

Ideal Carehomes Limited

# Mountview Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

### About the service

Mountview Care Home is a residential care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

There were enough staff to meet people's care and support needs. People told us staffing numbers had improved.

People were supported by experienced, well trained and safely recruited staff who received an induction to their role when they started working at the service.

People received safe care and were protected from the risk of harm and abuse. Medicines were safely managed, and systems were in place to control and prevent the spread of infection. Risks associated with people's care had been assessed and were managed well.

People were supported by staff who were kind and considerate. Staff knew people and treated them with dignity and respect.

People were supported with enough food and drink to maintain their health and well-being, and staff monitored people's health needs closely ensuring professional guidance was followed.

People's care needs were assessed before they moved to the service and they were involved with planning their care. Care plans were mostly detailed and supported staff to provide personalised care.

Visitors were welcomed to the service and their views considered and respected.

The service was warm, welcoming and held a community atmosphere. People were comfortable in their surroundings, had access to activities and opportunity to socialise both in and out of the service.

People and staff felt comfortable raising concerns about the quality of the service and were complimentary of the recent improvements made.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. The manager was supported by the provider who took an active role in the service, and action was taken, and lessons learned when things went wrong to improve safety across the service.

The service had plans to continually improve the service people, relatives and staff.

People were 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.

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 requires improvement (published 06 March 2019).

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 safe.  
Details are in our safe findings below.

Good ●

### 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 well-led.  
Details are in our well-Led findings below.

Good ●

# Mountview Care 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector 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

Mountview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. CQC had received an application from the current manager to be registered at the time of our inspection. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with twelve members of staff including the regional manager, manager, care manager, senior care workers, care workers, the administrator, front of house and members of the kitchen and domestic staff. We also spoke with three visiting professionals.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and received assurances the new call bell system was operational following its installation during our inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We found improvements to the number of staff deployed in the service, and people and relatives feedback confirmed this. One person told us, "There have been issues with staffing levels in the past. They have been recruiting and there is now more of them [staff]," A relative commented, "Things have got substantially better here, they [managers] seem to be addressing the issue [staffing] now."
- All of the staff we spoke with raised no concerns with staffing numbers. One told us, "We are always busy, but I feel there is enough staff here." Another said, "Yes, there is enough of us [staff]. It can sometimes be a bit more difficult when we have agency staff but they [managers] don't have to use them as much now."
- The care manager told us, "We [managers and provider] have increased staffing numbers. More staff are now deployed in the service than before. We have been successful in recruiting more staff recently and have interviews arranged for the remaining vacancies."
- Additional staff had been deployed on the day of our inspection because the call bell system was being replaced. We saw staff visiting people's rooms frequently enquiring about their welfare.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure potential staff were suitable and had the right character and experience for their roles.

### Assessing risk, safety monitoring and management

- Risks to people's health were assessed, safely managed and appropriate measures put in place. For example, one person who was at risk of falls was assessed to need two staff and specific mobility equipment to support them safely. We found both measures in place.
- Another person who was at risk of developing pressure sores had been assessed to require an airflow mattress and be repositioned every two hours. The mattress was in place, at the correct setting for the person's weight, and records confirmed they were repositioned.
- Records confirmed safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order. Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.

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

- People and relatives told us they and their family members were safe. One person told us, "I feel safe and secure here." A relative told us, "[Name] is definitely safe here."
- The provider had systems in place to safeguard people from abuse and staff followed local safeguarding protocols when required.
- Staff were trained to recognise the signs of abuse. They knew how to report any concerns, following the provider's safeguarding or whistleblowing procedures. Staff told us they were confident any reported

incidents would be taken seriously. The deputy manager told us, "Staff are good at reporting incidents."

#### Using medicines safely

- People received their prescribed medicines as planned. One person told us, "I get my medicine on time including my eye drops. I feel much better when I get these." A relative told us, "They [staff] very professional when giving out the medicines and have a focused approach to it. They [staff] wear this tabard, its red and says, 'do not disturb' on it."
- Protocols were in place for people who were prescribed medicines 'as and when required'. We saw one person was offered their 'as and when required' medicine to reduce symptoms associated with a respiratory illness.
- Staff were trained in medicines administration, and their competency checked frequently. Records we reviewed confirmed this.
- Regular audits of medicines took place, and action taken where any discrepancies were identified.

#### Preventing and controlling infection

- People were protected from the risk of infection, and staff were trained in and followed good practice guidelines. One person told us, "The staff wear protective clothing when giving personal care."
- The environment was visibly clean. Schedules were in place to ensure the service maintained a good standard of cleanliness.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents and the manager reviewed information from these. This enabled any themes and trends to be identified and ensured any actions required to reduce the risk of recurrence were implemented.
- Staff received feedback about changes to people's care following incidents. These were provided at shift handover meetings, and team meetings; staff told us they had opportunity to contribute their views. One staff member told us, "Managers inform us of changes."

