Inspection Report on
Mountains Care Home
Libanus
Brecon
LD3 8EN

Date Inspection Completed
08/05/2019
Description of the service

The Mountains care home is located in Brecon, in the village of Libanus. It is registered with Care Inspectorate Wales, (CIW), to provide accommodation to no more than 56 persons aged 65 years and over, with dementia/mental infirmity who require nursing or personal care. Within this number, up to 15 persons, aged 50 to 64 years, with dementia/mental infirmity who require nursing or personal care may be accommodated. The service is owned by Milkwood Care Limited who have appointed a person to act as the responsible individual. The home has a manager in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment
   People are treated with respect and supported by staff committed to providing a good standard of care. They have access to various activities and a balanced diet. Care records have improved and people have access to medical and healthcare professionals whenever necessary. A training programme is in place but requires improvement to make sure staff have the necessary skills and knowledge.

   Improvements are on-going in the standard of the environment but further work is required. Measures are in place to monitor, review and improve the quality of the service but improvements are needed in the way complaints are managed.

2. Improvements

   - Activities are provided seven days a week and include opportunities for people to go into the community.
   - The mealtime experience and environment had improved.
   - Care records and risk assessments had been reviewed to reflect people’s current circumstances. People’s health needs were recorded and they have prompt access to medical and healthcare professionals when necessary.
   - Measures were being put in place to promote people’s independence and improve the standard of the environment. Fire drills had taken place and fire precautions improved.
   - Checks made sure staff were suitable before they started work. Staff were provided with formal supervision of their performance and plans were in place for an annual appraisal. Staffing levels had improved.
   - CIW had been notified promptly of any accidents or incidents that had occurred in the home.
   - Systems had been set up to monitor, review and improve the quality of the service.
3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service further and notes any areas where the service is not meeting legal requirements. These include the following:

Welsh Active Offer.
Complaints management.
Environment.
Staff training.
Quality assurance.
1. Well-being

Summary

Opportunities are provided for people to socialise and be occupied if they choose to be. People are provided with a varied diet which meets their individual needs in a positive, person centred way. People are currently able to receive a service in their first language but improvements are needed to ensure peoples’ Welsh language and cultural needs can be met.

Our findings

Opportunities for socialisation and stimulation are provided. Three staff are employed over seven days to provide activities. The activity programme was displayed and included entertainers, visits by dogs, baking and crafts. Pictures were displayed of events that had taken place. Two people were supported to visit a local attraction, a former pit who had arranged a dementia friendly visit for people who had worked as miners. Activities staff supported people to participate if they wanted to but also spent time with people on a one to one basis. We talked with the manager about providing items around the home in ‘rummage’ boxes for people to occupy themselves with. Following the inspection, the manager sent us evidence that themed and gender specific rummage boxes were in place. Photographs showed people interested in and using the boxes. A quarterly newsletter that included pictures of events held and planned was available to people, their relatives and visitors. The improvement in activities was in line with recommendations made in the last report. People are provided with opportunities to socialise within the home and local community.

Peoples’ dietary needs are met. The views of people about the quality of food varied. Comments included, “it depends who’s cooking”, “very nice”, “lovely” and “could sometimes be better”. The manager told us they were aware of the inconsistency of quality and were addressing this. They also told us an external company had provided guidance about how to improve the mealtime experience. This meant the layout of the room was changed every mealtime so it appeared different and music played in the background. Coloured crockery was provided for people with dementia to make it easier to see and other specialist items such as plate guards and adapted cutlery were provided. Cloth tablecloths were used and condiments freely available. Two choices of main meal were available and specialist diets were catered for. Staff were providing appropriate support to people on a one to one basis in line with good practice. It was positive to see staff wearing colourful cloth aprons to make the experience more person centred and the industrial bin in the dining room was replaced during the inspection. People are provided with a diet that meets their needs in a positive way.

