Anchor Hanover Group

Montrose Hall

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
Montrose Hall is a purpose built home providing personal care for up to 41 people, including people living with dementia. Accommodation is on two floors with lift access. Each floor has a main lounge with dining area and a second smaller lounge. At the time of the inspection 41 people were living at the home.

People's experience of using this service and what we found
Staff protected people from abuse and understood how to recognise and report any concerns they had about people's safety and well-being. Staff assessed people's needs before they started using the service. People and relatives had been involved in the care planning process, and in identifying their support needs in partnership with staff.

Staff managed people's medicines safely. Infection control was managed well, and procedures were in place to prevent the spread of infections.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training. There were enough staff to keep people safe.

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.

Staff had formed genuine relationships with people, knew them well and were caring and respectful towards people and their wishes. Staff were dedicated to their roles and in supporting people to achieve their goals and aspirations.

Staff supported people to access healthcare professionals and receive ongoing healthcare support. Staff supported people to share their views and shape the future of the care they received. Care plans provided staff with the information they needed to meet people's needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence staff and management worked with other organisations to meet people's assessed needs. The provider and manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection
The last rating for this service under the previous provider was outstanding (published 30 October 2019).

Why we inspected

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Montrose Hall on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Montrose Hall

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by one inspector.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection to discuss the safety of people, staff and inspector with reference to COVID-19.

What we did before the inspection

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

During the inspection
We spoke with nine staff members including night staff, activities staff, the cook, deputy manager, area manager and district manager. We also spoke with five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. Relatives had no concerns about abuse, one relative said, "I feel [my relative] is definitely safe since being here, and everything has been bob on." A second relative told us, "I think 100% [my relative] is in a safe place. During COVID-19 we did telephone conversations with [my relative] and he told us he was okay and settled in really well."
- Staff received mandatory safeguarding training and knew how to recognise and report safeguarding concerns. The manager kept a log of any safeguarding referrals, which identified the action taken, outcomes and lessons learned.

Assessing risk, safety monitoring and management

- Staff identified risks associated with people's care and support and actions were in place to minimise risks occurring. Care plans included person-centred risk assessments and pre-admission assessments in relation to people's specific care needs and covered areas such as, moving and handling, falls, nutrition and hydration.
- Fire risk assessments were in place. People had personal emergency evacuation plans to help ensure staff knew how to safely support them if emergency evacuation was necessary. Premises' risk assessments and health and safety assessments were in place.
- The manager completed a range of audits, which helped identify any issues, gaps and risks. An action plan identified any area of concern, the action needed, and an update on progress. Staff recorded the care they provided on daily care logs in people's care records.

Staffing and recruitment

- The provider recruited staff safely; necessary recruitment checks were in place, including seeking references and contacting the Disclosure and Barring (DBS) Service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were deployed to meet people's needs. The home assessed people's dependency levels to determine the number of staff needed to support people safely. One staff member said, "Some days are hard, but all residents are looked after, and generally we have enough staff; we have some care vacancies at the moment."
- People's relatives had different opinions about staffing levels. One relative told us, "I think [my relative's] needs are met, but I think they need more staff because they appear busy to me." A second relative said, "I think they are very well staffed but need more administrative staff; care staff are always available, and I think this is a strength really, they never complain."

Using medicines safely

● Staff managed medicines safely and people received their medicines as prescribed. Staff completed medicine administration records correctly. A check of people's stock of controlled drugs, which are subject to more rigorous guidelines, showed stock levels were correct.

● Staff received appropriate training in the management of medicines and received competency assessments.

● The audit system for medicines was effective in identifying any errors or discrepancies and identifying actions required.

Preventing and controlling infection

● People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place. Staff we spoke with understood the protocols for wearing PPE appropriately when supporting people.

● The service had an up to date business continuity management plan which included the loss of staff. Testing for people and staff followed current guidelines. The layout of the premises and staff practice promoted safety.

● The home had received a five-star rating, the highest achievable, when last inspected by environmental health in March 2020.

