



Inspection Report on

The Mountains

**Mountains Nursing Home
Libanus
Brecon
LD3 8EN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24/08/2023

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About The Mountains

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Milkwood Care Ltd
Registered places	56
Language of the service	English
Previous Care Inspectorate Wales inspection	2 and 3 May 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Improvements have been made to personal plans to include more person-centred information; however some information is inconsistent and not always reflective of people's current needs. People and/or their representatives are not consulted as part of the review process.

Safeguarding within the home requires improvement. The provider has not ensured people have care plans and risk assessments in place for all areas of identified need. People do not always have the required equipment in place to support their health and wellbeing. Some areas of medication management have improved but there continues to be issues with the recording and administering of medication. Staff have not completed all the required training to have the skills and knowledge to support people effectively and safely.

Improvements have been made to the environment and fire safety within the home. A programme of maintenance and decoration is in place.

Quality assurance measures have been implemented but have not identified the issues raised at this inspection. The provider has not addressed all the issues identified at the last inspection which demonstrates a lack of oversight of the service and awareness of the requirements of the Regulations.

Well-being

People have choice over some aspects of their daily life including where to spend time and whether to take part in any activities offered. The home employs four activity staff, with two working each day. On the first day of inspection, due to low staffing levels the activity staff were helping the care staff which meant none of the planned activities took place. One person told us they were bored, and another said they would like to do some knitting and art. During the second day, people were offered to engage in activities. We saw people sitting in the lounge or walking around the communal areas, we did not see any engagement with people who chose to remain in their bedrooms. We noted one planned activity was 'laundry and sock sorting' and another 'ice cream sundaes'. We discussed with the provider the importance of offering people meaningful activities which promote engagement and stimulate people.

People's experience of mealtimes varied. We found improvements in the main unit where people were assisted to enjoy a well presented and nutritionally balanced meal. Special diets were catered for. Staff were patient with people who wanted to walk around the dining room and gave gentle encouragement where it was needed. People in the Mari Jones unit were not encouraged to sit and eat at the table, and staff did not ensure people were sat appropriately to eat, which posed a choke hazard. People were seen to wait for assistance with their meal and care staff had to be prompted to check the food was still hot before offering it to the person. Several people require a pureed diet and have a diagnosis of dysphagia. Training records show staff have not completed training around this which is placing people at risk.

Personal plans contain information about people's likes and preferences but information about care and support is inconsistent and not always reflective of people's current care needs. People or their representatives are not involved in the review process. People do not always have specialist equipment in place to support with an identified care need or risk.

People are not kept as safe as they can be. Policies and procedures are in place for safeguarding and whistleblowing which contain all the required information and are reflective of Welsh legislation. Staff were able to tell us what action they would take if they had a safeguarding concern. Improvements have been made to the recording, reporting and monitoring of incidents, accidents and safeguarding. However, care staff have not received training in areas which pose a risk to people, such as epilepsy, diabetes and dysphagia. Not all staff have completed safeguarding and whistleblowing training. The provider has failed to identify risks to some people in the home and take appropriate action to reduce the risk. We saw people who are known to require additional monitoring to be walking around the home without staff and where incidents occurred, we saw staff were not responsive.

Care and Support

People cannot be sure care staff have the right information to meet their care and support needs. Personal plans do not provide a clear and constructive guide to staff about the individual, their care and support needs and how these needs will be met. We found some improvement to care records where the provider has included information about people's life history, their likes and dislikes. Care records contain information which is inconsistent and not always reflective of people's current needs. Some records did not contain plans or risk assessments about how to manage an identified need. We found personal plans to be reviewed on a regular basis, however the issues found at this inspection had not been identified during the review process. At the last inspection, we advised the provider they needed to ensure people and/or their representatives are involved in reviewing care records. Records we checked showed no action had been taken to address this. This is still placing people at risk and where the provider fails to take priority action, we will take enforcement action.