People are not currently able to receive information or a service in Welsh. The manager was unaware of the Welsh Active Offer. New pictorial signage was not bilingual and
measures not in place to find out people’s wishes in relation to Welsh culture or offer information and a service in Welsh if requested. The manager told us no one living in the home spoke Welsh as their first language. However, we saw Welsh culture was celebrated, including St David’s Day and people supported to access sporting events involving Welsh teams. The manager told us several staff spoke fluent Welsh but the staff application form did not ask applicants about their Welsh language skills and this information was not collated so it was available to take into account should a person move into the home who preferred a service in Welsh. The manager assured us measures would be put in place to provide information and a service in Welsh when required. People are currently able to receive a service in the language of their choice, but measures need to be in place in relation to Welsh language and culture.
2. Care and Support

Summary

Care and support is provided by staff who are courteous, kind and familiar with individual’s needs. Record keeping has improved, risks are identified and measures put in place to support people and staff. People are supported to access appropriate health and medical care when necessary.

Our findings

People receive the right care at the right time. A relative told us they were, “very happy” with the service provided. Two people who were able to talk to us told us they were satisfied and commented, “girls are lovely”, “I’m well looked after” and “no problems at all living here”. We saw staff were patient and kind. Staff spoken with were familiar with people’s needs and we saw them anticipating and meeting such needs. A senior member of staff told us care plans and risk assessments had been reviewed and updated since the last inspection. It was positive to see the deputy manager had reviewed care practice and documentation to make sure interventions such as repositioning were provided in line with individual needs. We saw staff had worked hard to ensure care records were person centred within the constraints of the electronic recording system which by its nature provided generic responses. Not all risk assessments were provided on the system and these had been identified and produced by staff. Records checked were up to date. Daily records on the system were a list of tasks carried out by staff but ‘activity’ records included details about how people had spent their time and their well-being. Accident records had been reviewed but did not record any action taken as a result of for example falls. The manager was aware of the need to ensure people were offered a choice about whether their personal care was provided by male or female staff. People’s decisions were recorded and known to staff and this was taken into account when rotas were devised. Records showed applications had been made by the current manager when necessary, to the local authority under the Deprivation of Liberty Safeguards, (DoLS). Records included why applications had been made, the outcome and measures that needed to be in place if the application was granted. We saw people accommodated at the service had a very wide range of needs, from people with capacity who had nursing needs, to people with severe dementia, the majority of whom shared communal lounge and dining facilities. We saw people with capacity sometimes found this difficult and were heard shouting at people with dementia who were calling out to, “just shut up”. The range of needs also meant it was difficult for staff to meet people’s care and social needs appropriately, as we saw staff time of necessity, diverted to people more demanding of attention. A visiting professional commented on the differing needs of people and was positive about the manager identifying this issue and starting to make changes. Plans were in place to create three separate units that would better meet people’s needs, particularly people who do not have dementia. We discussed the need to put these changes into place as soon as practicable to
be able to provide an appropriate service for everyone. People’s care and support needs are identified and met, but their quality of life would be further enhanced by the creation of separate units that would meet people’s specific needs more appropriately.

People have access to health and medical care. Records showed and a visiting health professional confirmed that people were referred promptly to medical and healthcare professional and advice sought when necessary. They told us they had seen improvements in the service and commented, “the atmosphere is calmer”, “advice is sought promptly” and the “quality of care provided has improved”. People’s medical and healthcare needs are met promptly.
3. Environment

Summary

People live in a home that is clean, tidy and they are able to personalise their private rooms. Plans are in place to make ongoing improvements to make sure peoples’ specific needs can be met appropriately and update the quality of the environment.