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional needs were met, and where required these were safely monitored. People were weighed regularly, and their food and fluid intake recorded when required.
- Staff knew and understood the importance of meeting people's specific dietary requirements. A staff member told us, "[Name] has a gluten free diet. We ensure the food is kept and prepared separately. Only experienced people serve meals. The chef knows each person's diet. The chef told us, "I am told of people's dietary needs and when any changes are made."
- The lunchtime experience was a relaxed and social affair where people chose the background music playing. People were shown the meal options and alternatives to the main menu were provided. The chef told us, "We [kitchen staff] always accommodate individual requests." We saw snacks and drinks were provided throughout the day.

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

- Staff worked closely with healthcare agencies to maintain people's health and made timely referrals if their health declined. Records showed people were referred to dietitians, opticians and their GP when required.
- A visiting GP told us, "We are contacted promptly when patients need healthcare, and they [staff] follow our recommendations. We know staff well, and the care manager is really good." A relative said, "My [family member's] GP commented to me on the good care they are receiving here."
- People's oral health care was recorded in their care plans, and people had access to dentistry services. One person commented, "I knocked my tooth out recently. A carer took me to the dentist and they're coming back tomorrow to put it back in for me."

Adapting service, design, decoration to meet people's needs

- People had personalised rooms containing their own furnishings, pictures and mementos.
- The building was modern, spacious and maintained to a high standard. A relative told us, "It's all lovely décor, nicely decorated and clean."
- There were several lounges people could spend time alone, or with others. There was a tea bar, coffee shop, hairdressers and a cinema and library. 'Pop up' restaurants were created to celebrate events such as valentine's day or 'themed' meals.
- People had safe access to garden areas which were well maintained. People told us they enjoyed spending time there, and staff had time to support them.
- Pictorial signage supported people to orientate themselves safely around the building.

- People had been asked for their suggestions of names to identify the three floors at the service. The manager told us the new signage was being prepared.

#### 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. 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- Staff had received training about the MCA and DoLS and knew how to provide care and support in the least restrictive way. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care.
- Paid persons representatives (PPR's) visited to monitor the application of authorised DoLS and staff followed their advice and guidance. A visiting PPR told us, "I have no concerns. People's records are thorough, and staff and managers make themselves available for my visits."

#### Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to safely meet their needs. New staff were inducted to the service and worked alongside experienced staff until they were competent to work alone.
- Staff were provided with training relevant to their role and this was regularly reviewed. One staff member told us, "I've had more training here than anywhere else I have worked."
- Staff told us they felt supported. Staff meetings and regular supervisions took place. One staff member said, "The senior staff and managers are really helpful. I go to them if I have a problem or if I'm worried about anything."

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

- People's individual needs were assessed prior to moving into the service to ensure these could be met.
- Assessments took place with people and those important to them considering their medical history and care needs, religion, relationships, culture, likes, dislikes and life history. This information was used to plan people's care and support.

# 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

- People received kind and compassionate care from staff who knew them well, and there was mutual regard between them. Interactions were considerate and respectful.
- People and relatives told us staff were caring. One person told us, "This is a very accommodating place they [staff] do things to help me." A relative said, "Staff are friendly all the time. You can't fake that." Another relative commented, "I am very happy with the care here. They [staff] are caring, but not in your face with it if you know what I mean?"
- Staff were sensitive in their approach. We observed a member of staff gently lift a person who was asleep into a more comfortable position with a cushion supporting their head.
- The atmosphere was warm and jovial. One was laughing when they told us, "We're a mixed bunch here you know. They [staff] manage the idiosyncrasies between us all so well."
- Where people had to leave the service temporarily, for example hospital admissions, staff visited them. Staff considered what was important to people, for example, staff took a newspaper containing pictures of their favourite football team to one person in hospital.

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

- People and their relatives were involved in planning and reviewing their care and support needs. A dedicated member of staff was assigned to a person when they moved in to ensure they settled in well.
- People were supported to make their own decisions on how they would like their support to be delivered on a day to day basis.
- Advocacy services were made available for people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We observed one person who needed personal care being supported to their bedroom. Staff spoke to the person discreetly so not to draw attention from others to their need.
- Staff ensured people's bedroom doors and curtains were closed when supporting people in their rooms. We noted staff knocking on people's doors, announcing themselves and waiting for permission to enter.
- People's independence was promoted, and staff knew the importance of not making people dependent upon them unnecessarily. A relative told us, "They [staff] encourage [name] to do things they can do for themselves. Because they [staff] know them well, they say things like 'come on... let's try... you're good at

this... 'It's lovely to see.'

