

Quality Assurance Visit Report

Name of Provider:	Mountside
Address:	Laton Road Hastings
ESCC Officer:	Sara Cottington
Date:	29 th March 2017

East Sussex County Council Department for Adult Social Care

Partnership Working

East Sussex County Council wishes to work in partnership with Providers in delivering a high quality of support for adults with care and support needs and hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with Providers. The 'partnership approach' represents an attempt to define the spirit of partnership within which the Council and Providers will operate.

Purpose of the Quality Assurance Visit

To offer support and guidance to the Provider regarding the delivery of care and support needs for individuals by considering the effectiveness of the provider's quality management systems. The following elements of Quality Assurance will be considered:

1. Management and Leadership
2. A Suitably Skilled Workforce
3. Satisfaction Survey and Feedback
4. Complaint Handling
5. Equalities Monitoring
6. Care Documentation
7. Health and Safety
8. Management of Medication
9. Safeguarding
10. Accidents and Incidents.
11. Business Continuity

Visit Report

This report sets the evidence found during the Quality Assurance Visit

Please be aware that the Quality Monitoring Team adheres to Health and Social Care information sharing protocols and provides information on a need to know basis and in the best interests of adults with care and support needs. We share reports with the Care Quality Commission, East Sussex County Council colleagues and will also share a report in line with the Sussex Safeguarding Adults Policy and Procedures.

The Quality Assurance Visit was carried out as part of routine monitoring and numbers 1, 2, 6 and 10 of the Quality Assurance elements were looked at.

Care and Support Provision background

- The Responsible Person for the service is Graham Irving.
- The Registered Manager of the service is Keith Pocock
- The service is registered for a maximum of 52 residents. At the time of the visit Mountside had 3 vacancies.
- At the time of the visit 24 ESCC funded Adults with Care and Support needs were living at Mountside.

Contextual Information

The Manager and three staff members were interviewed during the visit.

A number of teams within Adult Social Care (ASC) were contacted for feedback regarding the service. The following feedback was received prior to the visit. Care Managers advised the individuals they are working with are happy with the service at Mountside and that they are given choice. One Care Manager advised that the home felt friendly and inclusive.

1.

Management and Leadership

Areas of good practice

Staff advised that they have regular contact with the Owner and Management Team; that they are approachable and felt supported.

Staff felt able to make suggestions regarding making improvements or changes at the service and two members of staff gave examples of this.

A verbal handover meeting takes place three times a day and the information is recorded. The handover sheet was viewed for 23/03/2017 and includes a summary of key points for individuals regarding their health and wellbeing.

The Manager and Deputy meet daily with the Head of Care. The service has a communication book that is used for Senior staff to record any concerns and any action required.

Team meetings are held quarterly and staff advised they have supervision in line with the services supervision policy.

Staff advised they attend regular training and that this includes face to face training, e-learning and distance learning. A number of staff are being supported to undertake a qualification in Health and Social Care and staff advised that they could request training and that this would be considered.

The service undertakes a number of audits which include medication, Care Plans, Health and Safety, dining/nutrition and environment.

The Owner, Manager, Deputy and Head of Care undertake unplanned audits that may include medication, call bell response times, environment and observation of staff practice. These are recorded and outcomes are feedback to the team.

Areas identified for improvement

There were no areas identified as requiring improvement.

6.

Care Documentation

Areas of good practice

Care Plans and Risk Assessments are in place for individuals.

Staff advised that they go through documentation with individuals, and they sign their documentation where possible.

The service uses a key worker system where staff have a number of individuals that they have responsibility for ensuring documentation is current and they meet with monthly to review Care Plans, get feedback regarding the individuals wellbeing and their views on the service.

Any changes to individuals' documentation are shared with staff verbally at handover meetings.

Written daily notes are completed by staff and were viewed for 1 individual and includes information regarding nutrition, personal care, health and welfare

The service is considering investing in an electronic recording system and this was discussed during the visit.

See action plan.

Areas identified for improvement

There were no areas identified as requiring improvement.

8.

Medication

Areas of good practice

The service has recently changed pharmacy and this has resulted in a significant change to the way medication is provided and administered. Staff were positive about the change and felt that the new process improved the administration of medication..

Medication is now provided to the service in "pods" which are colour coded for the time of day they are required. Each pod contains all of the individuals medication required for that time of day.

Medication Administration Records (MAR) charts include a photo of the individual and a picture of each tablet. The individuals' medication tray also includes their photo to support staff with administration.

The service receives support from the pharmacy and when the medication is delivered it is checked in by the Head of Care and the Pharmacist.

The Pharmacist undertakes medication audits and has also provided training for the staff.

The Pharmacist was visiting the service during the Quality Assurance visit and was able to explain the new system. The relationship between the Pharmacist and the service was positive and demonstrated positive partnership working.

Individuals' medication has been reviewed by the GP this year and the Manager advised they have a good relationship with the GP.

The service access medication training for staff from the pharmacist or via ESCC.

Areas identified for improvement

Information regarding the administration of "as required" medication needed to include more detail and this was discussed with the Manager during the visit.

See action plan.

10.

Accidents and Incidents

Areas of good practice

Staff spoken to were aware of the process they are required to follow to report and record an incident or accident and advised that Risk Assessments may be reviewed and updated as a result of an accident or incident.

Incidents are signed off by the Manager or Deputy.

A log of incidents is maintained to allow oversight and identify any themes and this was viewed during the visit.

Areas identified for improvement

There were no areas identified as requiring improvement.

Summary

Feedback received from ASC staff regarding Mountside was positive.

Staff felt supported by the Owner and Management Team and felt able to have open discussion with them.

The change in the medication system appears to have been positive with a good relationship between the service and Pharmacist.

The environment was calm and relaxed and there are a number of communal areas both inside and outside that are easily accessible for individuals.

Actions were discussed and agreed during the visit and there will not be the need for a further visit from QM at this time.

Agreed joint action plan

Date

	Action	By whom	Date
1.	To send information re electronic recording to the Manager. QM does not endorse this system, however it could be considered alongside others.	Sara Cottingham	By 31/03/2017
2.	To include more detail in "as required" medication guidelines.	Head of Care and Pharmacist	By 31/05/2017

Useful Health & Social Links

East Sussex Adult Social Care:

<https://new.eastsussex.gov.uk/socialcare/getting-help-from-us/contact-adult-social-care/>

▪ Training

For more information about workforce development and training opportunities available from ESCC, please use the following link or email the Adult Social Training Team at

Adultsocialcaretraining@eastsussex.gov.uk

<http://www.eastsussex.gov.uk/socialcare/providers/training/default.htm>

▪ **Support Plan**

An ESCC document developed by Adult Social Care with adults and their representatives that sets out how assessed needs will be met with desired outcomes and timeframes.

For more information please visit the ESCC website:

www.eastsussex.gov.uk/socialcare/disability/learning/choices/gettingsupportfromescscc.htm

▪ **Total Communication**

Total Communication describes an approach to supporting a person which recognises an individual's support needs around communication, using communication aids and techniques to create a supportive communication environment.

For more information please visit the ESCC website:

www.eastsussex.gov.uk/socialcare/disability/learning/choices/communicatingyourownway

Care Act:

<https://www.gov.uk/search?q=care+act>

Skills for Care:

<http://www.skillsforcare.org.uk/Home.aspx>

Social Care Institute for Excellence (SCIE)

<http://www.scie.org.uk/>

Community Care

<http://www.communitycare.co.uk/>

Disclosure & Barring Scheme (DBS)

<https://www.gov.uk/government/organisations/disclosure-and-barring->