



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

11/01/2024

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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	24 August 2023
Does this service promote Welsh language and culture?	This 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 the care and support people receive at the Mountains. Interactions between care staff and the people they support are kind and caring. They address people by their name which shows they know and respect people. Improvements are being made to activities people can be involved in. This work is ongoing to make sure people do things in which they are interested.

Improvements are needed around recording of information. The manager is working hard to implement the new care planning system. Information in personal plans has improved but is still inconsistent meaning care staff do not always have the right information about how people should be supported. Medication management must improve to make sure people are not at risk of harm. Care staff have training relevant to the needs of people they support. They feel supported in their role. Recruitment practices need improvement to make sure all the required checks are completed before people start work.

There is a new management team in place. Without exception, people tell us there have been many positive changes since the manager came into post. The Responsible Individual (RI) visits the service regularly. The manager feels very well supported in their role. Audits are carried out as well as full care home reviews so issues can be identified and addressed. Improvements have been made to the environment which are ongoing.

Well-being

People have more control over their daily life. This includes where they spend their day, food choices and activities. People and their representatives are given more opportunities to be involved in decisions about their care. Comments seen from family members show they appreciate this. Resident and relative meetings are held so people can give their views on the service. Activities are discussed at these meetings. People's social history and interests are mostly recorded in personal plans so care staff know what people enjoy doing. Recent activities have included the Christmas party and a visit from school children. During our visits, activities offered included making shortbread, there was a doll and pram which we saw people take comfort in and the use of the interactive table. Management audits of the service show activities is an area they want to continually develop to ensure people are offered meaningful activities which they are interested in.

Care staff work hard to make sure people's physical and mental health needs are met. They offer comfort to people in the way they interact through speech or gestures. External professional health support is sought when needed. There is a new system in place for care planning. This has helped to improve the quality of the information available to care staff, however, there are still inconsistencies in the information including recordings of daily care given which means it is difficult to see if people are getting the right care and support. There is a new system for medication management, but we found some errors which had not been addressed since our last inspection or identified within the managers audits which can put people at potential risk of harm.

Improvements have been made in relation to safeguarding processes. During our visit, care staff were visible in all the communal areas, offering assurance to alleviate people's anxieties and to deescalate any potential conflict between people. Improvements have been made to staff training meaning care staff have training in areas which place people at risk including epilepsy and dysphagia. Equipment including hoists and slings are checked regularly. Health and safety audits take place so issues can be identified and addressed to help keep people as safe as possible. The manager took a proactive approach to any issues we raised with them during the inspection include those relating to poor practice.

There is a new management team in place. This will be strengthened by the appointment of a deputy manager. We received positive feedback from care staff we spoke with who told us they feel valued and supported. The provider has received positive comments from family members since the new management team have been in place.

Care and Support

People are supported by care staff who are familiar to them and mostly respond quickly when people call for help. We saw some very good interactions between care staff and individuals. Some involved distraction techniques used to prevent incidents between people, others involved care staff spending time talking to people or just offering a friendly greeting and a compliment which people reacted positively to. People's experience at mealtimes varied. We saw care staff gently encouraging people to eat their lunch, taking their time, not rushing people. At breakfast time, a person being supported to eat was continuously interrupted because the care staff member had to either de-escalate the anxieties of other people or prevent a person wandering around and disturbing other people. The staff member continually apologised to the person. The mealtime experience is currently being addressed following a recent audit completed by the manager.

Measures are being taken to ensure people and /or their representative are involved in decisions about the care and support they receive. Some care plan review meetings have taken place, the manager told us others are to be planned. We saw family members are informed when there are changes to their relative's care needs. The provider has invested in a new electronic care planning system. Whilst we saw improvements in the information available to care workers, there are still inconsistencies meaning care staff do not always have accurate information about how people should be supported. In some cases, records show care staff are not providing care in line with the care plan, particularly in relation to the use of call bells, food and fluid intake, repositioning to prevent pressure damage and continence care. We saw one incident where care was not given in line with the individuals personal plan, causing them to become more agitated. The manager recognises further work is needed and is working hard to address this. Audits of care plans are being completed which identify the improvements needed. This is still placing people at risk and where the provider fails to take action, we will take enforcement action.

The provider has implemented a new system for medication management. Whilst we can see improvements have been made in how medication is managed, we checked stock levels of medication and found them to be inaccurate. This was the same issue found at the previous inspection and continues to put people at risk. A medication audit has been completed but had not identified the issues we found. The manager took immediate action to implement a daily count of medication following our feedback. This is still placing people at risk and where the provider fails to take action, we will take enforcement action.

Environment

We did not consider the environment in full as part of this inspection. We saw parts of the care home have been refurbished including lounges, corridors, and most of the bedrooms. This demonstrates the providers commitment to improving the environment for people living at the Mountains. Audits of each bedroom are taking place and identified issues are being addressed. There are no occupied shared rooms. Where people have moved rooms for various reasons, they or their representative have consented to the move. Signage to guide people around the service is in Welsh and English.

People live in an environment which is clean and tidy. Domestic staff were visible in the home. The head of department told us there is a programme in place to make sure all the bedrooms are cleaned regularly. We saw bedrooms and bathrooms were clean and there were no unpleasant odours. Personal Protective Equipment (PPE) is available to care staff. We saw no issue relating to infection prevention and control during the inspection.

Improved measures are in place to make sure any risks to the health and safety of individuals are identified and reduced as far as possible. Internal audits of equipment take place. External contractors service the equipment including hoists and slings to ensure they are in good working order. Care staff have training to use equipment including hoists to promote people's safety.

Leadership and Management

At this inspection, we saw improvements to the overall management and oversight of the service. Service quality is measured in order to drive improvements for people. The RI visits regularly and talks to people and care staff during the visits. From our observations, it is clear they know the people living at the service and addressed each one by name. Resident and relative meetings have been implemented so people have more opportunities to give their views on the service. The quality of care is reviewed six monthly. The report seen identifies what the service is doing well and what needs to improve.

There is a new management team in place since the last inspection. This includes the manager and clinical lead. A deputy manager is starting work in January 2024. The manager is conducting audits of the service and has identified several areas for improvement from each audit including care delivery, health and safety and the environment. The manager told us they feel very supported by the RI and operational director and their views are always considered. We found the manager was very proactive and responsive to any issues we raised during the inspection. Immediate action was taken to address poor practice issues which impacted on people.

People are supported by care staff who receive training and support relevant to their role. Since the last inspection, training opportunities have improved, and care staff have regular one to one supervision meetings and an annual appraisal of their work. This helps them to identify any career progression or training they may need to progress with their personal development. Without exception, care staff told us the quality of care people receive, and the support staff receive has improved since the new manager has come into post. They feel listened to and valued.

Recruitment practices need to improve. Recruitment files are checked and signed off as complete by a member of the management team. We found one file did not contain all the relevant information required to be in place before a person started work. Whilst this was rectified through the course of the inspection, audits of recruitment files need to improve. While no immediate action is required, this is an area for improvement, and we expect the provider to take 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 receive care and support in line with their personal plan.	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. Information in the plans is inconsistent and confusing.	Not Achieved
58	Medication processes are not sufficient to identify medication errors and continue to place people at risk.	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 raised during this inspection.	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.	Achieved
36	Care staff have not completed training in areas for which people living at the home have an identified care need or risk.	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.	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
35	The provider must ensure all relevant recruitment information is in place before people start work.	New

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