

Norse Care (Services) Limited

Mountfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mountfield is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 46 people. Mountfield is a purpose-built care home specialising in support for people living with dementia. Accommodation is provided across two floors.

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

Improvements had been made to promote people's safety and deliver good quality care. However further improvements were still needed in some areas.

The assessing of risks to people was more detailed so that staff could support people safely but some information in these records was contradictory. Security of the premises still required minor improvements. Infection prevention and control was much improved, and the premises were very clean. Medicines were managed safely but further changes could be made to ensure information for topical creams was clear for staff to follow. Staff had a good understanding of safeguarding and how to report concerns.

The manager had a plan in place to further develop the environment for people living with dementia to help people orientate around the home, promote independence and reduce confusion. Care records were much more comprehensive, but the information presented was at times contradictory and not always person centred in the way it was written. Staff training had improved which led to staff feeling confident in supporting people.

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 this practice.

Staff were kind and caring. They treated people with respect and promoted their independence. Relatives had reported recent improvements to the way they were involved in their loved one's care.

Improvements to activities provided and interest areas were underway. We saw that people were stimulated to be involved in activities to promote independence, reduce social isolation and deliver enjoyment. Complaints were managed appropriately. Improvements needed to be made in collating and recording the wishes of people for care at the end of their life.

The new manager and management team had made good progress since the last inspection to improve the safety and quality of care delivered to people. Relatives we spoke to told us of recent improvements in communication. Where we identified further improvements were required, the manager had identified this and was developing a plan and timeline to implement these.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (Published 7 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections of this full report.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Mountfield

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.

This inspection also checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations on a specific concern we had about infection prevention and control, and the management of risks associated with the COVID-19 pandemic.

Inspection team

The inspection was carried out by two inspectors on the first site visit. A single inspector returned for a further site visit to complete the inspection. An Expert by Experience spoke with people's relatives via telephone calls. 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

Mountfield 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was currently absent from work, and an interim manager who is registered at one of the providers other locations, was managing Mountfield at the time of our inspection.

Notice of inspection

This inspection was unannounced.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We carried out observations of the environment and the care and support provided. We reviewed records relating to the maintenance and management of the service, records and care plans relating to the care of four people in the service. We also looked at records relating to the management of medicines. We spoke to one person living at the service, two support workers, a kitchen assistant, the administrator, a team leader, two deputy managers and the interim manager. Following the first day of our inspection site visits, an Expert by Experience made phone calls to nine relatives and one family friend of a service user to gain their views on Mountfield.

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 Inadequate. At this inspection this key question has now improved 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. We checked if the provider had met the requirements of the warning notice we previously served in relation to specific concerns we had about infection prevention and control and the risks posed by COVID-19.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in the assessment of risks to people, and the actions staff should take to mitigate these. The manager had recently implemented new systems to monitor the effectiveness of this, and to identify any trends such as weight loss, or an increase in the number of falls a person was having.
- People's care records detailed the support needed from staff to keep people safe and well. However, some records still contained out of date or minor contradictions in information, that had not been removed as part of the improvement process. For example, we found contradictory information in the frequency of times a person required support with turning whilst in bed to manage their skin integrity. We did not find that this had led to the person becoming harmed but did place the person at risk of their skin integrity becoming compromised.
- Improvements had been made to systems to ensure risks associated with the premises were well managed, for example fire safety and legionella. Staff could confidently tell us what to do in the event of a fire. However, during our inspection we found a padlocked external gate had been left unlocked and found out of date food in a fridge used in the visitor's room. This was addressed by the management team when we told them about it, who also put in place additional regular checks to ensure this was not repeated.
- The manager and management team had worked hard to learn from the shortfalls identified at the last inspection. Work to improve the service was shared and discussed with the whole staff team so that learning was universal and owned by all. Staff told us they had benefitted from this approach, and team handovers were improved because of this.
- Relatives we spoke with told us they felt their family member was safe.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection prevention and

control, and the management of risks associated with COVID-19. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to ensure the premises were kept clean and reduce the risk of infection. We observed the home to be very clean, and that changes had been made to the deployment and oversight of domestic staff's work.
- We noted that some pedal bins for offensive waste did not operate properly, meaning staff would have to touch the bin lid to open them. We made the management team aware of this and they told us that adjustments needed to be made to the internal liner so that the mechanism worked properly. They took action to rectify this straight away and made it clear to staff this was required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The service had recently had a successful recruitment campaign and had reduced the use of temporary staff, expecting this to finish in the near future.
- Staff told us they had the time to meet people's care needs without being rushed, and spend time conversing and reassuring when required. Our observations confirmed this.
- Recruitment records we reviewed showed staff had been employed following a thorough process and checks to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to the oversight of reporting and responding to safeguarding concerns since our last inspection. The manager had a system to check that concerns were escalated to external agencies where required by law.
- Staff told us their knowledge and confidence in safeguarding matters had improved. One staff member told us that safeguarding training was, "Much improved, more professional and proper".

