

Keychange Charity

# Keychange Charity The Mount Care Home

## Inspection report

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Date of inspection visit:

13 February 2018

14 February 2018

Date of publication:

23 March 2018

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection of Keychange Charity The Mount Care Home ("The Mount") took place on the 13 and 14 February 2018 and was unannounced.

When we completed our previous inspection on 16 and 17 May 2017 we found concerns relating to how people were being kept safe, the effectiveness of people's care, the level of responsiveness to people's needs and how the service was being well-led. We placed the service in 'special measures' as we rated the service as Inadequate overall and in the safe and well-led domains of the report.

Following the last inspection, we added a condition to the provider's registration that they had to report to us each month. In this report they had to inform us how they were acting to put our concerns right, monitoring this and what they had learnt to prevent this from happening again in the future. We also met twice with the provider, registered manager and other staff from Keychange Charity.

When a service is in special measures we expect the provider to seek out appropriate support to improve the service from its own resources and from other relevant organisations. Where we are able to, we will signpost providers to improvement support agencies if this is necessary. We inspect within six months of the date the inspection report placing the service into special measures was published.

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

This inspection was a comprehensive inspection that looked at all areas of the service again to check the service had addressed the concerns from May 2017. We found people's care at The Mount had significantly improved in all areas and maintained a Good rating in caring. They have been judged to be Good overall with Requires improvement in Well-led. This is due to the need to demonstrate the changes are permanent and they can sustain this.

The Mount is a care home registered with us to take a maximum of 28 older people. They live in a building adapted to take people with limited physical ability. On the days we inspected 25 people were living at the service.

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

There was registered manager employed to run the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by a deputy manager.

The registered manager and provider had put new systems in place to oversee the running of the service and check its quality. Two quality assurance managers were employed to visit The Mount and all of the provider's services to drive quality improvements across Keychange Charity.

The way checks of the service or audits were organised needed further attention to ensure these checks took place when required by the provider or in line with legislation (i.e. the gas safe check). The registered manager reflected on this during the inspection and started to plan how they were going to put this in place.

People felt safe at the home and with the staff who supported them. Staff were trained in safeguarding so they could keep the people living there safe. Children were protected when they visited by staff understanding how to keep them safe. Staff knew how to recognise and report abuse. Staff were encouraged and supported to blow the whistle on poor practice.

People's medicines were managed and administered safely. A family member said, "The staff are always on top of the medicines; they are always given on time."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process. There were adequate numbers of staff available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

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

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. Keychange is a Christian organisation whose values state, "We say "welcome to everybody." Staff were trained to put this ethos into practice.

The service was responsive to people's needs and they were able to make choices about their day to day routines. People had access to organised and informal activities which provided them with mental and social stimulation. We found some aspects of this that could be improved; the registered manager was already looking into this.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

People were protected by staff who followed safe infection control processes and procedures. A family

member said, "Staff are always in and out cleaning and, staff wear PPE when required."

## 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.

People's medicines were safely managed and administered.

People were supported to live safely at the service with risks identified, assessed and mitigated.

People were kept safe by clear systems to identify and report abuse.

There were sufficient staff to meet people's needs who were safely recruited.

People were protected by staff using safe infection control practices.

Lessons were learnt to improve the service overall.

### Is the service effective?

Good ●

The service was effective.

People were looked after by staff trained in and informed about their individual needs

People were assessed in line with the Mental Capacity Act 2005 as required

People's needs and choices were assessed and met within current guidance.

People had plenty to eat and drink with any needs monitored

People's health needs were met by a range of health care staff as needed

The building was adapted to people's physical needs.

### Is the service caring?

Good ●

The service continued to be caring.

People were treated with kindness, respect and compassion. People and families were made to feel special on days special to them.

People were supported to be in control of their care and maintain their independence.

People's privacy and dignity were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care was planned with them or their representative to ensure their care was personalised.

People's concerns and complaints were identified quickly. People told us they felt able to raise a concern. People received feedback and staff checked they were happy.

Complaints and concerns were used as an opportunity to reflect on the quality of care for everyone.

People were supported at their end of life in a way that was special to them. They were assured a pain free and comfortable death.

### **Is the service well-led?**

**Requires Improvement** ●

Many aspects of the service were well-led. However the service has not had long enough to ensure they could demonstrate sustained improvement.

Some aspects of organisation of monitoring the quality and safety of the service needed further attention.

The provider and registered manager were completing checks of the service to ensure quality monitoring was in place.

