel safe with the staff. Nothing makes me feel unsafe."
- People were supported by staff who had been trained in safeguarding. Staff we spoke with understood what to do to make sure people were protected from abuse. A staff member told us, "I would report any concerns to the manager and then higher if needed, or to external agencies."

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed an odour in some places of the home, and we observed some wear and tear of furniture and equipment which required addressing.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to see their visitors without any restrictions

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider was not consistently working within the principles of the MCA and people's rights under the MCA were not always protected.
- One person told us they liked to have a particular drink, but was not allowed to have this. This was confirmed by staff who explained the reasons for this. However, there were no best interests' decisions recorded to evidence how this restrictive decision had been made in the person's best interests, and if this was considered to be the least restrictive option.
- Some people had sensor equipment in their bedrooms which alerted staff of any movement. However, a capacity assessment had not been completed to assess if they could consent to this or best interest decisions recorded to demonstrate the rationale for the use of this equipment.
- Staff did not always support people in a manner that respected and promoted their rights. We observed occasions where people stood up to walk out of the communal lounge, were asked by staff where they were going and told to sit back down.
- Staff knowledge about MCA was inconsistent. One staff member said MCA meant they had to "override people's wishes."

This was a breach of Regulation 11 (Ned for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their consent was obtained before staff provided support. One person said, "The staff always ask before they do support me, and if I say no come back later, they do."

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

- People's needs were assessed prior to them moving into the home. However, from the records we reviewed, only brief details of the persons needs and preferences were sought as part of these assessments. Although some risk assessments had been completed, these were also brief in detail and did not always guide staff effectively on how to reduce risks and meet a person's needs.
- The assessments completed did not always consider people's protected characteristics, as identified in the Equality Act 2010. They were also not inclusive and did not consider the needs of people from the LGBTQ+ community.
- People did not always have a care plan developed from these assessments in a timely manner to ensure staff had the required written information to deliver a person's care. For example, we found a person had lived in the home for 22 days and a more comprehensive care plan had not been developed after their initial assessment had been completed.

Staff support: induction, training, skills and experience

- Staff had received some training opportunities to enable them to have the skills for their role.
- The training information showed although staff had previously received core training, for some staff this was out of date. Training courses had been sourced and were booked for these staff.
- Competency assessments had previously been completed in areas such as hand washing, donning and doffing of personal protective equipment, and staff performance. However, these were last completed in May 2022. This meant staff practices were not routinely assessed to ensure safe practices were being followed
- New staff did have the opportunity to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Adapting service, design, decoration to meet people's

- We found there was an odour in some areas of the home, and signs of wear and tear. The manager advised plans were in place to change some flooring and to redecorate areas.
- There was limited signage available around the home to help people living with dementia to orientate themselves around the home independently, and to find their bedroom or the bathroom.
- People's bedrooms were personalised in accordance with their preference.

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

- The food provided did not meet everyone's preferences and there was no evidence to support the current menu had been developed following consultation with people.
- One person told us, "The food needs some improving. It's a bit limited and unappetising. It's virtually the same all the time. Breakfast is nice, porridge or a cooked breakfast on alternate days. Lunch needs improving. It's bland. Teatime is sandwiches etc. I'd like sometimes to have things like a chop." Another person said, "The food is wonderful. Plenty of it. I get a chicken dinner. I had faggotts a few days ago. I'm quite happy with the food."
- Limited Information about people's preferences and dietary requirements was recorded in people's care records for staff to refer to. Discussions with the kitchen staff confirmed information was not always shared with them, apart from any known allergies. We were advised information displayed relating to people's dietary needs was out of date.
- We shared the feedback from people to the manager who advised us the menu would be reviewed and each person would be consulted to ensure it met all people's dietary needs and preferences.
- A recent inspection of the kitchen had been conducted by the environment agency and several actions

were identified to improve the standards in place.