Our findings

People live in a clean environment. The home was clean and tidy. We saw a person had been offered a change of bedroom and it had been repainted in a colour of their choice. The person told us they, “really like it, it’s my favourite colour”. The manager told us the appointment of a full time maintenance person had made a significant difference and long standing issues were being addressed. This included improving the communal shower and bathrooms that were completed after the inspection. The manager told us there had been an issue with a person trying to leave the premises via the fire exit. Following the inspection evidence was provided to show self-adhesive decoration had been placed on fire doors so they appear as bookshelves so people no longer recognise the exit as a door and do not attempt to leave. A café area had been created in a communal lounge to provide a different area of interest. The manager provided a record of planned works to improve the premises and was aware of the need to update the environment and make it more homely in line with people’s increased expectations. This included the provision of bi lingual pictorial signage and memory boxes on people’s rooms so they can more easily recognise their own rooms and retain their independence as long as possible. Following the inspection evidence was provided of people being supported to make their own memory boxes.

We noted an area at the front of the home had an unpleasant odour on both days of the inspection. This had also been identified at previous inspections and a recommendation this should be addressed was made. This is a breach of regulation 16 (2) (k) which requires the home to be ‘free from offensive odours’. We have not issued a non-compliance notice as there was no discernible impact on people and we have received an assurance from the responsible individual that the carpet is going to be replaced. We will monitor this at the next inspection. The home had garden areas but these were overgrown and neglected. The manager told us a gardener was due to start work. Following the inspection evidence was provided to show work on the garden had started. The area was fenced, but at a level that could easily be climbed over, and an incident had recently occurred. This was discussed with the manager who had identified measures needed to be taken to make the garden more secure and risk assessments put in place. Records showed two fire drills had been held since the last inspection as recommended in the last report. It was positive that discussions had taken place with staff about how the drills had worked and any areas that needed to improve. The manager told us a ‘fire box’ had been set up in the ground floor nurses office which would contain individual ‘personal emergency evacuation plan’, (PEEPS) so these were readily available to staff and Fire and Rescue should a fire occur.
The manager told us CCTV was installed in communal areas. We had been in the home for some time but had not realised cameras were in place. The manager told us a notice was by the front door but it was not prominently displayed. There were no signs inside the home to tell people in the home or visitors about the cameras. The majority of people living in the home would not be able to give consent to being filmed. The manager was unaware if information about this was included in the Statement of Purpose or Service User Guide. People can be confident that steps are being taken to improve the environment and garden to improve people’s quality of life.
4. Leadership and Management

Summary

People benefit from a service that under the current manager is committed to reviewing and improving the quality of the service. Staffing levels are appropriate for the numbers of people accommodated. Staff are provided with supervision, support and safely recruited. Improvements are needed in the training that must be available to all staff so they can achieve qualifications appropriate to their role. Information provided about the service requires review to make sure it is correct and consistent.

Our findings

Measures are in place to make sure staff are provided with supervision and support. Staff spoken with told us they enjoyed working at the service. Comments included, “I love working here”, “the manager is good, encourages team work and doesn’t have favourites” and the, “managers door is always open for us”. One member of staff told us they had decided to remain working at the home because of the positive changes made by the manager and deputy manager, “it’s changed for the better”. The manager and other senior staff were described as, “approachable”, “hears our views”, “listens” and staff views are, “now important”. Records provided showed measures were in place to provide staff with regular, formal supervision and an annual appraisal. Measures were also in place to provide registered nurses with clinical supervision of their practice. Records showed supervisions had taken place and were scheduled for the future. People benefit from a service that prioritises the well-being of staff who are supported by the management team.

Recruitment processes are in place. We checked three recruitment records. They contained application forms, references, proof of identity, a record of interview, job offer letter and details of a satisfactory Disclosure and Barring Service, (DBS), check. Records showed staff were provided with a job description, copy of Social Care Wales code of conduct and a contract of employment. We noted interview questions were generic and used for all staff regardless of the job applied for. This meant not all questions were relevant and questions relevant to individual roles such as housekeeping, were not covered. The manager assured us this would be addressed. People benefit from a service where checks make sure staff are suitable before they start work.

