



Inspection Report on

The Mountains

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

Date Inspection Completed

8 and 9 June 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	15.1.21 and 17.5.21
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People appear contented living in the Mountains care home and are supported by staff who work hard to meet people's care and support needs. Opportunities are available for people to take part in activities that interest them. Information about the service is available in Welsh and English as is signage around the home.

Improvements are needed to the oversight of the service to make sure measures to improve the service are identified and actioned quickly. Improvements required include personal plans, medication management and the quality assurance process. During the course of the inspection, we were notified of a change in the day to day management of the service.

Well-being

People have choice and control over some areas of their day to day life. People spend time in the communal lounges or in their bedrooms. They can choose what they want to eat and drink. People have information about the service to help make an informed decision about living there. They can give their views through meetings and discussion with care staff. However, people are not involved in planning or reviewing their care and support needs and we saw no evidence people who share bedrooms give consent to do so.

People are supported to manage their emotional well-being but are not supported as well as they can be with physical well-being. People enjoy a range of activities and can have visits from their family and friends which they tell us makes them happy. Staff are visible in communal areas to make sure people get support when they want it. Personal plans do not reflect people's current need. Medication practices do not ensure people have medication as prescribed.

Improvements are needed to keep people as safe as they can be. Safeguarding referrals are not always made when people are put at potential risk of harm. Outcomes of safeguarding enquiries and concerns are not analysed to look for trends or patterns which may be emerging which can be addressed. Accident records are not audited so action can be taken to identify and reduce further risk to people. Improvements to the management of skin care is needed. Staff have not had training to help prevent pressure damage occurring.

People live in accommodation which supports them to achieve their well-being. People who can, move freely around the home. People are encouraged to bring in personal items to make their bedrooms more personal to them. There is a continued programme of refurbishment. Staff told us any equipment they need to support people is available to them. Signage around the home is in Welsh and English.

Care and Support

People have opportunities to do things they are interested in. We saw people take part in a music class. People are asked what they want to do and can have visits or go out with family members which they enjoy. People spend time in the lounge areas which are well supervised so staff can respond quickly to their needs. Menus are displayed with a choice of food people can choose from. Special diets including pureed food is catered for and the chefs work hard to ensure food is presented well.

People do not always get the right care and support when they need it. Checks of pressure mattresses have just been implemented because these were found not to be on the right setting putting people at risk. Staff have not received pressure care training even though this was a recommendation from a previous safeguarding investigation. Staff tell us poor communication between different departments including nurses and managers is making it difficult to ensure people's needs are known and met. Daily meetings between heads of departments where information is shared have stopped. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are not given choice in relation to sharing a room with another person. There is no evidence on a personal file we viewed that the person has given consent or had a best interest assessment in relation to sharing a room with another person. The staff are unable to tell us why this decision was made or if it was recorded in the personal plan. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

At the time of our visit, pre assessments were not taking place to make sure the home has the right information to decide if they can meet people's needs. Staff told us they often do not know people's care and support needs until they arrive in the care home. The RI has since confirmed this practice has stopped and assessments are taking place to determine if the home can meet people's needs prior to admission.

At the last inspection we informed the provider personal plans need to improve to reflect people's current needs. At this inspection we saw little change. Personal plans seen are generic and not always reflective of people's current needs. Management told us they are not up to date, and some are not completed within the required timescales following admission. Care staff say they do not have time to read care plans, they do not have input into reviewing them. They tell us they report any concerns back to the nurses in charge to action. The manager told us training is being arranged for nurses to help improve the quality of care planning. This is placing people's health and safety at risk and we have therefore issued a priority action notice. The provider must take action to address this issue.

People are not involved in compiling and reviewing their personal plans. This was confirmed in discussion with relatives and staff and from viewing documentation. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are not always kept as safe as they should be. Systems are not in place to make sure care files are up to date, people have medication as prescribed and accident records are audited to make sure the incidents are managed to reduce the risk of reoccurrence. Incidents are not reported to safeguarding or CIW as they should be. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Medication systems in place do not fully protect people. We found evidence people are not having prescribed medication as they should be. Nurses have training but the management say they are not confident in their ability to order medication. Competency assessments are ongoing. Nurses we spoke with said they were confident in using the system. Audits of records have just started but we saw no action is taken when people did not receive their medication as prescribed. We advised the management to submit safeguarding referrals because they had not identified this as a safeguarding issue. This is placing people's health and safety at risk and we have therefore issued a priority action notice. The provider must take action to address this issue.