- Staff were able to give examples of where they supported people with behaviour that challenged but needed to ensure their practice did not become abusive or impact on the rights of people. We observed staff supporting people to this effect.

Using medicines safely

- At our last inspection we found that improvements needed to be made in the administration of prescribed topical creams. We found that improvements had been made however this was not consistent, we saw for example, inconsistent and unclear information about the frequency and reasons for applying a skin barrier cream.
- Other medicines were managed well, the providers system to do this was well implemented and overseen by a senior member of staff. When things went wrong, these were quickly identified and staff were supported to improve, in a culture that promoted honesty and accountability. We did find however that further improvements could be made to clearly identify people's preferences on how they would like to take their medicines.
- Relatives told us they felt their family member received the medicines prescribed for them.

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 Requires Improvement . At this inspection this key question has now improved to good.

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

At our last inspection the provider had failed to ensure that the premises and equipment were clean, secure, properly maintained or suitable for the purpose for which they were being used. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to carry out, collaboratively, assessments of people's needs and preferences with relevant persons. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We found that action had been taken to address the shortfalls we found at our last inspection. Care records now contained information that was essential to identify people's support needs.
- The management team were working hard to develop a relationship with external healthcare agencies and GP's. We saw evidence of engagement with these bodies whereby staff had advocated on behalf of people so that health needs were being met.
- The management team were implementing a system of measuring and assessing outcomes of people's healthcare needs against recognised national standards. For example, they had implemented the use of recognised tools to monitor people's weight, skin integrity and hydration.
- Staff we spoke with understood people's complex health needs well, and how these needed to be met. Our observations confirmed this. Staff reported that communication about changes in people's health needs had improved, and that relationships with local nursing teams, such as the falls team were strong, from who they received advice and guidance.

Staff support: induction, training, skills and experience

- Staff reported training and support had improved. Staff were engaging in a wide programme of retraining, much of which had been delivered face to face. Staff also reported that work-based observations of their practice took place regularly.
- Staff also told us they had increased confidence because of the support they received from the management team. Managers had a clear structure of supervision and support implemented so that staff's strengths could be identified and used to its full potential.
- A recent recruitment campaign had been successful; managers were clear on the processes to induct and support newly recruited staff into post.

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

- The management team had implemented a new system of oversight to ensure people's nutrition and hydration were met and promoted their health.
- Since our last inspection, all people had a hydration and nutrition record which had been completed comprehensively, with person centred and realistic targets. We saw that action was taken should a trend be identified that impacted a person's wellbeing.
- The kitchen staff had up to date information, including allergies and modified diets that were required. The kitchen staff we spoke with fully understood which people needed these.
- We observed staff supporting people with significant support needs to eat and drink. We observed that staff provided support in compliance with their care plan. Staff were confident and competent in their practice, whilst maintaining dignity and respect for the person.

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.

- Improvements had been made to the detail in people's care records about people's mental capacity and where best interests' decisions had been made. Where appropriate this included those appointed as having Power of Attorney.
- Where an application for DoLS was required, this was now clearly logged and monitored as to when it was made, and if a response had been received.
- We observed staff seeking people's consent before providing them with support. Where people refused care and support, this was respected, and staff followed actions detailed in people's care records. For example, when to return and offer support again, or other ways of offering people help in order to promote

their safety.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Improvements had been made to care records in order to better reflect people's life histories, preferences and priorities. In addition to this the management team had worked hard to ensure this information had been shared with staff to improve interactions and make these not task focussed.
- Relatives we spoke with told us their family member was treated well. One relative told us, "The staff have considerable patience, my presence at the home has always been welcome. I am genuinely impressed with the place, staff and everything."
- We observed staff to be kind, caring and empathetic towards people, responding to those in distress quickly and reassuringly. One relative told us, "I am very much impressed with the staff relationships with my relative, they [staff] seem to have an innate caring attitude."

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

- People had the opportunity to contribute their views and be involved in day to day decisions about their care, and we observed staff offering choice frequently and being respectful of people's decisions. Staff engaged verbally with people to offer choice and waited patiently for a response before providing support.
- Relatives were positive in their feedback with regards to the opportunities they had to express views. Despite the impact of the COVID-19 pandemic on relatives being able to contribute, they told us that alternative methods had now been implemented and they felt involved. One told us, "The staff have considerable patience, my presence at the home has always been welcome. I am genuinely impressed with the place, staff and everything."
- The management team had implemented a system to review people's care needs to ensure they remained current; changes made were shared with staff teams. A key worker system was being put in place so staff could focus on building stronger relationships with people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were polite and discreet and understood the importance of supporting people sensitively. One relative described how staff supported their loved one with a task that caused them anxiety, and as a result reduce this for them. They said, "The staff have a nice way of dealing with it."
- We observed staff encourage and support people to be independent as possible, including gently encouragement and suggestion to integrate with other people to reduce the negative impact of isolation. For example, participating in a group activity or mealtime. On relative told us, "The staff jolly [relative] along to be more social and interactive. [Staff member] is really good and tries not to let him hide away, he has a

good relationship with staff."