People are supported by sufficient numbers of staff. We saw there were enough staff to meet people’s needs promptly, including at meal times. The manager explained they had met regularly with staff to make clear the standard of care expected. Records checked confirmed this. This had resulted in some staff leaving, former staff returning and the service being able to recruit new staff. One member of staff told us they had returned to work at the home because of the change of management and improvements in care standards.
Measures are in place to check the quality of the service. Records showed the service notified CIW promptly of any incidents or accident that occurred as required by the non-compliance notice issued following the last inspection. Audits had been set up to monitor and review the quality of the service. This included care records, medication records, accident and staff records. Regular checks were made and recorded of bed rail use and specialist mattresses. The manager told us plans were in place to send out questionnaires to people using the service, relatives and professionals. A plan was also in place to survey staff to find out their views. The manager assured us a quality of care report would be completed once responses had been collated and evaluated. People can be confident the quality of the service is monitored, reviewed and the service is committed to on-going improvement.

Measures are not in place to make sure staff are provided with necessary training. Staff told us training opportunities had increased since the manager had been in post and there was, “plenty of training available”. We saw five new staff had started the Social Care Wales induction training. A training record was provided but did not include the actual date training had been completed. The record noted some topics of training were at the ‘managers’ discretion’. This included care staff induction, effective communication, nutrition and hydration and Control of Substances Hazardous to Health, (COSHH). The record showed not all staff including the manager, had completed necessary training which is a breach of regulation 18 (1) (a) (c) (i) which requires the service to make sure staff are suitably qualified, competent and receive training appropriate to their work. We have not issued a non-compliance notice on this occasion, as there was no discernible impact on people. We expect the registered person(s) to address this and we will monitor this at the next inspection. People cannot be confident staff are provided with training appropriate to their role so they have the necessary skills and knowledge to meet people’s needs.

Complaints policies and procedures are in place. Records of safeguarding incidents were stored with accident records and did not contain copies of minutes of meetings or a record of decision making, outcomes or any action that needed to be taken. We discussed this with the manager and a central safeguarding log was set up following the inspection. The home had received several cards and compliments from relatives and visitors. Comments included the home was, “calmer”, “brilliant and caring work” and a thank you from a family for organising a party for a residents 100th birthday. Information about complaints was inaccurate. In the Service User Guide, the timescale within which a complaint would be investigated was incorrect and did not include the timescale within which a complaint would be acknowledged. It referred to the local government ombudsman in England, not Wales and did not refer to CIW as required to in the regulations. We saw a complaint had not been acknowledged in writing, there was no record of the investigation or the outcome. Information about complaints on display did not include the name of the manager, contact details of the local authority or make it clear CIW are unable to investigate individual complaints. We saw representatives of the organisation and the responsible individual had visited the home on five occasions since the last inspection and a record of the visit
provided to the manager. The record showed the issues detailed above had not been identified by the representatives of the organisation. Following the inspection, the manager provided evidence to show changes had been made to the information provided about complaints, and assured us they would be managed in line with the regulations in future. People are provided with inaccurate information about complaints and they are not well managed but measures have been put in place after the inspection to address this.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