Infection control measures are in place. Audits of the environment take place regularly. We found no issues during our visit.

Environment

The layout of the home supports people to achieve their personal outcomes. Signage in Welsh and English and colour coded doors and bannisters help with orientation to time and place. A programme of refurbishment and redecoration is in place. People's bedrooms are personalised and we saw staff encourage family members to help with this where they can. People can move freely around the home and spend their time in the communal lounges or in their bedrooms.

Arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Maintenance records show the fire alarm and equipment is regularly tested as well as bedroom checks and call alarm checks. There is a nominated person for the oversight of health and safety but they have not yet completed their qualification. The provider should address this.

Leadership and Management

At the last inspection, we issued a priority action notice because recruitment practices did not meet the requirements of the regulations. At this inspection we found this has been addressed.

At the last inspection, we told the provider improvements are needed to the oversight to the service. At this inspection we saw quarterly audits by the senior management team take place but audits of care practices including accident and incidents, care plans and medication management are not in place. This leads to people being put at risk of harm and appropriate action is not taken in a timely way to keep people safe. We had a mixed response from staff about the support they get from the management team. Staff tell us they feel they give good care but lack leadership. Without exception, people said the RI and operations manager are approachable and respond to issues raised with them. However, staff said communication with day to day management is poor. Daily meetings no longer take place with heads of unit which staff say are useful and give them vital information, particularly about people's care and support needs including dietary needs. Talking to staff from different departments evidence issues with communication between the management and nursing staff team. Information relating to people's well being is not being passed onto the relevant people so action can be taken. The management confirm this and say poor practice will be managed through supervision which they have just started recording. This is placing people's health and safety at risk and we have therefore issued a priority action notice. The provider must take action to address this issue.

The RI visits the service regularly to check on the quality of the service. Records are made of these visits, but one report seen shows the visit was not completed by the RI. We discussed this with them and are assured future visits will be completed by them.

Records show the quality of care reports are not completed at least once every six months in line with regulations. We looked at two reports and they did not evidence improvements made in the service over an eight month period. People's views are not sought and much of the information is duplicated in both reports. There is no evidence complaints and safeguarding have been analysed and lessons learned from this to improve the service. This is placing people's health and safety at risk and we have therefore issued a priority action notice. The provider must take action to address this issue.

Records show care staff do not have regular one to one supervision meetings with their line manager or an annual appraisal of their work. Team meetings take place regularly and care staff tell us they can approach the senior management team with any concerns they may have. Staff have access to training from various sources. Staff we spoke with said training opportunities are good. 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
80	The quality of care review arrangements are not suitable to make sure improvements are made to the quality and safety of the service.	New
58	Medication systems in place do not ensure oversight and audit of medicines management. There is no up to date policy and procedure in place for staff to follow.	New
15	Personal plans do not provide a clear and constructive guide for care staff about the individual, their care and support needs and outcomes they want to achieve	Not Achieved
7	The service is not run in line with the Statement of Purpose	Not Achieved
6	The arrangements for the oversight and governance of the service do not ensure the requirements of the	Not Achieved

	regulations are met.	
--	----------------------	--

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
16	People, their representatives and where applicable the placing authority are not involved in reviewing personal plans at least once every three months.	New
21	The management of skin integrity needs improvement and staff need training to reduce the risk to people.	New
26	Systems in place to make sure people are as safe as they can be need improvement.	New
45	The use of shared bedrooms is not managed in line with the regulations.	New
36	Care staff are not having supervision or an appraisal of their work as often as they should be.	New
60	The provider does not always inform CIW of incidents in line with the regulations.	New
59	The system to access and maintain records needs continued improvement.	Achieved

Date Published 29/07/2022