

Barchester Healthcare Homes Limited

Mount Vale

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 and 15 June 2017.

At the last inspection on 12 and 13 April 2016 the service was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9, Person-centred care; Regulation 16, Receiving and acting on complaints; and Regulation 17, Good governance.

At this inspection we found the provider was no longer in breach of the previously identified regulations and they had made significant improvements to the service and the care people received.

Mount Vale is registered to provide nursing and personal care for up to 65 people, including people living with dementia and old age. At the time of our inspection 54 people lived at the service.

There was a registered manager in post. 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 found that risks associated with people's physical health were well managed and appropriate action taken to minimise identified risks. Risks associated with people's mental health needs were not consistently managed. We have made a recommendation that the provider review their approach and knowledge with regards to positive behaviour management.

People told us they felt safe and were well cared for. Staff had received safeguarding training and understood the safeguarding processes in place that they need to follow in the event of any concerns.

The provider followed safe recruitment practice to make sure only suitable people were employed and that nurses had active registrations to practice with the Nursing and Midwifery Council (NMC). We asked the manager to obtain staff profiles for care workers supplied from an agency so they can be confident they know who is working in the service.

There were sufficient staff employed to provide timely assistance to people. Staff received appropriate training and support for their roles.

Good medicines management systems were in place and people could be confident medicines were given safely and as prescribed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People spoke positively about the quality of the food provided and we observed that they had access to adequate food and drinks. Nutritional risk assessments were completed and referrals to the speech and language therapy (SALT) team or a dietitian made when appropriate. People received care and treatment from external health care professionals such as speech and language therapists and community mental health nurses when needed.

People commented on staff kindness and said they were treated with respect and dignity. We observed good professional and personal relationships between people who used the service, relatives and staff.

Staff knew people well and offered people the opportunity to take part in a range of different activities.

People expressed confidence in the management and leadership and they told us that the service was well managed and organised. People were confident that the manager would listen to their views and that action would be taken to continuously improve the service.

Management process including audits and checks were well managed and the service's premises and equipment were maintained and were in safe working order.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

We have made a recommendation regarding the development of positive behaviour plans for people who display behaviours which challenge the service.

Processes were in place to ensure risks associated with people's physical health were identified and actions taken to minimise these.

Staff had received safeguarding training and they were aware of safeguarding and whistleblowing procedures.

There were sufficient staff on duty to meet people's needs. Safe recruitment processes were followed for permanent staff including nursing staff and agency nurses. We asked the manager to obtain staff profiles for care workers supplied from an agency so they can be confident they know who is working in the service.

Medicines were administered safely and as prescribed.

Is the service effective?

Good 

The service was effective.

Staff received relevant training and supervision to enable them to fulfil their roles effectively.

Staff were aware of their responsibilities under the Mental Capacity Act and DoLS authorisations had been sought where appropriate to do so.

People were given appropriate assistance and support for their nutritional and healthcare needs including access to healthcare professionals as needed.

Is the service caring?

Good 

The service was caring.

Good professional and personal relationships existed between staff and people who used the service and their relatives. Staff were caring and compassionate. Our observations were that people were treated with dignity and respect.

People who used the service were included in making decisions about their care and were consulted about their day-to-day needs.

Appropriate arrangements were in place to provide end of life care, with support from other healthcare professionals.

Is the service responsive?

Good ●

The service was responsive.

People's care plans clearly described their needs. Risk assessments were reviewed and monitored appropriately.

Life story work was being developed to ensure staff knew everything about people's backgrounds and preferences.

People could make choices and decisions about aspects of their lives and join in with social activities, if they wished.

People knew how to raise concerns or complaints about the service they received and were confident they would be listened to and action taken.

Is the service well-led?

Good ●

The service was well led.

People spoke positively about the manager and the ethos and culture in the service, which was open and transparent. People told us that the service was well managed and organised.

We saw evidence that records were accurate and up to date.

Effective management systems were in place to ensure that people's safety and wellbeing was promoted and action taken to continuously improve the service.

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 was 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 9 and 15 June 2017. The inspection team consisted of three adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. We contacted the local authority commissioning team to gain their views of the service. All of this information was used to plan the inspection.