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people's care needs had been met or planned for collaboratively. This was a breach further of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to people's care records to ascertain their needs and preferences. However further improvement was required to ensure that contradictory or out of date information was removed to reduce the risk of confusion. Staff did however have a good understanding of people's needs and interacted confidently with them.
- An improved programme of events and activities had been implemented since our last inspection. New staff had been recruited to lead this work and they were consulting with people to establish what they would like to see.
- Relatives told us their family member benefitted from engaging in these offers. For example, one told us, "Staff showed me a video of my relative playing tennis, she has never played before they encouraged her." Another said, "[Family member] is settled, the staff look after her. ...She gets lots of company and activities offered, she has adjusted to it well."
- We received mixed feedback from relatives about how staff maintained relationships through the restrictions caused by the COVID-19 pandemic. Some relatives felt that more could have been done to keep them up to date, but also commented that recently improvements were beginning to take place. This included the delayed launch of a key worker system, and a demise in the quality of the regular newsletter. The manager took action to improve this when we provided them with this feedback.

End of life care and support

- People's care records clearly stated when a person was considered to be nearing the end of their life and any actions to be taken to help manage any pain or distress, although for one person this record had not been completed. However, plans of care for people at the end of their lives needed further improvement in order to be more person centred to capture what was important to people and their relatives at the time of their passing. For example, end of life care plans did not detail the wishes of the person regarding their funeral arrangements, or what would be important to them at this time.

- Following our feedback to the manager about this, they took action to start implementing an advanced end of life plan that would capture this.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider review how staff are supported to ensure complaints were fully identified and investigated, and to review the effectiveness of the complaints system. At this inspection we found the provider had made improvements.

- Complaints were received and responded to in line with the provider's stated process. We saw that feedback was encouraged and information shared was used to improve service delivery. For example, in response to feedback about poor information sharing, the manager had reviewed the format of the newsletter sent to families and now included the types of information asked for.
- The manager shared with us a folder of positive feedback, thank you cards and letters, that contained praise for staff and the care given to people.

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.

- We observed staff adapt the way they communicated with people based on their communication needs. This included using prompts using objects of references, such as a cup or plate to indicate a mealtime.
- Alternative formats of information was available to people, such as large print size, and communication cards to aid a discussion.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure feedback was actively gathered and used to inform the evaluation and improvement of the service provided. This was a breach further of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found improvements had been made to promote a person-centred culture, and we saw that the care delivered by staff supported this.
- Managers we spoke with clearly had aspirations to further develop this approach, however further improvements were needed to ensure care records also supported this.
- We received mixed feedback from relatives about the information and contact they received from the service about their loved one. Some had noted improvements, but others felt that these had been slow to come.
- Many relatives were still unclear who the manager or management team was and wanted more information on changes made to progress the service since the last inspection. One told us, "There have been so many changes it's confusing, it would be useful to have a list of changes in the newsletter."
- We fed this back to the manager. The manager who had only been in post for a few weeks told us that this was something they had recognised. They had already implemented improved contact with families, personally phoning each one of them to introduce themselves and planned to keep this dialogue open. The manager also made changes to the format of the newsletter to include staff changes.

At our last inspection the provider had failed to identify, monitor and mitigate concerns within the service which placed people at harm. This was a breach of regulation 17 (Well led) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider's quality monitoring systems had now been implemented. These identified where improvements were needed and plans were in motion to deliver this.
- The manager had also implemented enhanced monitoring systems that were required in order to ensure the safety and wellbeing of the people living at Mountfield. They had recognised that the level of need was higher than in most of the providers other services and required this. For example, greater oversight and monitoring of people's nutrition and hydration.
- The management team had worked closely and supportively with staff so they understood the enhanced levels of support required and their part to play in delivering this.
- The management team led by example and worked alongside support staff to role model best practice. Staff were appreciative of this and felt well informed of changes in people's needs. They told us that senior staff ensured those staff returning from leave or days off were quickly updated of any changes before providing support.
- The manager had quickly familiarised themselves with people's individual's needs and assessed and observed how staff delivered support to meet these. They had a strong understanding of what was required to ensure that Mountfield could meet the needs of people requiring a specialist dementia support service.

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

At our last inspection we recommended the provider reviews its responsibilities under duty of candour. At this inspection we found the provider had made improvements.

- Since our last inspection, the provider and services staff had worked openly and collaboratively with inspectors. Recent improvements had been made to the way in which relatives had been kept up to date with information.

Continuous learning and improving care; Working in partnership with others

- The provider and management team had worked to address the shortfalls identified at our last inspection and used this as an opportunity for learning and service improvement. They had implemented a comprehensive improvement plan and progress was being made.
- Reassessment of this plan took place at intervals where it was recognised change was needed. The new interim manager had reviewed progress to date and implementing changes to make further progress.
- The management team had strived to work closely with other stake holders, include those from local healthcare providers. They had recognised that improved communication was required and were working hard to address this. We saw evidence that this was being achieved constructively.