



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

08/07/2024

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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	9 th of January 2024
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 demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The Mountains provides good quality care and support to people, in a clean, safe and secure environment. People are treated with dignity and respect, and can make choices about how they spend their time. People have positive relationships with the care staff who support them. People have person centred support plans which are made and reviewed with them, or a representative, on a regular basis. People are supported with their well-being, physical and mental health.

Committed care staff are safely recruited, well trained and caring. Staff enjoy spending time with the people they support. Care staff have a high degree of confidence in the service management. Good arrangements are in place for the management and oversight of the service.

Well-being

People have control over their day to day lives and make decisions and choices about their clothes, meals, activities and how they spend their day. People are involved in the planning of their service and their voices are heard. Individuals can personalise their rooms with their pictures and personal possessions, creating a sense of belonging. People's food likes and dislikes are understood and there is a choice of menu. People are encouraged to participate in activities organised inside and outside of the home, doing the things that make them happy.

People's physical and mental health, and emotional wellbeing are well maintained. The staff team have good relationships with people and understand their needs, helping them to feel valued. One person's representative told us, "*The staff are lovely and I love coming over to see how my wife is progressing.*"

People receive a good standard of care and support from care staff who have been safely recruited, inducted and receive ongoing training. Individual risk assessments identify risks and provide instruction for keeping people safe and well.

People can maintain the relationships that are important to them, supporting their wellbeing. Flexible visiting arrangements ensure people can maintain contact with family and friends. Visitors are encouraged and are confident to speak to the manager if they have any concerns.

People and their representatives gave positive feedback about their experience of The Mountains. A person using the service said, "*They're good at this, I couldn't find better care.*"

Care and Support

People using The Mountains can be confident the service understands their needs and personal outcomes. People are assessed by a member of the senior staff team before receiving a service, taking into consideration information from the person, their representatives and others. The service provider considers these assessments and other available information to confirm they can meet a person's needs prior to moving into the home. One person told us they met with the Clinical Lead prior to moving in, which they appreciated.

The service has implemented a new electronic system for managing care planning. A member of staff told us, "*The new system is easy to use, user friendly and accessible.*" People can be confident their personal plans are accurate and up to date. Personal plans reflect people's care and support needs and detail their preference, likes and dislikes. The support needed to achieve personal outcomes, possible risks and strategies for keeping people safe are also recorded in individual plans. People and their representatives are involved in planning their care and support.

People are positive about the standards of care and support they receive. People using the service are cared for by staff who know them well and understand their needs. We saw positive and warm interactions between people and care staff. A person using the service told us, "*I'm very happy here, to be honest with you.*" Another person said about the staff, "*Brilliant, I can't fault them whatsoever.*" A representative of a person using the service told us, "*You won't get a better nursing home than this.*"

People are supported to maintain their overall well-being by accessing health and social care professionals and their professional advice is reflected in plans. We saw consistent monitoring records of the care and support people received. Furthermore, people are kept safe by staff who have undertaken safeguarding training and understand their responsibilities to report any concerns.

Medication storage and administration arrangements are in line with national guidance. Medication records are usually completed, though some gaps in medication audits were identified. The Clinical Lead has provided assurances, changes have been implemented to prevent further gaps in medication auditing. Medication records are fully completed, storage arrangements are safe and the overall administration of medication and controlled drugs is effective.

Environment

People personalise their rooms with their own belongings and pictures. In the main part of the building there are two lounges and a separate dining room, giving people space to interact with each other, their visitors and staff. For those who prefer a quieter time, people also have the use of another lounge area. There are grabrails throughout the service, supporting people to move around safely.

People live in an environment which is clean, tidy and well maintained. Regular maintenance checks are undertaken to confirm all serviceable equipment is maintained and safe to use. Domestic staff ensure the home is kept clean and hygienic. The provider undertakes a regular audit of the environment and there is planning for maintenance and improvements.

All the bedrooms have ensuite facilities. Accessible communal bathing facilities are clean and well maintained. Domestic staff ensure the home is kept clean and hygienic. The kitchen has been awarded a score of five by the Food Standards Agency. This is the highest possible score and suggests standards of cleanliness and hygiene within the kitchen are very good.

People are supported in a safe environment. The service provider ensures risks to people's health and safety are identified and mitigated. Personal Emergency Evacuation Plans (PEEP) are in place, describing how people will be evacuated in the event of an emergency or a fire.

Fire safety checks are undertaken in line with national guidance. We saw up to date safety certification is in place for utilities, equipment, and fire safety.

Leadership and Management

The Responsible Individual (RI) has good governance to support the effective operation of the service. The RI visits at least once a month and is in regular contact with the service. The RI regularly audits the service and meets with the residents and the staff team. Individual's using the service and their representatives are consulted with and their feedback is used to improve the service. Feedback from audits is given to the management team and staff. Areas for development or actions to be taken are identified and recorded.

The service is provided in accordance with the statement of purpose.

Care staff reported staff morale was much improved from the time of the last inspection. Staff reported their roles are more clearly defined and they are also working more closely together. A member of staff told us, "*There has been a culture shift where we help each other.*" The staff have confidence in the manager and told us, "*He's brought the care home on in leaps and bounds*" There is a culture of open communication and staff told us they feel valued. Staff told us about the manager, "*He takes on board staff opinions and views.*"

People are supported by staff who are suitably vetted and trained to provide the levels of care and support required. Care staff are registered with Social Care Wales and receive regular supervision, though this is not always in line with recommended timescales. There is a positive attitude towards training and the service provider is investing in staff development. A member of staff told us, "*They've put a lot of training into me and that makes me feel valued.*" Training compliance is high, most care staff have completed a good level of training.

Staffing levels currently exceed those calculated with the provider's dependency tool. People are supported by a service with enough staff who are appropriately trained to provide the level of care and support required. Staff feel there are sufficient care workers on duty, we were told "*There is a higher staffing ratio here than other care homes because of the complexity of the resident's needs.*"

There are good arrangements in place to support the day-to-day running of the service. The staffing structure is clear and all staff we spoke with understood their roles and responsibilities. Staff and people feel confident in the management of the service. A representative of one of the residents told us the staff were, "*Absolutely superb.*"

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
N/A	No non-compliance of this type was identified at this inspection	N/A
21	The provider does not ensure people receive care and support in line with their personal plan.	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.	Achieved
58	Medication processes are not sufficient to identify medication errors and continue to place people at risk.	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
35	The provider must ensure all relevant recruitment information is in place before people start work.	Achieved

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