● No restrictions were in place regarding visiting. Safe visiting arrangements helped to minimise the risk of the spread of infection. Relatives confirmed the process they followed on entry to the home via an electronic sign-in form.

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Learning lessons when things go wrong

● Staff knew how to report accidents and incidents. The manager and provider kept a record of accidents and incidents and took appropriate actions to ensure they were minimised.

● Managers analysed accidents and incidents to ensure management had oversight of risks and could mitigate the impact of these in the future by improving procedures, training and communication.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Staff completed assessments prior to people moving into the home; these helped ensure the home could meet people's needs and the environment was suitable. However, some relatives told us pre-admission assessments took place over the phone rather than face-to-face, because of the pandemic. One relative said, "We had telephone discussions about [my relative] due to the pandemic and talked about [my relative's] needs; the social worker assessment was already done and I sent this to the home and they came back to me in 24 hours identifying they could meet [my relative's] needs."
- Staff identified people's likes, dislikes and preferences and used these to inform the care planning process. Care plans included relevant health and personal information to help inform care provision.
- The manager told us in future they would try to encourage any prospective new residents to visit the home for a full day so staff could gain a better understanding of the person prior to doing a pre-admission assessment and the person and their relatives could get a better 'feel' for the home.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff received relevant training. New staff received an induction which included shadowing of more experienced staff and introductions to people who used the service.
- The provider refreshed staff training and competencies at regular intervals. One staff member said. "I had a basic induction according to the staff booklet and shadowed other staff to learn the job until I felt confident. I did the Anchor apprenticeship for 12 months and was offered a job after six months. I have done the Care Certificate." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff ensured they met people's specific dietary requirements, with guidance in place for both kitchen and care staff to refer to. Good oral healthcare was promoted.
- Staff referred people to the dietetic service as appropriate and followed their advice. However, guidance we saw from the dietetic service did not specify the length of time a person, for example, needed to be on a food and drink monitoring chart. We discussed this with the manager who reassured us they would ensure they received this information in future.
- To help people choose what to eat each day, staff prepared a 'show-plate' of food which they gave to people, just before mealtimes; this enabled people to make a more informed choice of what they wanted to eat.

● The wellness coordinator, who was responsible for organising activities, told us food and nutrition was one of the themes the home was working on. A herb garden had been developed within the overall garden area, and people had enjoyed contributing to this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
● Care plans contained advice and guidance from external professionals involved in people's care.
● When staff identified any concerns, they made timely referrals to relevant professionals, to ensure they met people's healthcare needs.

Adapting service, design, decoration to meet people's needs
● The design of the building enabled people to have as much independence and personal freedom as possible.
● There were themed areas such as an on-site shop and cinema room. The manager told us they were redeveloping the cinema room into a bingo room, following consultation with people using the service. The wellness coordinator told us, "A national bingo game is held weekly on-line and many people take part and have their own number card, and we're looking to get a larger bingo card for ease of use."
● The adaptations previously made to the environment, helped people living with dementia orientate around the building, including signage on corridors and communal rooms, such as bathrooms and toilets.
● Corridors were free from clutter to enable people who liked to walk with purpose, do so safely. There were several seating areas, to provide people with a place to rest, or chat with other people. We saw there was a crack in the large mirror in the communal lift which had been taped over; we spoke with the manager about ensuring this was replaced.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found the service was working within the principles of the MCA. A relative told us, "We're very impressed with the staff and they do what they can to be least restrictive and people do their own things, and this is great. [My relative] gets out in the lounge as there is company and a lot going on and this make us feel reassured."
● We found not all appropriate legal authorisations were in place to deprive a person of their liberty. Several historical DoLS applications were still waiting to be authorised; this was due to a delay by the local authority. The provider had been pro-active in following up on outstanding authorisation requests.
● Staff completed capacity assessments when required and decisions had been made in people's best interest for those who lacked capacity. However, one staff member told us they felt more bespoke training in

understanding how to complete capacity assessments would be beneficial. Shortly after our site visit the manager told us they had identified additional training in this area.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives spoke positively about the standards of care and the staff who provided this. A relative told us, "Staff are very caring, and they are always happy and seem jolly. If I went to see [my relative] today I think I could approach any staff member as I have got to know them all and all are good."
- There was a positive culture at the home and staff provided care that was sensitive to people's needs and non-discriminatory. Care files contained sections which captured people's religious and cultural needs and wishes and sexual orientation.
- Staff we spoke with demonstrated an understanding of the people they supported, their care needs and their wishes; they were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

