

Rebecca Homes Ltd

The Mount

Inspection report

Wood Lane
Yoxall
Burton On Trent
Staffordshire
DE13 8PH

Date of inspection visit:
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People liked living at The Mount and had positive, trusting relationships with staff and the management team. Staff were kind and caring, treated people with respect and promoted their privacy and dignity at all times. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs.

People received highly personalised care from staff who were well trained and supported. The provider ensured there were sufficient, suitably recruited staff to meet people's needs and promote their wellbeing. Staff knew how to protect people from the risk of abuse. Risks associated with people's care were identified and managed safely, including receiving their prescribed medicines. People were supported to have a varied and healthy diet and to access other professionals to maintain good health.

People told us they felt involved in their care and the running of the home. Staff empowered people to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked tirelessly to ensure people had the opportunity to engage in activities that met their individual needs and enabled them to live as full life as possible. There was a strong focus on companionship and making links with others community resources to increase people's circle of friends.

People benefitted from a service that had an open and inclusive culture. The management team led by example and monitored the quality and safety of the service to ensure it remained safe for people. Staff enjoyed working at the service and felt supported and valued by the management team.

People and their relatives felt confident any concerns and complaints they raised would be acted on. The provider listened and acted on people's views to drive improvements at the service.

Rating at last inspection: Good (report published 3 March 2016).

About the service:

The Mount is a care home for up to 11 people who have a learning disability or autistic spectrum disorder. The service is provided in a large converted home, with outbuildings adapted to provide additional areas including an internet café, activities room and a quiet room. At the time of this inspection 10 people used the service.

The provider promotes and ensures the service meets the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall and continued to meet the characteristics of Outstanding in the Responsive domain.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Mount

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection, supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Mount is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and three relatives to ask about their

experience of the care provided. We spoke with eight members of staff including the registered manager, the care manager, the business manager, the activities co-ordinator and four care staff, one of whom was an agency worker. After the inspection, we telephoned a professional involved with the service to get their views on how the service supported people.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People who were able to give us their views told us they felt safe living at the home. One person told us they would talk to the staff if they had any worries and added, "But I'm not worried [about anything]." Relatives we spoke with had no concerns about their family members. One told us, "The security is good; staff are always on their toes. I've turned up unannounced and I've had to buzz the buzzer to get in. They look after people very well." People living at the home had complex needs. We saw people were involved in managing risks and risk assessments were detailed and person-centred. Staff we spoke with knew how to keep people safe and we saw that restrictions were minimised, ensuring people were safe but had the most freedom possible. For example, we saw a person used tools in the garden, with staff aware but not immediately visible. They told us, "I used to have staff accompany me with work but not now."
- When people presented with behaviour that may challenge themselves and others, staff managed the situation in a positive way. The management team and staff involved other professionals to ensure they supported people to manage their behaviour whilst minimising restrictions on people.
- The environment was well maintained and any equipment used was regularly serviced.

Safeguarding Systems and processes

- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would take action if they raised any concerns. We saw that when safeguarding concerns had been identified, these were reported to the local safeguarding team for investigation and outcomes were discussed with the staff for learning. Staff were aware of the whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind.

Staffing levels

- People told us and we saw there were sufficient staff to keep people safe and ensure they lived full, active lives. People who required one to one support to keep them safe and minimise risks to others had their needs met. Staffing levels were planned around people's activities and were flexible as far as possible, for example if a person changed their mind.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. We found that checks were also carried out for agency staff. These checks assist employers in making safer recruitment decisions.

Using medicines safely

- People told us they received help to take their medicines and that they were locked away in a cupboard in their bedroom. We saw the provider had systems in place to manage supply, storage, administration, recording and disposal of medicines.

Preventing and controlling infection

- The home environment inside and out was clean and safe for people. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene at the home.

Learning lessons when things go wrong

- We saw that incidents and accidents were clearly recorded and reviewed to identify any learning which may help to prevent a reoccurrence. Discussions with the registered manager and staff demonstrated that changes in practice had occurred following learning from a safeguarding incident.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and feedback from people and their relatives confirmed this.