People and staff were given clear information on how the service was run and governed.

People, family and staff were encouraged to give their feedback on the service.

There was an emphasis on learning from past mistakes and preventing this from happening again.

The registered manager and staff had developed partnership working with other agencies.

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# Keychange Charity The Mount Care Home

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 February 2018 and was unannounced.

Two inspectors, a pharmacist inspector and an expert-by-experience completed this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the action plan and updates from the provider which were requested from us on a monthly basis. We also reviewed information we held on the service such as notifications. Notifications are specific events that registered people have to tell us about. We also reviewed the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the care of four people in detail and part of one person's records due to their mobility observed during the inspection. We spoke with and observed these people's care in the communal areas. Most people could communicate with us and tell us how they found their care. We observed how staff interacted with people in the lounge and dining room.

We spoke with 17 people, five relatives and 10 staff. We gave out questionnaires that could be given to relatives following the inspection. We received six of these back.

We reviewed the records kept by the provider and registered manager to demonstrate how they made sure the service people received was good and the building safe. We also looked at three staff personnel files, staff training records and how the registered manager was supporting, supervising and ensuring staff were competent in their work. We looked at the systems in place for managing medicines, looking at 24 medicine administration records (MARs) and four body maps for external preparations.

We spoke with a member of the community nursing team during the inspection.

## Is the service safe?

### Our findings

When we inspected the service on the 16 and 17 May 2017, we rated this key question Inadequate. This was due to concerns across the areas we look at being unsafe. This included how people's medicines were administered and managed; whether people's risks were being assessed and mitigated; the safety of people in the event of a fire; water temperatures were not being monitored to prevent scalding; first aid kits were not being monitored and good infection control systems and practices were not in place.

Following our action after the inspection in May 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found people's care was safe. All the areas we had been concerned about had been put right and maintained to keep people safe. We have rated this domain as Good.

Since the last inspection the provider had put in place new systems to monitor the safe management of medicines which included several opportunities to identify issues that could be put right straight away. These meant errors were unlikely and when these did occur, immediate learning and changes in practice were made to prevent this happening again. This meant, people's medicines were now administered and managed safely. Medicines were stored safely at the service. Staff monitored and recorded temperatures of storage areas to make sure the medicines were fit for use. Medicines that had a reduced expiry date once opened were dated on the day of opening to ensure that they were fit for use. There were suitable arrangements for storing medicines which required extra security. Regular checks had been made for these medicines and staff had not identified any issues.

Medicines were administered in a caring way and encouraging manner. Staff checked that the person was ready to take their medicines before administering them, for example, one person woke late and did not want to take their medicines until after they had finished their breakfast. No medicines were given covertly without the person's knowledge. Staff completed people's medicine administration records (MARs) to show what medicines people had received. People's allergies or sensitivities to medicines were recorded on their medicine profile and MARs. When staff made handwritten entries or amendments to MARs they were signed by a second member of staff to show that they had been checked for accuracy.

One person said, "The staff check my medicines and make sure I take them" adding, "I'm perfectly happy".

When people were self-administering medicines, for example inhalers and creams, there were risk assessments recorded within their care plans to ensure that this was safe. Staff applied simple creams for people. There were body maps in place indicating where these were to be applied and their application was recorded on the MAR charts. Another person said, "I have ulcers on my legs and the staff cream them three times a day. I don't have to ask, they just do it."

Systems were in place to ensure that medicines that were to be given when required were administered at the correct time intervals. However, the information recorded to support the decision making process for

these medicines was basic; for example, it did not indicate the type of pain that a pain-relieving medicine could be used for. The information on the medicine profiles had not been updated when changes had been made to 'when required' medicines. This was relayed to the registered manager so they could add this detail. They had started to put this right on the second day of the inspection.

Staff checked the MARs within one hour of each medicine administration round to ensure that there were no unsigned sections in the medicine administration. Any gaps were followed up immediately to ensure that medicines had been given as prescribed. There were also audits at weekly, monthly, three monthly and six monthly intervals which looked at differing aspects of medicines administration and the safe handling of medicines. There was a log of medicine errors or near misses and records of action taken.

The medicine policy and procedure for the service had been updated in January 2018; it contained sufficient information for medicines to be handled safely. All the staff who administered medicines had completed training for the use of medicines. New documentation had been recently introduced to assess the competency of staff who administered medicines.

A staff member said, "I would make sure people receive the correct medicines at the correct time, report any concerns I have to the manager".