Improvements have been made to the handover process with a detailed record completed to share important updates with the next team of care staff. We found actions raised within the handover were addressed during the day and people were supported to attend health appointments. Following the last inspection, records were revised to ensure areas of care such as skin integrity, food and fluid intake were monitored appropriately. At this inspection we found records continue to be incomplete and are not reviewed by the nursing team as required on the services own monitoring forms. We found people do not always have specialist equipment in place to support their health and wellbeing. Improvements are needed to moving and handling practice to ensure care staff are using the correct slings for the task they are undertaking. At the last inspection we saw people were unkempt and were not provided with baths and showers on a regular basis. During this inspection we found no improvement. Records we looked at did not show people are having a bath or a shower at least weekly in line with their care plan. Some people had dirty nails which included food debris. People were seen to be walking around communal areas with bare feet which poses a risk as maintenance work was being carried out in the corridors and lounge. This is still placing people at risk and where the provider fails to take priority action, we will take enforcement action.

Some improvements have been made to medication management. We saw records of assessment and competency checks for nurses. Records for the use of 's required' medication (PRN) and for people who require covert medication are completed appropriately. Medication errors continue to occur. Stock levels of medications we checked were inaccurate. Medication administration practice requires improvement. We saw staff changing a pain patch for a person behind a screen in the lounge in view of other people showing a lack of dignity for the person. Medication rounds are not completed undisturbed and without distraction which places people at risk of medication errors. This is still placing people at risk and where the provider fails to take priority action, we will take enforcement action.

Environment

Since the last inspection the provider has taken steps to invest in the home environment. Whilst not all the issues identified at the last inspection have been addressed, the provider has demonstrated a commitment to improving the environment for people living at the home. The ceiling has been lowered in one lounge to reduce the echo which contributes to the noise in communal areas. The main unit ground floor corridor and unoccupied rooms are being decorated. External contractors were on site carrying out maintenance work during both days of inspection. New windows are scheduled to be fitted which will improve visibility for people. The outdoor garden area has been tidied up to be safe for people to enjoy. We were told new furniture and signs had been purchased and is ready to be installed once the re-decoration had been completed. We found the communal lounges and dining rooms to be clean and tidy but lacking in items of interest for people to engage with such as newspapers, magazines or items of comfort. Some bedrooms are very personalised with pictures and other personal items, whilst others have bare walls and no personal belongings. This was raised at the last inspection, but action has not been taken to address this.

We saw records of fire equipment testing and servicing to be in place and up to date. Actions identified in a recent fire inspection had started to be addressed. People have personal emergency evacuation plans in place. The provider employs two maintenance people to carry out works at the home. We saw a maintenance record in place which is signed when actions are completed. Environmental audits are carried out and there is a maintenance plan in place.

We saw the housekeeping team were cleaning bedrooms and communal areas throughout the day. However there remained an unpleasant odour in some areas of the home. This was also identified in an audit of the home dated July 2023. Infection prevention and control procedures have improved. We saw the laundry room to be clean and tidy with cleaning equipment stored correctly. Personal protective equipment is readily available for staff. Systems have been put in place to make sure people have access to their own toiletries and continence aids and these are stored safely in communal bathrooms.

Leadership and Management

People are not supported by care staff who are suitably trained. At the last inspection we issued a priority action notice around the support and development of staff. At this inspection we found whilst some training has been completed, the provider has not prioritised areas which pose the greatest risk to people including, epilepsy, diabetes and dysphagia. We found staff do not receive training appropriate to their role before beginning their employment including COSHH and food hygiene training. Since the last inspection all staff have received 1:1 supervision and have attended team meetings, however we were only provided with the minutes of one of these meetings. We were told annual appraisals are scheduled to be carried out in September 2023. This is still placing people at risk and where the provider fails to take action, we will take enforcement action.

Improvements have been made to the recruitment process. We looked at several staff recruitment files and found all the required checks are carried out prior to people beginning work at the service. This includes disclosure and barring service checks (DBS) and obtaining references.

People and their representatives' views are sought through feedback questionnaires and discussions with the responsible individual (RI) when they visit the home. We were told resident meetings take place, but we were not provided with a record of this. The manager has systems in place to record and update incidents, accidents, and safeguarding concerns. We saw a reflective account is carried out by the manager for incidents, to determine the root cause, and take action to prevent reoccurrence. Safeguarding referrals are made in a timely way and notifications are sent to the Regulator as required. At the last inspection we found complaints were not dealt with in line with the company policy and procedure. At this inspection we found improvements have been made with clear records of any action taken to address the issues raised.

Since the last inspection audits have been implemented to monitor areas of service provision and measure quality. We found audits varied in quality with some not fully completed, dated, or signed by the person completing them. We saw most audits do not contain an action plan and there is no evidence of management oversight of this. We were told by the operations manager, actions from audits are collated on a home improvement plan. We looked at the home improvement plan for August 2023 and found actions are mostly about the environment of the home and the dining experience. There was no record of the issues we identified with training, care planning, completion of records and the general experience of people living in the home.