During the inspection we spoke with 14 people who used the service and nine visitors. We spoke with the manager and the deputy manager, and members of staff, including registered nurses, care staff, activity organisers, kitchen and maintenance staff, and office staff. We used the Short Observational Framework Tool for inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and looked at the level of support provided to people throughout the day.

We reviewed people's care records, including pre admission assessments, care plans, reviews, risk assessments and medicine administration records (MARs). We reviewed records relating to the running of the service including a range of policies and procedures, four staff recruitment records, staff training records, maintenance records and audits.

Is the service safe?

Our findings

At our last inspection in April 2016 we made a recommendation that the provider ensure staff were fully aware of the whistleblowing process internally and how they could raise concerns externally.

At this inspection we found that staff had received further training and support to improve their knowledge about safeguarding and to guide their practice. Records demonstrated over 97% of staff had received safeguarding training. Staff confirmed they had received safeguarding training and they knew about the organisation's safeguarding and whistle blowing policies that were in place.

Information was displayed around the service about safeguarding and how people or staff could escalate concerns to senior staff if they needed to (whistle blowing). Staff told us they would have no problem discussing any concerns with the manager and were confident any issues they raised would be dealt with immediately. One staff told us, "My job is to keep people safe and make sure we all do that." One relative told us, "I know my relative is safe here" and, "I visit at all times of the day and night and [Name] has never been distressed mentally or physically."

The manager described to us the significant progress they felt had been made to both the leadership and staff continuity in the dementia care unit. There was a unit manager in post and everyone we spoke with reported a more settled atmosphere. We observed positive interactions between staff and people who lived there.

The manager told us that a staffing tool was used to determine the number of staff required to meet people's needs safely. Records showed that the correct number of staff were allocated as per the tool. The people we spoke with were positive about the service they received. People told us that they felt that staff were always available and they did not have to wait for attention. Comments included, "They [people who used the service] don't have to wait long for anything," and "Staff always have time to chat." One relative told us, "The staff are just fabulous and there is no question my relative is safe from all harm and very well cared for."

Records showed that staff responded promptly to people who required additional support in relation to their physical health care needs. People's nutritional support needs and wound management was monitored to ensure people received appropriate care and attention.

People living with dementia who may display distress and people who displayed behaviours such as anxiety associated with their mental health concerns did not have clear plans of care to ensure staff knew how to react proactively. Care plans did not include all known triggers; they did not describe interventions known to reduce anxiety or distress. Where professionals had given advice this was not incorporated into the care plan.

Where a person required their environment to be managed because of risk factors associated with their mental health, appropriate risk assessments and control measures were not always recorded and acted upon. This meant people did not benefit from support aimed to proactively reduce their anxiety or distress

and improve their quality of life. It also meant staff did not have robust information and guidance to carry out such support.

We recommend the provider finds out more about positive behaviour management based on current best practice and improve systems in place to benefit people with such specialist needs.

Staff records showed that a thorough recruitment process was followed and staff were recruited safely. This included application forms, interview, written references and a Disclosure and Barring Service (DBS) check before staff started work. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable.

The manager carried out regular checks with the Nursing and Midwifery Council (NMC) to ensure that the nurses employed by the service had active registrations to practice. Profiles were kept for any agency nurses the service used to demonstrate the checks the agency had undertaken and their training record. In addition to staff profiles for agency nurses, the manager also carried out a further check with the NMC to confirm their registration to practice. We spoke with the manager about the importance of obtaining similar profiles for care staff so that they knew who was working in the service and were suitable for the role.

There were contingency arrangements so staff would know what to do in the event of an emergency. The fire procedure was displayed and records showed over 92% of staff had received fire awareness training. A fire risk assessment was completed in June 2017. People who used the service had a personal emergency evacuation plan (PEEP) in place. A PEEP is an individualised record of the equipment and assistance a person required to leave the premises in the event of an emergency.

Maintenance contracts were in place to ensure equipment was checked and serviced at appropriate intervals. Clear records were maintained of routine safety checks and repairs, which the maintenance team and nominated contractors completed. Our observations showed that the service was clean and well maintained, with communal areas furnished comfortably and pleasantly decorated. One relative reported, "The rooms are spotless as is the rest of the property and there had been a noticeable improvement in the environment over the last few months which was much needed." Other comments included, "The carpets are shampooed regularly" and, "Cleanliness is superb."