## 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 preferences

- The service provided person centred care. People's care choices had been developed with people and their relatives when they moved in according to their preferences. Choices, life history, social and cultural and religious needs were all considered so care could be arranged how people wished.
- The service used an electronic care plan system. The manager told us people's care and support needs were reviewed regularly and when people's needs changed. People and relatives told us they were involved in the review of their care.
- People told us they received personalised care. One person told us, "Little things like knowing I like fresh water from the tap instead of in a jug." A relative said, "They know that [name] likes to get up early. They help them and make a snack and a cup of tea."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service could provide people with information in different formats where required. Care plans contained information on people's communication needs, and guidance for staff on how best to support people.
- It was important to one person with a visual impairment to be introduced to visitors. On our arrival at the service staff supported the person to make themselves known to us.

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

- People were supported to develop and maintain relationships with those important to them. One person told us, "There's a social club of an evening which is really good for all of us to get together."
- Relatives told us they were welcome to the service at a time of their choosing. One commented, "We visit [name] all the time, and I bring other visitors with me."
- A programme of activities was offered throughout the week. These included exercise and yoga classes, bowls, and visiting singers. On the day of our inspection people were having manicures and taking part in pancake tossing. One person told us, "There's all sorts going on here to get involved in."
- People were engaged in their local community. Meetings were held to discuss what events and trips they would like to take part in. Visits to churches, amateur dramatic shows, local festivals and boat trips had all been undertaken.

#### Improving care quality in response to complaints or concerns

- People and their relatives had access to the complaint's procedure which was openly displayed throughout the service. Where complaints had been raised, we saw the provider followed their policy and took appropriate action to resolve them. The managers used the information to improve the service, for example, increasing staffing levels and activities.
- People were confident in raising complaints, and they would be taken seriously. Where they raised minor concerns, they told us these had been resolved. One relative told us, "I'd talk to the managers if there was a problem. They'd sort it out straight away."

#### End of life care and support

- Staff were trained in supporting people with end of life care.
- Although no one was receiving end of life care at the time of our inspection people had the opportunity to record their wishes in their care plans.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new manager was being supported by the regional manager. This was to ensure there was appropriate oversight of the service during a change in the management structure.
- Comments were made of staff having more defined roles and responsibilities following changes in management. A relative told us, "Staff are making decisions more autonomously. Now there is more of them [staff], they are more effective in their practice."
- A range of regular audits took place to maintain oversight of the quality and safety of the service. These included checks on medicines management, falls, complaints and environmental safety. Where shortfalls were identified action was taken to bring about improvement.

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

- Managers and staff were friendly, welcoming and approachable. They were focussed and strove to provide person centred care to achieve good outcomes for people.
- People and relatives told us they were happy with the service and drew our attention to improvements recently made. One person told us, "It's got better since the changes at the top [managers]." A relative told us, "They [staff and managers] communicate well with us. Like advance notice of the call bell system being replaced."
- People had a voice in the service through individual and group meetings and had become involved in the recruitment and decision-making process.
- Staff said morale was good, they enjoyed their work and felt well supported. There was a strong team ethic, staff held positive views of each other and were confident to speak up.
- The registered manager understood their duty of candour responsibilities. They reported any incidents to the relevant authorities and the Care Quality Commission (CQC) when required and worked collaboratively with them.

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

- Relatives and residents meeting where held for people to share their views of the service, and records showed these were well attended. Where people chose not to attend, they remained involved. One relative said, "I don't go to the meetings much, but we are provided with the minutes from them to read."

- Action was taken where people felt improvement was needed. For example, people had expressed concerns over the call bell system. The provider had responded to these concerns and arranged for the system to be replaced within five weeks of the meeting.
- Staff said they felt supported on a day to day basis, through regular supervisions, appraisals and team meetings. One told us, "We have good managers and regular meetings."
- The provider had introduced a learning academy for all employees. This provided opportunity to improve skills and experience to develop their career in the organisation.
- The public were welcomed into the service. For example, visits from local schools and nurseries. Plans were in place for local charities to use facilities at the service.

#### Continuous learning and improving care

- A 'Vision for 2020' was in place with identified actions to improve care and learning. This included staff accessing university training on dementia and how the environment can enhance a person's life living with the condition. Training for relatives to understand better how dementia affected their loved one's lives was also included.

#### Working in partnership with others

- The service worked in partnership with other agencies, such as health professionals, local authorities and families and representatives to ensure people received joined-up care. This meant people had the right access to support when they needed it.