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

- People looked well-presented and at ease in the presence of the staff who supported them. We observed a number of caring and positive interactions throughout the inspection. It was apparent staff knew people well and how best to care for them. Staff supported people to express their opinions and be involved in making choices about their care. We saw staff asking people what they wanted to do and offering choices at mealtimes.
- Staff documented people's likes, dislikes and preferences for care in care plans. A relative said, "The staff are good with [my relative]; they talk to him about [area of interest] as he likes this and staff remind him when matches are on and he watches these in his room; staff make sure this is done. [My relative] has never told us staff would not help him, and they have always helped."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence as much as possible. One relative told us, "Staff are always linking arms with [my relative] and looking after her needs and they're attentive." A second relative said, "[My relative] likes a shave, and he looks very clean when I visit and staff always match his clothes so he looks nice; this is important to [my relative]."
- People were given the privacy they required, with each person having their own personal bedroom. Staff assisted people with any personal care behind closed doors; we saw staff knocking on people's bedroom doors before entering and providing support.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance and explanations to people when assisting them, for example, to mobilise. A staff member told us, "When supporting people, we ask them to do what they can for themselves, such as getting their own clothes out or washing and dressing."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● Care plans explained how people wished to be cared for and supported. Where possible, people and relatives had been involved in the initial assessment and care planning process. A relative told us, "We visited the home to talk about [my relative] but we couldn't look around at that time due to the pandemic. When a room was available, they [staff] contacted me and we talked about [my relative's] needs and we went through everything."

● Care files contained a range of person-centred information. The social and life history section provided staff with details about people's backgrounds, life histories, likes and dislikes. This helped staff understand people better as individuals and supported the provision of personalised care. Staff celebrated a range of festivals, and staff ambassadors promoted the inclusion of all people.

●The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

Meeting people's communication needs

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

● The service followed the principles of the AIS. People's communication needs were explored as part of the care consultation, planning and review process, during which the service continually looked at how to support people to have access to information, in a format they could understand.

● People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required, for example speaking clearly and slowly and providing simple instructions one at a time.

● Documentation was available in large print with pictures for people with sight problems. Staff ensured people had an annual eye test, or more frequently if their needs changed, with a visiting optician. People had hearing tests either at the home or at the hospital. There were visual displays and dementia friendly signage around the home; activities such as word searches and bingo books were in large print.

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

● Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. During COVID-19, when visiting was not allowed or restricted, staff had helped people stay in contact with their relatives via telephone calls, video calls, window visits and indoor visits by essential care givers, in line with relevant guidance. During this time, a virtual firework display and virtual visit to Blackpool had taken place.

● The home provided activities each day and a schedule was displayed. Staff held meetings with people to discuss activity ideas and what people would like to participate in and their ideas were posted on the wall for people to see. The wellness coordinator told us future planned activities included visits to a local dementia café, a visit to a local club for a meal and entertainment and a trip to Southport.

● People had started to develop an herb garden and a contractor had been identified to raise the existing flowers beds to make them more easily accessible. Royal Jubilee celebrations were being planned at the time of the inspection, with craft sessions taking place in advance of a celebration tea party. A relative told us, "[My relative] does group activities and staff encourage him to take part; they did egg painting for Easter and last year had a tea party in the garden area. Staff held a party and celebrated his birthday last year at the home, the chef had done a birthday cake for him and he enjoyed a piano session."