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

- Brief information was available in peoples care plans and daily records to guide staff on the support people required with their oral hygiene needs.
- Where people refused to accept support with their personal care and hygiene needs, their care records did not give clear guidance for staff on when this should be escalated to healthcare professionals.
- People we spoke with confirmed they had access to routine healthcare services such as GPs and opticians to ensure their needs were monitored and met.
- Records confirmed routine healthcare appointments were being arranged. Where needed staff worked with district nurses to monitor people's skin and sought their advice about people's healthcare needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider failed to have effective systems and processes in place to maintain oversight of the quality and safety of the service.
  - Systems and processes were not robust to ensure risks to people were managed effectively and action taken to mitigate known risks. Although accidents were recorded a monthly analysis of these had not been completed since November 2022 to monitor for themes and trends. This meant opportunities had been missed to consider what lessons could be learnt and to improve the care people received.
  - The provider systems had failed to ensure known risks associated to people's medical conditions and mental health needs had been effectively assessed, recorded and control measures introduced to mitigate these. This placed service users at increased risk of harm.
  - Systems were not in place to maintain oversight of people's care records to ensure these were accurate, updated in response to any changes in needs, and contained sufficient detail to guide staff on how to meet people's needs and preferences. Although monitoring charts were completed there was no system to monitor these, to enable any concerns to be escalated.
  - Although a system was in place to audit the medicines, this was brief in detail and failed to identify the shortfalls we found during our inspection. This meant medicines were not always stored and administered safely and staff did not have clear information to follow.
  - Robust systems were not in place to audit staff files to ensure all required recruitment checks had been undertaken prior to staff commencing employment.
  - The provider had failed to ensure there was a culture of continuous learning in the service. We found continued concerns at this inspection which had been identified at previous inspections, in relation to the ineffective governance systems. Although the provider had made improvements at our last inspection to improve the overall rating to good, this key question has been rated requires improvements or inadequate for the last 3 consecutive inspections. This meant necessary improvements had not been implemented and sustained to ensure people always received good quality care.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed to have effective systems to ensure their statutory responsibilities were fulfilled. We identified 9 incidents that had occurred and which CQC had not been notified about as legally required. We

are currently in the process of reviewing information to establish if the provider has breached the regulation failure to notify.

- Since our last inspection a new manager had been appointed. They had submitted their application to register with CQC.

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

- Some systems were recently implemented to gain feedback from people and their relatives. The manager told us surveys had been sent out and they were awaiting the results of these. No other systems such as meetings had been completed for a while. The manager confirmed they had not yet planned any meetings with people or their representatives.
- Although most people and relatives were complimentary about the care provided, some decisions were made for people without the correct processes being followed. This meant for some people (or their representatives) opportunities to engage with them about certain decisions had not been explored.
- Staff told us they enjoyed their role and felt supported. A staff member said, "I love working here and looking after people. I feel supported in my role. The manager is approachable and will help us out supporting people if we are short staffed."
- Staff and the records we reviewed confirmed staff meetings had been held to discuss people's needs and the service. Staff told us they felt able to contribute to discussions and make suggestions.

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

- Systems had not ensured person centred care was always promoted. People's care plans were not always person centred as they did not contain information relating to peoples, history, likes and dislikes for staff to refer to. Reviews of care records had commenced to improve the information provided.
- Most people and relative we spoke with were happy with the care staff provided. One person said, "Some improvements are required but I am happy here, and all the staff are lovely, kind and supportive. All my needs are met." A relative told us, "We're happy with the home. [Person] has improved since being here and we have peace of mind they are being looked after."
- Some people told us they would rather be living in their own home but 'the staff did meet their needs and were caring'.
- Relatives told us the manager and staff had kept them informed about people's well-being and supported them to maintain contact with their loved ones.

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 manager was open and transparent during the inspection and was responsive to our feedback and took action in response to a number of the concerns raised, for example by updating records, and addressing risks.
- The manager understood their responsibilities in relation to the duty of candour and contacted relatives when incidents had occurred.

Working in partnership with others

- The manager had begun to work with a variety of external professionals to improve the quality of care being provided and to review people's healthcare needs. The home had recently had several reviews and inspections from the local authority, environmental health, and infection control team. Action plans had been shared and were being addressed.

- The provider had also commissioned for an independent health and safety inspection to be conducted and actions from this visit were also being addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not adhering to the principles of the Mental Capacity Act 2005. Mental capacity assessments and best interests decisions were not always in place.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from harm due to the lack of robust risk management processes within the service.

**The enforcement action we took:**

NOP to impose positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.

**The enforcement action we took:**

NOP to impose positive conditions.