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. Medicines were stored securely in locked medicine rooms and access was restricted to authorised staff. Appropriate arrangements were in place for the management of controlled drugs, which required special storage arrangements and administration checks because of their potential for misuse. These were stored securely and the access to them was restricted. Staff regularly carried out balance checks of controlled drugs in accordance with the organisation's policy.

The room temperatures where medicines were stored were recorded and were within recommended limits. Medicine administration records (MARs) were appropriately completed. They contained photographs to reduce the risk of medicines being given to the wrong person, and the records we checked clearly stated if the person had any allergies. We observed medicines were given to people safely and as prescribed by their doctor. Routine checks and audits were completed to ensure that medicines were administered correctly. We asked people if they received their medicine in a timely way. People who used the service and relatives confirmed medicines were always on time and accurate.

Is the service effective?

Our findings

At the last inspection in April 2016 we made a recommendation that the provider took action to improve how staff responded to people's nutrition and hydration needs. We saw improvements had been made at this inspection.

People were offered drinks and snacks throughout our inspection. We observed the lunchtime experience in the dining rooms was a pleasurable, relaxed time. People who used the service were chatting amongst themselves and they appeared relaxed and happy. There were enough staff to assist with serving meals and to support people who needed additional assistance.

We received positive comments on the quality of the food. Comments included, "The food is brilliant," and "Very good" with "A good choice of food". There was also the opportunity for visitors to eat with their family in the dining room if they wished. The chef was knowledgeable about people's likes and dislikes, special diets and allergies. This information was also displayed in the kitchen. People were offered a choice of menu and had a plentiful supply of vegetables and fruit. There was also a 'Choice of Something Else' menu serving omelettes and jacket potatoes with a choice of filling for people who wanted a lighter option. One person told us, "The food here is really excellent and my relative sometime stays as well and has a meal with me." Another person said, "When I wake at night and feel hungry I can have a warm drink and toast or biscuit." The kitchen was given five stars from the Environmental Health in August 2016 with only one recommendation to get the tiles on the floor replaced. Repairs had been completed.

Nutritional risk assessments were used to help identify anyone who was at risk of poor nutrition or weight loss. Care files showed that appropriate referrals to dietitians or the speech and language therapy team (SALT) were made for those people at nutritional risk. This meant that people were assessed appropriately round their nutritional needs. Staff completed food and fluid charts for people at risk of poor nutrition or dehydration. Records clearly described the additional support people needed with regard to eating and drinking and in the main we observed that staff recorded the support they delivered and the fluid/ food intake a person had received. This meant that people's progress could be measured and any changing needs identified in a timely way.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people's

capacity to make specific decisions had been assessed, and where appropriate DoLS authorisations had been sought. For those people who were deemed to lack capacity clear records of best interest decisions were seen. Best interests sets out the decision making process and the matters which must be taken into account, including a consideration of the person's past and present wishes and feelings, values and beliefs.

Staff understood the principles of the MCA and best interest decision making and described examples of where these had been used. We observed staff gained consent before they delivered care and treatment. For example, we observed a member of staff clearly explained what they were going to do before they helped a person to transfer. One relative told us, "[Name] used to hate the thought of using a hoist but not now as it has been explained properly."

People said they were involved with decisions about their care and were as involved as much as they wished. Several people told us they were more than content with their relatives dealing with matters on their behalf. One person told us, "I do not want to have anything to do with 'plans'. I have been there and done that." Another person said, "My [Relative] looks after the care plan, not me."

Training opportunities and supervision for staff was appropriate, and this had resulted in staff having increased confidence and understanding of their roles. The staff we spoke with reported feeling appreciated and challenged through the training opportunities they were offered. Relatives told us that staff were knowledgeable and worked together to ensure people received effective care. One relative told us, "The team work is wonderful and staff are very competent with transfers from [Name's] bed to the wheelchair."

Records showed that over 90% of staff had received training on a range of topics such as dysphagia (difficulty or discomfort in swallowing) and choking, food safety, and moving and handling. New staff completed an induction programme based on their existing qualifications and experience. For new care staff this involved completion of the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care.