Since the last inspection there have been some improvements to the oversight of the service by the RI. We reviewed three reports they had completed following visits to the home. They show the RI talks to people living and working at the service, reviews records and checks the adequacy of resources such as staffing levels, food and cleaning equipment. Actions from the visit are recorded but there is no record of if, and when the actions are completed. We noted the RI requested rooms to be personalised in one report,

but during this inspection we found no action had been taken to address this. We found policies and procedures had been updated to be reflective of the current Welsh legislation and contained information for people about who to contact within the organisation and externally if they had a concern. We found most areas of policies and procedures are being followed and the provider has identified this as an action within their home improvement plan. We received one quality of care report following the initial inspection and feedback. The report gave detail of what the provider feels is going well and what needs to be developed including how this will be achieved. Information about how the provider seeks the views of people is also included.

At the last inspection we identified issues relating to ensuring the service is provided with sufficient care, competence, and skill. Whilst systems have been put in place to audit areas of service provision, the RI has not ensured these processes are effective in identifying areas for improvement or checked actions are completed. Not all the priority action notices issued at the last inspection have been met. This demonstrates a lack of understanding of the requirements of the regulations and means oversight and governance of the service is not sufficient to ensure areas of non-compliance are achieved. The provider has not demonstrated sufficient progress in the overall management of the home, to identify people's needs, manage risks and ensure people live in a home which supports their health and wellbeing. This is still placing people at risk and where the provider fails to take action, we will take enforcement action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
21	The provider does not ensure people's assessed needs are recorded in their personal plan or that the plans are reviewed with people and their relatives to make sure care and support is provided in line with their wishes and agreement. The provider has not ensured appropriate, safe, care and support is provided to people.	Not Achieved
15	Personal plans do not provide a clear and constructive guide for care staff about the individual, their care and support needs and how this is to be achieved. People do not have personal plans and risk assessments in place for all their identified needs.	Not Achieved
6	The service provider has not ensured the service is provided with care, competence and skill. The provider had failed to address all of the issues raised at the last inspection and has not identified issues	Not Achieved

	raised during this inspection.	
58	Medication practice is not carried out safely whilst respecting peoples dignity. Incorrect records and medication errors continue to place people at risk.	Not Achieved
26	The service provider does not identify risks to people and take appropriate action. Not all care staff have received training around safeguarding and whistleblowing.	Not Achieved
36	Care staff have not completed training in areas for which people living at the home have an identified care need or risk.	Not Achieved
66	The Responsible Individual (RI) has not supervised the management of the home adequately and has not identified the issues found at this inspection.	Not Achieved
7	The service is not run in line with the Statement of Purpose	Achieved
45	The use of shared bedrooms in the home is not managed in line with the regulations.	Achieved
60	The provider does not always inform CIW of relevant incidents in line with the regulations.	Achieved
79	Policies are not reflective of current legislation. The service is not being run in line with the policies and procedures, which has not been identified by the RI.	Achieved
77	The provider does not keep a record of incidents, complaints and notifications under regulations 60 and 84, to review and evidence action taken.	Achieved
76	The Responsible Individual has not put arrangements in place to seek the views of individuals receiving care and support, their representatives, staff, and external professionals to gather feedback about the service provision.	Achieved
74	The RI does not have systems in place to collate and review information about the service in order to identify areas for improvement and address these areas. The RI has not identified the service is not complying with policies and procedures, has not met issues raised within inspection reports and is not being run in line with the statement of purpose.	Achieved

73	The RI has not evidenced they visit the service in line with the regulatory requirements and considered the required areas during these visits, including reviews of records and speaking with people at the service.	Achieved
80	The quality of care review arrangements are not suitable to make sure improvements are made to the quality and safety of the service.	Achieved
68	The responsible individual must not appoint a person to manage the service unless that person is fit to do so.	Achieved
56	The provider has not ensured satisfactory infection control measures are in place to reduce the risk of cross infection.	Achieved
44	The provider does not ensure the environment is well maintained and suitable to meet people's needs.	Achieved
35	The provider has not ensured checks take place to make sure staff are suitable before they start working at the home.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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Date Published 02/10/2023