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

- People's needs were comprehensively assessed and expected outcomes identified. Care and support was kept under review and updated when needed. The registered manager and staff also sought the advice of other professionals to ensure people's care and support was person-centred and based on best practice. For example, when people presented with behaviour that challenged, positive behaviour support plans were in place, which supported staff to meet people's needs, enhance their quality of life and reduce the likelihood of the behaviour.

Staff skills, knowledge and experience

- Staff were positive about the training and support they received to fulfil their role. They told us they had a comprehensive induction and did not work unsupervised until they had spent time getting to know people well. One member of staff said, "The induction is good. We get to meet the residents and see how staff and people interact which helps us pick up the best way of working with people". This supported people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.
- We saw that staff received ongoing training relevant to the needs of people living at the home. They told us they received regular supervision which gave them an opportunity to discuss their performance and identify any training needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in choosing, planning and shopping for their meals. Staff told us that people were encouraged to try different cuisines and staff took turns to cook meals which introduced people to different cultures. For example, there were themed nights which included eating Chinese and Mexican food. We saw that people were able to choose where they ate their meals and mealtimes were flexible.
- People's specialist dietary needs were assessed and met. People's weights were monitored when needed and staff sought advice sought from the GP or dietician if they had any concerns.

Staff providing consistent, effective, timely care

- Staff understood people's health care needs and supported them to access other health professionals, such as the GP, optician and dentist. People had a Health Action Plan (HAP) in place, which gives an

overview of people's healthcare needs. We saw appointments to see healthcare professionals were recorded and any concerns were acted on.

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

- The home environment was adapted to ensure it was accessible to people and promoted their independence. People could move freely around the home and were able to access the grounds independently, which had outbuildings converted as an internet café and quiet room. One person loved working outdoors and had a greenhouse and vegetable plot, which they worked on daily.

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 or themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We saw that staff supported people to have as much choice as possible about their daily routine, for example what time they got up and settled for bed and what and when they ate. Where people did not have capacity to make certain decisions, they 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. Staff had received training in the MCA and DoLS and understood their responsibilities when people lacked the capacity to make certain decision. We saw they recorded their actions and assessments appropriately.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. Where approvals had been received, any conditions on authorisations were being met.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives were consistently positive about the caring attitude of the staff. They told us staff knew people well and anticipated their changing needs. One relative said, "Staff know [Name of person] well and understand if their mental health deteriorates. Like before Christmas because they are excited and after when they are in a low mood." Staff gave examples of knowing people well when they said that someone was upset the day before our visit because of a change in the weather and the impact this might have on them being able to get out into the garden. Another person became anxious when they didn't know who would be supporting them on the next shift. Staff copied the staff rota down and put it in their bedroom.
- People and their relatives told us the staff treated them with kindness and respect at all times, and our observations confirmed this. On one occasion, we observed a member of staff checking on a person who was outside. They encouraged the person to put moisturiser on their hands saying, "They look a bit dry."
- People had trusting relationships with staff and looked relaxed in their company. One person told us, "I like telling my jokes to staff." They said they had nicknames for staff, based on who they resembled, and discussions with staff showed that this was well known.
- Staff told us how they supported people who had limited verbal communication using Makaton signing and PECS (Picture Exchange Communication System). Whilst we did not see this in use during our inspection visit, we saw people benefitted from the use of pictures, photographs and widget symbols and written messages to heighten understanding.

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

- People were involved in meetings to discuss their views and make decisions about their care.
- Staff told us it was important to understand people's views and preferences. One said, "I have to put myself in their shoes, they [people] have lived it."
- People's families were involved in helping people make decisions about their care, with the person's permission. Staff recognised when people may need others to help them make decisions. For example, a member of staff told us about how an advocate was provided to help a person consider if they would be able to move into a more independent living setting.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet and maintained people's privacy and dignity at all times. A relative told us "Staff are always respectful, for example if their clothes are not straight they'll sort it." Staff knocked on people's

bedroom doors and waited to be invited in. When people were being supported on a one to one basis, staff recognised the need for people to have private time in their rooms and maintained a respectful distance whilst keeping the person in line of sight.