The PIR stated, "All new staff undergo up to six observations before being confirmed as competent to administer medication if relevant to their role. Registered manager and deputy manager carry out weekly MAR sheet spot checks if any errors are identified then action taken in the form of notes left to alert team leaders of where/what requires further action. Second checker in place for each medication round to ensure residents receive medicines as intended. GP meds reviews take place annually. Monthly in-house medications review by registered manager. Covert medicines form part of the Medicines Policy but at this time was not required at The Mount. Working towards local authority medicines audits being completed monthly".

People staying permanently or for a short stay had their immediate risks now clearly identified. Following the last inspection, how people's risks were identified, assessed and reviewed was changed. Where possible, people (or their family) were involved in identifying their own risk and in reviewing their own risk assessments. Up to date risk assessments were in place to support people to live safely at the service. The registered manager ensured risk assessments were completed as soon as a risk was known and the care plan linked in. These risks were then looked at again regularly to minimise this issue for people and refine how staff could support them. This meant, the likelihood of the risk arising was reduced. Staff then took time to get to know people to identify and mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training.

Personal Emergency Evacuation Plans (PEEPs) were in place and the registered manager had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Environmental risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

People were better protected from the spread of infections. Following the last inspection, new systems of infection control had been put in place. Staff now followed good infection control practices. The service had an infection control lead to ensure all policies and practices were up to date and adhered to. We observed hand washing facilities were available for staff around the service. The laundry and kitchen were clean and well-ordered to ensure each were cleaned often. Staff were trained to follow good infection control techniques and provided with gloves and aprons. Visitors were encouraged to use hand sanitisers when they

entered the building. Staff explained clearly the importance of good infection control practices and how they applied this in their work. The deputy manager audited infection control and discussed their findings with staff. There were clear policies and practices in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

People were safe in a clean environment apart from one room which had a very pungent, pervasive odour. We brought this to the attention of the manager and deputy who told us that they would action this immediately and make the room fresh and clean for the person. The registered manager added they felt this was due to the room waiting cleaning following the person receiving personal care. All other areas we visited were clean and hygienic and regular checks of the bathrooms and toilet areas were completed.

The service protected people from the risk of abuse through the provision of clear policies, procedures and staff training. People felt safe at the home and with the staff who supported them. People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed that may be a sign something was wrong. Staff would pass on concerns to the registered manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

One person said, "I feel very safe here, the home is clean and my room is lovely and quiet" and another, "I feel safe, I have never felt fear here, people are kind and helpful and the home is clean". A relative said, "The home is perfectly safe; I was made to feel at ease and safe from the time of our arrival."

A staff member said, "All people who use the service have the right to live in safety and be treated with dignity and respect".

The PIR recorded, "Safeguarding flowchart is prominently displayed and Team Leaders use the local authority portal to report safeguarding concerns. Staff meetings include standing agenda point of Whistleblowing. Residents are encouraged to report practices they feel are inadequate or unsatisfactory. "Be An Inspector" forms and comments book in front hall and surveys/complaints forms sent out quarterly".

The registered manager and deputy manager told us that action would always be taken if they felt people were at risk of harassment or harm. For example, staff intervened when one service user did not like how a person spoke explaining that the other person was living with dementia and could not help their reaction.

A person told us, "I feel safe here, they have a fabulous staff team from the manager down" and, "I can talk to any of the staff about any problems and they sort it out immediately." Another person said, "The staff are lovely and kind here, they laugh a lot and make me laugh and I feel safe."

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Prospective staff came for a visit as part of the interview process. A person living at the service was involved in this and their findings were taken into account. New staff did not start work until all checks were in place. Staff then completed a probationary period which included close supervision and support.

There were adequate numbers of staff to keep people safe and we saw requests for help were responded to promptly. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. People told us there were enough staff. Staff told us there were enough staff for them to meet people's needs safely. People who were being cared for in their rooms had

access to call bells to enable them to summon help when they required it. During the inspection we did not hear call bells ringing for extended periods of time showing people's requests for support were answered promptly.

One person confirmed, "If I call the bell, the staff come quickly". A relative said, "There is always enough staff around when we visit and they are in and out of the room checking all is good or are offering assistance."

Management explained that the number of staff required on shift was calculated on people's dependency levels. We queried the configuration of the building and whether this should be taken into consideration because of the layout of the building which covers four floors. We were informed that this was not taken into consideration at present but was going to be considered by management. The service was using agency staff to fulfil its staffing levels; they tried to seek the same staff to improve consistency of care.