Improving care quality in response to complaints or concerns

● No-one we spoke with had had cause to make a formal complaint and everyone told us they would be comfortable raising concerns with the staff or management. People's relatives told us they knew how to complain but had not needed to. Some relatives were unsure if they had been given information on how to make a complaint. One relative said, "I've never made a complaint and have no issues and I can't remember being given information on this, but I would tell the home if I needed to though I've never needed to be worried about anything."

● The home had a complaints policy in place, with a log used to detail any complaints received, action taken and outcomes. We found any complaints received had been acknowledged, investigated and responded to in writing in a timely manner.

● Quality assurance systems ensured a planned and systematic approach to monitoring, assessing and improving the quality of care as a result of feedback received.

End of life care and support

● At the time of the inspection no-one was at the end stages of life. People's care records identified if they had a 'do not resuscitate' order in place. Doctors, nurses and other relevant professionals supported end of life care.

● Staff training information provided to us did not identify any end of life care training had been completed, and staff we spoke with confirmed this. However the home had recently signed up to the Wigan and Leigh Hospice in Your Care Home Practice development Team education programme under which hospice staff work closely with care staff to promote training based upon the most up-to-date research available in order to equip them with the practical skills and knowledge needed to provide sensitive, timely, compassionate end of life care.

● The home used a document called 'looking ahead' to identify people's wishes when they reached the end stages of life. However, these had not always been completed for each person, and there was a note in the files we saw to remind staff to speak to relatives about this. Relatives we spoke with confirmed they had not yet held these discussions. One relative said, "No discussion on this up to now but I would not want [my relative] to be anywhere else, and I trust them [staff] to speak to me about this."

● People who had passed way during the pandemic were remembered on a 'wall of reflection,' which was linked to the national day of reflection on 23 March 2022. Another large picture frame remembered other people previously passed way; these were decorated with daffodils and forget-me-not flowers.

Good

Is the service well-led?

Our findings

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

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

- At the time of our inspection there was not a registered manager in post; they had left the home in March 2022. However, a regional support manager had maintained a permanent full-time presence at the home in the absence of the registered manager. At the time of our inspection, dates had been identified to interview candidates for the role of registered manager.
- Managerial lines of accountability were clear. Staff understood their roles and responsibilities and said they felt well supported. One staff member told us, "I think [manager name] is brilliant and he always listens to staff; he stays late, and he comes in on days off and staff are feeling much better than before and overall, it's better than before."
- Effective quality assurance systems were in place to monitor and review performance and ensure risks were managed.

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

- The manager and provider were committed to providing high quality, person-centred care.
- It was clear the manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming. A local authority professional who regularly supported the home told us, "Feedback from a few family members on my visits mention how hard the staff work and how they always keep them updated as required."
- Staff spoke positively about the management arrangements. One staff member said, "I think managers are doing a great job and staff are comfortable when they are in." Relatives were also complimentary about the manager. One relative told us, "I know [manager name] and would have no issues speaking with him. He made an attempt to get to know me and [my relative] when he came into the home, and so did the receptionist. [Manager name] is very joyous and he's always like that and he made a genuine effort to get to know us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider operated an LGBT+ support group, advertised and promoted in the home, for both staff and people using the service. Some staff had completed training in equality, diversity and inclusion.
- People were able to contribute and make suggestions to help the running of the home, and their opinions were listened to and acted on.

● The provider engaged with staff regularly. Staff had access to team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. Staff attended daily handovers to receive updates about people and the service.
● The provider and manager maintained an action plan which identified any areas for improvement.

Working in partnership with others
● The provider and manager worked closely with other health and social care professionals to ensure people received consistent and timely care.
● There were strong links with the local community to support the provision of meaningful activities within the service.
● A local authority professional said, "From an operational perspective [manager name] seems very focused on the staff health and wellbeing culture, together with the residents and family experience, showing their commitment around quality within the home. The internal audits have been an opportunity to review some of the systems and processes including care and support plans and some policies and procedures."

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
● Records showed the manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
● A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. These had been completed both internally and at provider level.