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<thead>
<tr>
<th>Area of Non Compliance</th>
<th>Improvement at This Inspection</th>
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<tbody>
<tr>
<td>The registered person(s) is not compliant with Regulation 10(1) (a) of The Care Homes (Wales) Regulations 2002. The registered person(s), having regard to the size of the care home, the statement of purpose and the needs of the service users are not managing the home with sufficient care, competence and skill. The registered person(s) have failed to ensure there is proper provision for the care, treatment and supervision of people living in the home.</td>
<td>At this inspection, we found significant improvements in the way the home was managed and the standard of care practice and care delivery. This is met.</td>
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<tr>
<td>Service user's plan: The registered person(s) had not revised the service user plans and associated risk assessments where necessary to ensure health and welfare needs are met. Regulation 15(2) (d).</td>
<td>At this inspection, we found care plans and risk assessments had been reviewed an updated. This is met.</td>
</tr>
<tr>
<td>Health and welfare of service users: The registered provider had not ensured that the home is conducted so as to make proper provision for the care, treatment and supervision of service users. Regulation 12 (1) (b).</td>
<td>At this inspection, we found improvements in the standard of care provided and people received prompt health and medical support whenever necessary. This is met.</td>
</tr>
<tr>
<td>Notifications: The registered person(s) had not without delay informed CIW of all events in the care home which effected the well-being or safety of any service user. Regulation 38 (1) (e).</td>
<td>At this inspection, we found that incidents were reported to CIW promptly. This is met.</td>
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<tr>
<td>Visits by the registered provider: During these visits, the registered provider failed to inspect records of events and failed to</td>
<td></td>
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Staffing (Regulation 18(1) (a)): The registered person(s) had not ensured that at all times suitably qualified, competent, skilled and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users. Regulation 18 (1) (a).

At this inspection, we found staffing levels were such that people's needs could be met promptly.

This is met.

5.2 Recommendations for improvement

- Measures must be put in place to ensure people's Welsh language and cultural needs can be met in line with the Welsh Active Offer.
- Serious consideration must be given to how the service can provide appropriate care and support to people with a very wide range of needs within the current premises.
- Serious consideration must be given to the suitability of the garden fence to provide a secure, independent environment.
- Information about complaints must be consistent with the regulations and reference the regulator in Wales, CIW. Improvements are needed in the way complaints are managed.
- Consideration should be given to including questions about safeguarding in the interview record. Interview questions should be relevant to the role applied for.
- The training record should include the actual date training was completed. The manager must be clear what training must be provided for example induction training and the training record must be amended accordingly.
- Accident audits should include details of any action taken to reduce risk.
- A quality of care report must be completed and made available on request.
- Guidelines compliant with GDPR, must be in place in relation to the use of CCTV in communal areas. The use of CCTV in the home must be made clear in the Statement of Purpose, Service User Guide and clearly signposted within the home.
6. How we undertook this inspection

We undertook a focussed inspection to check the progress made by the service in addressing the non-compliance issues identified at previous inspections and found to remain outstanding at our visit in December 2018. We visited the home unannounced, on 8 May 2019 between the hours of 09:25 and 16:15 and 9 May 2019 between the hours of 09:00 and 14:30. The following methods were used to inform our report:

- Discussions with the manager, senior members of staff and seven staff.
- We spoke with a four people using the service, a relative and two visiting professionals.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We used the Short Observational Framework for Inspection (SOFI 2) tool during the dining experience. The SOFI tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.
- We carried out general observations of dining room experience and activity engagement.
- We reviewed four care records and three staff records. We reviewed other records related to the running of the home including, policies and procedures, minutes of staff meetings, records of visits by the responsible individual.
- We reviewed the way complaints and safeguarding issues were managed. We also looked at how the service monitors and reviews the quality of the service.

Further information about what we do can be found on our website:

www.careinspectorate.wales
About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Adult Care Home - Older</th>
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<tbody>
<tr>
<td>Registered Person</td>
<td>Milkwood Care Ltd</td>
</tr>
<tr>
<td>Manager</td>
<td>Melanie Griffiths</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>56</td>
</tr>
<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>12/12/2018 &amp; 17/12/2018</td>
</tr>
<tr>
<td>Dates of this Inspection visit(s)</td>
<td>08/05/2019 &amp; 09/05/2019</td>
</tr>
<tr>
<td>Operating Language of the service</td>
<td>English</td>
</tr>
<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>NO</td>
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Additional Information: This is a service that does not provide an ‘Active Offer’ of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use or intend to use the service. However, no one living at the service currently speaks Welsh and the service is aware of the ‘Active Offer’ and intends to put measures in place.

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