Accidents and incidences were recorded and reviewed to ensure what lessons could be taken forward and applied to keeping everyone safer. Staff were encouraged to be open and honest about any mistakes with the belief that the wider staff team could benefit from their learning.

## Is the service effective?

### Our findings

At our last inspection in May 2017, we rated this key question as Requires improvement. This was due to there being insufficient evidence of systems being operated to effectively track and evidence staff training, supervision and competency. Staff were not compliant in ensuring people were assessed in line with the Mental Capacity Act (MCA) 2005 as required.

Following our action after the inspection in May 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found the concerns we had from the previous inspection had been put right. We have assessed this domain as Good.

People received care from staff who were trained well and competent. The provider made sure staff received the training required to effectively care for people. Clear records were now kept to record training and track when it needed to be renewed. Staff training records showed staff had received up to date training in moving and handling, health and safety, infection prevention and control, mental capacity, deprivation of liberty and safeguarding. All staff, including auxiliary staff, were trained in understanding people's needs. For example, all staff were trained in safeguarding vulnerable adults and understanding the needs of people living with dementia. Staff confirmed they could ask for any additional training and support as needed. We noted a gap in ensuring all staff had the required safeguarding training however, the outstanding staff members booked on forthcoming sessions run by the local authority.

All staff, on starting employment, underwent a provider specific induction and the Care Certificate. The Care Certificate is a minimum standard of care in England for staff new to care. Staff competence to carry out their duties was checked following the completion of the induction and before their employment was confirmed.

Equality and diversity were part of the provider training for all staff. Keychange's values state, "We respect the equality and unique value of every individual and create opportunities for people to fulfil their potential because the Bible teaches that all people are equal in the sight of God. We say "welcome to everybody." We provide equality for all and we celebrate diversity". Staff were supported to put this into practice. The registered manager and deputy manager also attended all training sessions and acted to put equality and diversity into action.

A member of staff said "Everybody is an individual, some with different cultures and from different walks of life, and we work hard to get things right."

One person said, "The staff are well trained". One member of staff said, "I don't mind doing training in my own time for which the provider pays me for". The staff particularly enjoyed the interactive training in February 2018 that they completed with their colleagues in infection control, diabetes and dementia.

Staff we spoke with demonstrated their knowledge and skills in caring for people they looked after and they explained how they applied the knowledge gained through training in every day practice. Staff had times arranged to meet on a one to one basis with a senior member of staff. Seven members of staff we spoke with said they were supported and received ongoing supervision and appraisal as part of their learning and development. This allowed them time to reflect on their practice and look for ways to improve. Staff were then guided to take appropriate training or read current guidance on certain areas of people's care. Staff were encouraged to become champions so they could lead on key topics and keep other staff and policies up to date. This included infection control, end of life care, diabetes, health and well-being and wound care. They were seeking to appoint a staff member as an activity champion.

People told us they received the care and treatment they needed to meet their needs and respected their wishes. One person said, "The staff here seem very happy, they have nice principals and work very hard." A visiting professional told us they thought staff were very good at providing care and support which respected the individual and their beliefs and values. They added that the staff always presented as knowledgeable of people and their individual health needs.

Each person who moved to the home had their needs assessed before they moved in. Care plans were put in place to make sure staff had the information they required to deliver care to meet people's needs. The home used an electronic care plan system which was regularly reviewed and up dated to make sure care plans were reflective of people's current needs. Where people had specialist needs or equipment the provider and registered manager made sure staff had the training and support they required to meet people's individual needs.

We checked again whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found since our inspection in May 2017, the service had reviewed how they were compliant with the MCA. The training of all staff was renewed. This meant we found the registered manager and all staff understood their responsibilities under the MCA. The 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. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interests. All staff were then given clear guidance in the care plans on when they were acting in people's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people. One had been authorised by the local authority designated officer. Others were waiting to be reviewed but staff made sure they worked in the least restrictive and supportive way for people.

Staff sought people's consent before delivering care and support. Along with training in the MCA and DoLS, staff were informed how to support the individual person. For example, in respect of supporting people with a diagnosis of dementia, staff were provided with the information about the stage of dementia that person had and how it was currently affecting them. It also gave guidance to staff on how they could ensure that person had as much control of their care as possible and when staff were responsible for welfare as the

person could not do this for themselves.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. Professionals outside the home were often asked to provide feedback about their experience to enable the registered manager to ensure the home was working effectively with other organisations. During the inspection, nurses from the community nursing team and a physiotherapist came and went. One of the nurses told us they felt the communication about people's need was very good and they never had to ask again or chase information on people. They told us staff always listened and communicated any advice given; they found each and every staff member was up to date with what was required of them.