In addition to regular supervisions and appraisals, the trained nurses told us they received support to complete their registration requirements (revalidation) for the NMC. Two nurses told us this included the maintenance of a portfolio for training, reflection and feedback to renew their registration.

Information in people's care files included the input from health care professionals such as their GP, psychiatrist, community mental health nurse, dentist and optician. People told us that they could see a chiropodist when required and access to their GP and other health care professionals was arranged promptly. One person told us they needed new glasses on admission and staff made sure these were ordered and delivered within the week.

Is the service caring?

Our findings

At the inspection in April 2016 the provider had not ensured the culture on the unit for people living with dementia was person centred and caring, rather than task orientated. This was a breach of Regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 9. We observed positive, person-centred interactions between staff and people who used the service. There was a relaxed atmosphere throughout the inspection and we observed people looked comfortable and at ease with the staff who supported them. We observed that residents were well dressed and looked cared for. We saw that staff were calm and unhurried and had time to spend with people and people were not rushed.

The service had been accredited as part of the organisation's 10-60-06 dementia care programme and staff were enthusiastic about the influence of this programme on the quality of dementia care provided. One member of staff described their role, "To support, care and keep our patients safe and we do this because we care and want the best for each person." We observed that people who lived with dementia were treated sensitively and that when they needed assistance this was given quickly and willingly.

Relatives were positive when speaking about the staff and they commented on the care and commitment shown by the staff towards the people they cared for. One relative who praised that staff said that the care the staff provided was "Genuine" and, "From the heart." Other comments we received included, "If I feel sad and worried I know I can sit and have a chat and a 'cuppa' with one of the staff," "My relative was used to being treated with respect and was worried that coming into care would change that but here, well, its key to everything they do for my relative;" and, "Dignity is another 'biggie' and I have not seen anything that would worry my relative or me for that matter." A person who lived at Mount Vale told us, "[Staff] have a joke with you and are very good with people. I can hear them talking with other people and it is always friendly." Other comments we received from people who lived there included, "My clothes are always clean," "The laundry is marvellous," and, "Staff are faultless and really care."

We asked relatives if they felt their loved ones were treated with dignity and respect. The answers we received were entirely positive. One relative told us, "[Name] is absolutely treated with dignity and respect." Another relative said, "[Name] is treated with dignity and respect and staff are very nice."

The relatives we spoke with went on to say that nothing was too much trouble for the staff. One relative commented, "It is nice that they know about [Name's] likes and dislikes and the things that makes [Name] happy like using special socks and things like that." Another relative told us, "Everything they do in here is excellent and every resident seems as though they are the only person they are looking after."

We observed the atmosphere throughout the inspection was calm and purposeful. Staff were friendly and patient and demonstrated a caring, compassionate approach both in their conversations about the people they care for and in the interactions we observed. Comments we received from people who used the service included, "Patient and caring staff;" "Everything is lovely, staff are very caring;" and, "I can't single one thing

out, everything is good."

People who used the service told us that staff were always on hand if they needed anything. One person said, "If I do not want help [Staff] are wonderful and say they will just be on hand if I need anything, nothing is too much trouble."

The service provided end of life care and the staff we spoke with had received training in this. There were established links between staff and health care professionals locally to ensure that end of life/palliative care provided followed best practice. Care plans recorded when people had a 'Do Not Attempt Cardiopulmonary Resuscitation' order (DNACPR) in place. Staff had 'Just in case' medicines in stock for certain individuals. These are prescribed medicines, which are used to ensure people on end of life care are kept comfortable and pain free. Records showed that people were involved in discussions with the GP and the staff, regarding their end of life care and treatment and what they wanted to happen. We identified this aspect of care was being further developed to ensure that where people lacked capacity their wishes were also known at this important time.

Is the service responsive?

Our findings

At the inspection in April 2016 the provider had not ensured people received consistent person centred care based on their preferences. This was a breach of Regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 9. We saw pre-admission assessments were carried out so that the person could be confident that the staff could meet their needs before they moved into the service. For people with complex needs the community psychiatric nurse team had assisted with the transition from hospital and supported the person's transfer. One person told us how worried they had been before they moved into the service. They said it had turned out to be the best decision they had made. Another person said, "I had my first bath for ages when I came in here. Oh my goodness, it was lovely."