- People were encouraged to live as ordinary a life as possible. We saw people were able to move freely around the home. One person said, "It's alright here. If it's too busy, I go to my room, watch TV or listen to music." Another person told us the best thing about living at the home was, "helping the staff." We saw they were involved in the running of the home and participated in some household tasks such as helping with the laundry and tidying their rooms.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

How people's needs are met; Personalised care

- People received highly personalised care from staff who understood their diverse needs and preferences. People and relatives consistently praised the staff and told us the service was exceptional at achieving positive outcomes due to highly motivated and enthusiastic staff. A person said, "I find them [staff] fantastic." A relative told us the best thing about the staff was, "The continuity and passion they have for their job, it's why they look after [Name of person] so well." Staff recognised people's need to follow routines and took action when changes caused people to become anxious. For example, staff told us about a person who became distressed when there was too much noise. During our inspection, there was a power failure which caused the fire alarm to sound. We saw staff discreetly supporting the person to go out in the car with staff to alleviate their anxiety. Another person became anxious with unfamiliar people. Staff introduced us to the person, explained why we were visiting and ensured they were happy for us to spend time in their home. A third person followed a specific routine in the morning and staff explained how they became unsettled if this was interrupted. We observed staff following the routine which was detailed in the person's care plan. Staff told us the person also liked going to the pub in the evening, a routine which had started before they moved into the home. One member of staff told us, "We've supported [Name of person] to go each evening, but they also have cans of their favourite drink here so they stay in if they want to; it's a choice thing."
- A professional we spoke with told us the staff had an exceptional understanding of people's needs and were proactive in seeking their involvement. One told us, "Staff understand people's triggers and what motivates them. They recognise even small changes in people's behaviour and take action, before people reach crisis point." We saw staff responded very effectively to people's individual needs in relation to their communication and provided support when they needed it. Some people had limited verbal communication and staff were able to describe "trigger" words they used when they became anxious. One member of staff told us, "[Name of person] doesn't speak apart from 'yes please', or 'no thank you'. When they use their trigger word we know there is something wrong and give reassurance whilst trying to understand what is worrying them."
- Staff received training in equality and diversity and respected people's rights to express their sexuality. We saw that one person had identified their favourite singer/songwriter and staff encouraged them to convey this through make-up and clothes.
- The service was exceptional at providing people with meaningful activities that met their individual needs so they could live as full a life as possible. One person told us, "Staff look after me, they take me to work and take me to the gym." One person volunteered at a local charity shop and another undertook conservation work at the local forestry commission. The person told us how much they enjoyed this work and it was clear that they had developed a strong bond with their supervisor. A member of staff told us, "[Name of person]

really respects them and they come up and visit on [Name of person's] birthday". This person showed us the gardens at the home, where they had a greenhouse and vegetable plot. Staff shared in the person's pride at having grown sprouts, carrots and potatoes in the summer, which had been enjoyed by everyone. We saw that people regularly visited community facilities including local leisure centres and on the day of our inspection, some people attended a regular trampoline activity session. People and their relatives told us they went on day trips and on holiday to the provider's holiday home in the Isle of Wight. A relative said, "I think it's brilliant. [Name of person] has been to the Isle of Wight twice this year and on day trips to Rhyl and Blackpool." The service worked tirelessly to meet people's wishes. Weekly planners were in place for each person which could be varied if people changed their minds. Staff told us about a person who preferred not to complete a planner. However, staff scheduled 'open' time slots for this person, for example to ensure there was a vehicle to take them out, and worked with them to discuss and agree activities.