One person said, "I can ask to see a GP whenever I need to and the staff will call him" and another, "If I am not well, they call a Doctor".

The PIR stated, "Staff liaise with SaLT (speech and language team), dieticians, physiotherapists etc. to ensure all residents receive sufficient amounts to eat and drink in relation to their preferences and medical/healthcare requirements. Good relationships with GPs/pharmacies/district nurses/hospital discharge teams/mental Health professionals/chiropractors/social workers/QAIT (local authority quality team) etc. GPs offer routine visits every Tuesday to offer support".

People were supported to have a good diet which met their needs and preferences. Kitchen staff told us that communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. Some people required their meals to be served at a specific consistency to minimise the risks of choking and an appropriate meal was provided. The kitchen staff worked as a close unit; people gave very good feedback about everyone who worked in the kitchen. The kitchen staff told us they were passionate about meeting people's individual needs and keeping them healthy. This was reflected in how people referred to the kitchen staff in terms involving words such as "love" and "adore".

People commented, "I like the food and if I don't like what they have cooked, they will cook me something else"; "I can ask for the food to be changed if I don't like it" and, "I need soft food due to my illness and the kitchen staff are very helpful and will do anything special that I need".

Kitchen staff kept clear records of what was served to and came back from people whose weight or eating was causing a concern. This was recorded on the electronic system. This meant along with care staff, people's weight and eating was closely monitored. The kitchen staff would then go to any length to support people to have what they wanted to eat. A "snack menu" had been created since the last inspection to encourage people to eat what they wanted and when. This was placed in people's rooms so they could use the call bell for staff to get it for them. This had proved important in encouraging people who needed to eat more often to improve their health. For example, one person told us how one of the kitchen staff had come up often to encourage them to eat when they noticed they were not eating enough. The snack menu could be used as a tool to trigger what they would like to eat.

We observed lunch being served in all areas of the home. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. People were offered a variety of juice drinks or water to accompany their meal. The food was served on warmed plates in the quantity and as ordered by people. People were asked the day before what they wanted to eat but could change their mind and choose something else on the menu or the cook would make what they fancied.

A relative said, "All dietary desires are taken into account [for my relative] as this changes daily due to their health and is always plentiful. This has resulted in a good weight gain since being here and [my relative] looks much better for it."

People were provided with regular structured drink times but could help themselves to juice and water throughout the day. The amount people drank was recorded when this was important to ensure they were keeping a good level of bladder health.

The PIR stated, "Large print, audio and 1-1 discussions regarding all aspects of life are available to residents and ensure they meet their needs for understanding information regarding their care and support e.g. Newsletter in large print and speaking clocks. Individual bedroom doors are painted a colour chosen by the resident. Photos and room numbers are on the door or the wall. Pictures from previous years are used if regression is common for that individual. Signs are available throughout the home to point to various locations e.g. bathrooms, lounge, dining room and room numbers".

The building is an old converted building with parts that are Grade 2 listed. The building has a passenger lift and most floors could be reached. Some had steps and only people with a good level of mobility lived in these rooms. The building could be confusing to negotiate. Some signs were in use in respect of room numbers. We spoke with the registered manager about reviewing the signage in line with best practice for people living with dementia as we did not feel the PIR was accurate. She stated she would look into this; they were looking to obtain local accreditation for the dementia care and would make this part of her plan in ensuring this was successful. The flooring throughout the service was a mixture of wood flooring and carpets. The carpets were badly stained and discoloured in places. We discussed this with the registered manager who told us that they were aware of this and a programme of renewal of the carpets was in hand.

## Is the service caring?

### Our findings

People continued to be treated in a caring manner.

The atmosphere in the service was calm and people were observed to be happy in the company of staff. People were encouraged to support each other and people were observed chatting easily with each other. We observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time. People told us staff were always kind and compassionate. Everyone we spoke with told us staff were also polite.

Comments we received included, "The staff are very nice, you can't beat it here" adding, "It's a lovely home, they treat me well"; "I have no fault with any of the staff, they are so obliging"; "The staff look after us like we are their family, they treat me like their Mum. I am convinced that coming here has extended my life, the care is wonderful, first class"; "I am happy living here, really and truly at home" and, "I can't complain at all, they look after me very well".