People's care records contained assessments, risk assessments and care plans covering key areas of care, such as nutrition, manual handling and skin integrity. Risk assessments were reviewed on a regular basis, to ensure that risks to people's wellbeing was monitored.

Life stories were being developed for people living with dementia and these were kept in the person's room. One initiative to improve person centred care was life story work and this was still being introduced as part of the organisation's dementia programme.

At the inspection in April 2016 the provider had not ensured concerns and complaints had been responded to effectively. This was a breach of Regulation 16 (Receiving and acting on complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 16. People speaking with us had a high level of confidence in the manager and the staff team to resolve any issues quickly. One relative told us, "If my relative has something that is bothering them the staff know them so well they can 'read' the situation and sort it out before it becomes a problem. Also, they will call or email me about the issues."

We saw records relating to the complaints received since the last inspection. We saw the manager had ensured the provider's policy had been followed appropriately. We saw people and their relatives had received a formal written outcome where this was required. This meant all complaints had been managed effectively.

There were two activity co-ordinators who were employed to ensure people could lead satisfying and stimulating lives. We were told there was a greenhouse where people could go and do some potting of plants if they wished. There were also raised garden beds so people could do some weeding. However, people living with dementia could not access this without staff support and one person living there told us, "I would like to go out into the garden and sit on a bench and feel the sun." During our inspection we observed the activities co-ordinators assisted people to go outside for short walks and to visit a nearby

garden centre.

We found that staff knew people well and could talk with confidence about each person's life and their preferred activities. For example, one person liked to make video calls to family overseas and staff said they supported the person to do this on a regular basis. On the first day of the inspection eight people went to the local garden centre and people told us they had enjoyed this outing very much. One person said, "I love all the activities especially going out for coffee." Other people told us they took advantage of the activity programme but they had maintained their links with the community and enjoyed a full social life. One person said, "I have lots of visitors and they take me to the shops."

We observed numerous interventions throughout our inspection that enhanced people's sense of identity and demonstrated staff had a good understanding of people's needs and wishes.

Is the service well-led?

Our findings

At the inspection in April 2016 the provider's internal governance systems were not always effective. Also that records relating to peoples car were not always accurate or complete. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now compliant with Regulation 17. We saw regular medication audits and checks had been completed. The manager completed monthly management reports and these were submitted to senior management for oversight and review. Management reports included details of pressure ulcers, safeguarding incidents, accidents and falls, infections and hospital admissions. Maintenance checks were completed in a timely way to ensure the premises and equipment was maintained in a good state of repair.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Accidents and incidents were recorded. These were reviewed by the registered manager each month, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed. The registered manager was aware of notification requirements and the manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

At the time of this inspection there was a manager who was registered with CQC in April 2016. We found that the consistent, experienced management now in place had resulted in significant progress being made. Although we identified some safety issues relating to certain individuals we were confident that these would be addressed effectively because of the proactive approach of the manager. People who used the service, relatives and staff were positive about the manager and the impact they had on the quality of the service. A person who used the service told us that Mount Vale was, "A very well-run establishment indeed."

Effective communication was established between all levels of the staff team, people who used the service and their relatives. Staff meetings included monthly management meetings and daily 'stand up' meetings, to ensure that essential information was passed between staff quickly and effectively. Records showed that staff had received regular support and supervision from senior management. Staff told us that they were supported and felt that the manager was approachable. One member of staff told us, "I feel valued and supported and really lucky to work here. It is a great team and management are here for us." Another member of staff said, "If I want extra training or support I just ask. It is all about communication and listening, just like we do for the residents."

The relatives we spoke with mentioned that they were aware of social meetings taking place and although they have never attended they knew that they were welcome to go if they wanted. One relative commented, "We are sent photos of [Name] almost daily so that we are up to date and don't feel left out." Another relative said, "We live miles away but we have no worries as the manager or staff call us daily with updates and even more if we are concerned."

Relatives and staff commented on the 'open door' policy that the manager operated and they said that there was an honest and open ethic that was so much better for all. Relatives said if they needed to know anything or had an issue it was dealt with within hours if not sooner and this demonstrated good practice from the 'top down'. One relative told us, "I needed to have a chat about the laundry and some was missing; within half an hour it was resolved and there have been no problems since. That's fast action."