- The provider's management team placed a strong emphasis on encouraging companionship and social contact. People attended numerous social groups where they took part in activities such as arts and crafts and weekly discos. They explained how they were developing links with other community resources to explore how they could support people to expand their circle of friends. The care manager told us, "People get invited to birthday parties through people they meet at the groups." Staff ensured people were supported to maintain important relationships with family. The provider had adapted a caravan in the grounds for use by families when they visited. A member of staff told us, "A family recently visited and had an Indian meal together." Staff were also proud that a relative had been instrumental in fundraising for an on-site defibrillator which had recently been installed in the reception area at the home.
- People and relatives were fully involved in developing their care and support plans. People described this as 'paperwork about what they needed to stay safe and well' and told us they were involved in this 'work'. One person said, "They [staff] always ask me if I'm happy." People were able to discuss their preferences for their support at weekly 'Sunday support meetings' and monthly coffee mornings, which also involved their relatives. One person told us they did not always feel the need to meet staff on a weekly basis but if they wanted to make any changes they would talk to the staff about it and then decide any changes. We saw care plans contained information about people in an accessible format, using symbols or pictures, and were written in an easy read style. People were supported to convey their wishes using a mixture of signing and pointing to the pictures. This showed us the provider complied with the Accessible Information Standards, introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff had gone the extra mile to find out and record what people had done in the past to help plan appropriate activities. A relative told us, "[Staff] took the trouble to sit with me and listen to what I said about [Name of person] was young. I'm relaxed about her now."
- People were involved in making decisions about how technology was used to help keep them safe. For example, one person wore headphones at night and staff were concerned they would not be able to respond to a fire alarm. Advice was sought from the fire service and changes were made to add a visual, flashing light as well as the alarm.

Improving care quality in response to complaints or concerns

- People knew how to make complaints; and these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service, including weekly keyworker review meetings and coffee mornings. One person told us, "If there's a problem, I'd tell [name of staff member and manager] about it and they'd sort it out for me." Relatives were confident their concerns would be responded to and knew how to raise a complaint if needed. Relatives gave us examples of how the staff had listened and acted when they had raised any concerns.
- There was a system in place to record and respond to complaints, which was provided in a format that was accessible to the people living in the home. As already noted in the Caring domain, we saw people were supported to access an advocate when needed, to ensure their concerns would be listened to. We saw that

all concerns and complaints were logged and investigated in line with the provider's policy and procedure.

End of life care and support

- Whilst the provider was not supporting anybody with end of life care, we saw people were supported to make decisions about their preferences in a plan called 'When I pass away'. This ensured staff were aware of how to meet people's preferences at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and their relatives told us the service was well managed and leadership of the staff was good. One relative said, "Communication between the management team and staff and also between the home and relatives, is very good." All the relatives we spoke with told us the management team and staff always contacted them when their family member's needs changed.
- There was an open and inclusive culture at the service. The management team were very 'hands on' and lead by example. For example, the care manager told us, "I remind staff that we have to ask ourselves 'would I like my brother or sister living here. If not, we need to look at ourselves. I call it 'investing', I want to make a difference and I want staff to have that mentality. We discuss values in supervision sessions." Staff were positive about the management team and told us they felt listened to. One member of staff told us about changes that had been made following staff concerns about the way activities were planned. They told us, "The managers listened and we've swapped things around. It's much better for both service users and staff." Another staff member told us, "I love my job, I enjoy coming to work; every day is different and the staff team are amazing."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There were clear and effective governance arrangements at the service. The quality assurance system included lots of checks carried out by staff, the registered manager and the provider's business manager. We saw that these were completed monthly and where needed, an action plan was put in place to ensure any shortfalls were addressed. Accidents and incidents were monitored for any trends, to ensure the risk of reoccurrence was minimised.
- The registered manager understood the requirements of registration with us and notified us of important events as required. The provider had displayed their latest inspection rating at the home and published it on their web site. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Engaging and involving people using the service, the public and staff

- People, relatives, staff and professionals were asked for their views on how the service could be improved.

Feedback was captured in a number of ways including individual review meetings, residents' meetings and an annual survey. The provider's business manager told us that improvements had been made to the decoration at the home following the 2017 survey. Whilst the 2018 survey was still ongoing, we saw that comments received were positive. The provider also published a quarterly Newsletter which updated people and their relatives on what was happening in the service.

Continuous learning and improving care, working in partnership with others

- The management team were constantly looking for ways to improve people's care and support. On the day of our inspection visit, they were meeting with staff from another agency involved in a person's support. They told us, "Following some recent concerns, we are looking to share information and learning on how best to support the person."
- The registered manager and staff worked closely with other health professionals and organisations to ensure people received effective, joined up care. A relative told us, "The social worker, mental health worker, and doctor all know [Name of person] and meet him regularly."