A relative told us, "I am very happy with Mum's care, she settled here quickly and I don't worry when I am away" adding, "All staff have been brilliant and call me if they have called the Doctor for Mum". Another told us, "I give the staff 10 out of 10; they are very patient."

People received care which was kind and respected them as individuals. One member of staff told us, "Everyone is an individual and everyone is different and we must respect the culture of people. We really must work hard to get things right".

People were supported to live their life as they wanted to. This included getting up and going to bed when they wanted. The "snack menu" was on hand for people who wanted a later breakfast. People were supported to make choices about how and where they received support. People could then spend time in communal areas or in the privacy of their own room. For example, people could eat in the dining room, the lounge or their rooms.

People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. Staff carefully invited people to use the toilet or asked people if they would like support to change their clothing if needed. People were then assisted in the privacy of their own room.

A relative told us, "Their dignity is a high priority and dealt with attentively; their privacy is always respected. The staff have always been there to reassure, comfort and care for [my relative]; nothing is too much effort or trouble."

A number of people chose to stay in their room on a permanent basis. Their records reminded staff of the risk of them becoming isolated. Records detailed how often staff went to visit people say "hello" and check people were alright. Staff told us they would mainly do this in the afternoon. One person on a short stay who we reviewed in detail said, "I have been here several times; I wouldn't go anywhere else. They put me in the

same room each time. The staff are second to none; lovely, I am more than happy with the staff." They told us how staff would always welcome them back, be ready for them and keep checking on them during their stay.

People were supported to feel emotionally settled. One person living with dementia required staff to support them to move using a mechanical hoist. The person initially looked nervous but staff worked slowly and offered constant reassurance that the person was safe and they gradually relaxed and smiled.

People were treated as special to staff. This included having birthday cakes made to match their hobbies and interests. For example, one person had their cake made to reflect their favourite sporting team. Another person had been a 100 years old last year and was suitably made a fuss of. Christmas had been made special for people with everyone receiving presents and having a meal together. The second day we were at the service was Valentine's Day. Everyone with partners was encouraged to sign a card for their partner; this would then be given during their next visit. We saw a husband who was very moved and grateful the staff had done this as their loved one was living with dementia and unable to communicate their feelings for him.

The PIR highlights, "Resident's independence is promoted through support to complete any tasks themselves and also to participate in activities which have been requested where safe and risk assessed to do so. Visitors to the home are welcome at any time, there are no set visiting hours. Family are invited to events, activities and mealtimes whenever and wherever they and the resident choose".

## Is the service responsive?

### Our findings

Following our last inspection in May 2017 we rated this key question as Requires improvement. This was due to concerns in respect of the standards of people's records and staff being able to rely on these to provide care that was responsive to people's needs. We were unable to access how people's complaints were being responded to.

Following our action after the inspection in May 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found the concerns we had from the previous inspection had been put right. We have assessed this domain as Good.

People's care records had improved greatly since the last inspection in May 2017. They were comprehensive and up to date. Each person had an electronic care plan which set out their needs and how their needs would be met. The responsiveness to people was recorded quickly and alerted the managers or senior carers if there was a concern. Care plans could be discussed with people however, the registered manager had requested staff do this face to face as people complained staff were interacting with the electronic care plans on their phones rather than talking with them. Staff then recorded the details as soon as they could. The registered manager and deputy manager completed audits of people's care plans, reviewed the results with team leaders and other staff involved in the completion of records to improve them further.

People who were new or staying for a short time had a care plan in place immediately that picked up on their risks and needs to make sure staff knew the basic needs about people. These were quickly updated with the management, care staff and kitchen staff to include people's preferences. One person told us how they felt welcomed by all staff due to this.

The care records gave detailed information to staff about people's health needs; staff could then refer to this instantly if they had a question or concern. Each staff handover was recorded to remind staff of what had occurred for people more recently. An electronic archive was maintained so staff could look back if needed. This meant staff could stay up to date with people's needs and preferences. Staff felt confident if they had a day off or had been on holiday that they could quickly know what people wanted or needed from them.

We raised one concern on the first day that staff were not ensuring one person, who needed staff support to go to the toilet, was being supported to do so in line with their care plan. This resulted in an undignified situation. We spoke with the registered manager and this was put right on the second day. Staff then made sure they had their needs met and discreetly checked on them to maintain their continence.

People and family could tell us how things had changed for the better for them since our last inspection. People and their family told us they had input into the care recording. One relative said, "When mum arrived we were involved with social services ahead of her arrival and with the home in developing her care plan." A person said, "I have seen my care plan, I am an ex-nurse so I know how good they are".

Another relative said, "We have input into all care and decisions; always informed of changes and our input is always welcomed."

Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. A family member we spoke with felt that the care their relative had received at the service had resulted in a vast improvement in their quality of life. They told us, "Since arriving at the Mount in the summer of 2017 from another home, Mum is much calmer, less agitated and much happier generally than she was." They explained to us, the staff, registered manager, deputy manager had been key to this. They felt they had been listened to and worked in partnership with staff to improve the outcome for their family member. They explained a forthcoming family holiday was already being planned with the staff to make their absence as easy as possible on their relative; staff were preparing to support the person's memory loss and ensure they did not become distressed by not seeing their family so often.

People had their religious and cultural needs met. A local religious leader came often and spent time with people. Keychange Charity, as a Christian organisation, was open about their values but also accepting of all people regardless of their faith. In response to people's request a second lounge was to become a place of contemplation for people.

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved action was taken. For example, following a complaint made an additional audit had been put in place which had become embedded in everyday practice. Everyone stated that if they needed to complain, they would tell the registered manager or a member of staff and on occasions when they had complained, the issues were resolved quickly.

People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. Records showed that when concerns were raised by people the registered manager had met with them to make sure they knew that action had been taken.

One family said, "We have not had the need to make a complaint. We have an open dialogue with the management which prevents the need to complain." Another said, "We are aware of the complaints process but never felt the need to use this; we can approach any of the management and staff for an informal chat."

People were provided with some level of activity however, we identified this could improve or be better planned. People had visiting entertainers, animals and time to complete crafts. Better weather meant people could enjoy the garden. One person in written feedback to the provider's questionnaire recorded, "I choose to spend my time in my room; the staff pop into see me which I appreciate very much" and another, "I speak at length with all the staff and think this is wonderful." Activities had been discussed in residents' meetings. The registered manager had timetabled a staff member each day to spend time with people and stated they would review that as this was not happening consistently. They also told us they were looking for a staff member to champion this.

People had "hospital passports" available which made sure anyone needing hospital admission received continuity of care. Hospital staff were told about people's current health and medicine needs. The passport also included essential details about how medics could meet people's needs in a personalised way. People were seen by their GP to ensure they or their representatives could make advanced decisions about their care needs.

The PIR recorded, "Residents are encouraged to maintain social relationships both within the home and

with family and friends via telephone, activities, events and face to face or video call technology. Residents supported to maintain external relationships i.e. churches and events/outings as preferred. Audio clocks and larger print items/magnifying equipment are available for residents who choose and require them. Easy read documents are available as/when required to support those individuals who require additional support to understand". Also, the electronic care planning system has the facility for family to read their loved ones care plan and make a comment. How this would operate in the service was being developed.

People at the end of their lives would be cared for with kindness and compassion and their comfort would be maintained. No one at the service required end of life care however, staff were careful to tell us how they would maintain people's dignity, ensure they were pain free and would not die alone. Staff, people and their families were provided with extra support and guidance by the end of life champion who had completed specialist training in this area.

People were encouraged to share how they wanted their end of life needs to be met. People were asked to identify who they wanted to be told, who they wanted to be there and if there was anything special they wanted with them. The staff worked with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. This included the community nursing service and local hospice. The care was extended to family who were supported by staff in their grief.

## Is the service well-led?

### Our findings

Following our last inspection in May 2017 we rated this key question Inadequate. This was due to an absence of leadership and governance on behalf of the provider and registered manager. Systems were not in place to monitor the quality and safety of the service and that the service could be run safely in the absence of the registered manager. Records to evidence the building and people's safety in the event of a fire were not in place.

Following our action after the inspection in May 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found the concerns of the last inspection had been mostly addressed. We have rated this area as Requires improvement. This is due to the need for the provider and registered manager to demonstrate they can sustain the positive changes that have been made.

We identified that the provider had reviewed their governance and leadership at every level and systematically approached all the concerns we had in 2017 and put new systems in this and all their services. This demonstrated a willingness to learn from concerns and ensure that this service can sustain the changes that have been made. There were visits from senior staff from within Keychange Charity. There were also two quality assurance managers who had visited often and signed off audits completed by the registered manager, deputy manager and other staff. Areas for improvement were identified and reviewed at the next visit.

We found systems of maintenance were now in place. However, when we checked the validity of the last gas safe check, we found this to be out of date. A gas safe certificate is a legal requirement and should take place within a twelve month period. Not having a current check can impact on the insurance of the service. The last certificate expired on the 7 February 2018. An engineer was booked for the 20 February 2018. We requested the registered manager contact their insurer to be assured they were happy the service was insured to continue its work. The insurers advised they were as long as the check took place as soon as possible and they were kept informed. We have been advised by the registered manager that the checks were completed on the 20 February as planned. A copy of the certificate of compliance has been provided.

We spoke with the registered manager about the importance of having systems in place to ensure they know when essential checks are required. They advised they would review this and make sure all maintenance review dates were recorded and tracked.

We identified some organisational aspects around training, when audits took place, activities for people and checking the person who needed their continence care needs met required further attention. We also spoke with registered manager about how they were going to ensure tasks such as audits needed to be completed. They advised they would put in place an annual plan that meant all aspects of checking the service were planned in advance and none would therefore be missed.

There was a registered manager in post who had the skills required to manage the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by a deputy manager and senior staff who were clear about their roles and responsibilities.

The PIR states, "The registered manager delegate's tasks to those staff that are competent to enable them to feel valued and empowered. Also encourages staff to train to enhance their role. Managers assess new residents and complete dependency tool to ensure staff cover is sufficient. Internal departments work collaboratively with each other and handovers are beneficial and appropriate. An operational flowchart shows how governance works within the home. The registered manager and deputy manager work alongside the staff team to provide support, observe practice and to be visible to all. The deputy manager regularly attends and supports team leaders during morning handover. The registered manager and deputy manager complete walk-arounds".

Since the last inspection, the provider and registered manager had put in place effective quality assurance systems which ensured standards were maintained and constantly looked at for ways to improve practice. For example, all falls which occurred in the home were audited and the registered manager took action such as contacting other professionals and making sure appropriate equipment was in place. Other audits developed since the last inspection included checking of the management of medicines, infection control, the safety of the environment, care plans and call bell response times. Audits were reflected on with staff and to ensure continued improvement and the ability to respond to changes in need. For example, whether there were enough staff throughout the day. Feedback from staff recently had been listened to and the registered manager was going to review staffing in the morning as a result.

The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable. One person said, "I know the [registered] manager does a good job" and another, "The [registered manager] and [deputy manager] visit me regularly to check on me, I would recommend this place to anyone".

Staff were very positive about the service and working for the provider. All staff we spoke with said the management team were very approachable and supportive. One member of staff said they were "easy to talk with". Staff were satisfied with the training and support they received from the registered manager and deputy manager. Staff told us they felt the service had improved greatly since our last inspection. One staff member told us, "Things have improved" and another, "We have confidence in the manager and deputy".

People had been encouraged to give feedback on the service. The registered manager and deputy held regular "tea and cake" times with people as a form of residents' meetings; this enabled people to meet on an informal basis. People were also given questionnaires to fill in with staff or family supporting their completion if needed. Action was then taken on any negative points with the person kept informed of the progress.

Feedback in the provider questionnaires from April 2017 recorded, "I feel any suggestions are always listened to and that gives me a great feeling of belonging" and, "I cannot speak highly enough of all members of staff and management. Their care and consideration are first class. Nothing is ever too much trouble. I always feel at ease with whomever a talk to."

A relative told us they felt the service was delivering high quality care because, "Mother is very happy" adding they felt they could make suggestions on changes to the service and would "if needed and it is always acted on."

On this inspection we found the provider had a much clearer vision for the home which was to maintain a homely environment where people received personalised care. They achieved this by on-going monitoring and liaising with other professionals to ensure people had access to all available resources and advice to meet their needs. For example, management and senior staff liaised with community nursing team, community mental health team, GPs and the local authority to ensure their policies and practices were current. The registered manager attended the local forums hosted by the local authority and brought the learning from this back into the service.

A relative said of the service, "They go above and beyond" and about those who manage, "Nothing is too much trouble for them." Another said, "All the staff are wonderful; I can't praise them high enough."

The registered manager had good links with the local community and constantly looked at ways to expand these to support people to stay connected with the community. Local children visited the home to share activities with people. The photographs of the children and people showed how doing this together was enjoyed by all involved. The registered manager was completing the local authority Leadership and Management Programme, is a member of social network groups for Managers of Health and Social Care and attends the local authority Support Workshops for managers and providers of Care Homes.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.