

“The Health and Social Care Champion for East Sussex”  
Tel: 0333 101 4007

**Name of care home:** Mountside Care Home

**Date and time of visit:** Thursday 30th November 2017

**Names of authorised representatives:** Kevin Katner and Sue Fellows

## 1. Introduction

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care. We have a legal footing, as we were created under the Health and Social Care Act. Part of our responsibilities is to ‘enter and view’ health and social care establishments and services, to seek the views and experiences of people receiving a service.

The focus of the visit was twofold:

1. The degree to which residents were involved in the choice of care home.
2. The level and ways in which residents are actively supported and enabled to make choices and decisions and to be as independent as possible.

This visit was part of a programme of visits to care homes, numbering in total between 40 and 50 care homes. An overarching report will be written on general conclusions from all these visits and made public on our website.

## 2. What we did

- We met with Keith Pocock, Manager and Sandra, Deputy manager of Mountside to establish the background of the home.
- This meeting was followed by an extensive tour with a senior member of the care staff – Natasha, Head of Care. We visited the entire building. This included a cross section of resident’s accommodation, bathing and shared toilet facilities, the lounges and dining areas.
- The building and gardens are open apart from secure access to the outside and residents can move freely within all parts of the house and grounds other than utility areas.
- Buildings were at a comfortable temperature on a very cold day.
- During our guided tour of the building we were able to have short conversations with two or three residents who had been living there for varying periods of time. We also spoke, in his own room, for a longer period with another resident who had recently come to live here.

- We also had short conversations “in passing” with a few staff.
- We observed the lunch service in the main dining area.
- Our visit concluded with observations in the communal lounge, more detailed discussions with a number of staff and four residents.
- We had detailed conversations with three staff members.
- Finally we had a debrief session with the manager and his deputy.

### **3. What we saw**

- The home has 46 long term residents, plus additional short stay respite guests from time to time. No residents with a significant level of dementia or with nursing needs can be catered for.
- It was noted that the building is a “rambling” old structure which has been modified over the years, this has been expanded by the addition of a very large and modern new extension. The home has 3 communal areas, a large and attractive space in the new building, another large room and a smaller lounge. It was noted that cold drinks were available in all communal spaces and that a small kitchen, primarily for the use of visitors was available in the lounge of the new building.
- There are extensive level outdoor green and decked areas and attractive gardens.
- The building has 3 floors with accommodation on all floors accessed by lifts and stairs.
- Not all of the rooms are in use, 6 are currently empty.
- The majority of rooms are en-suite. Rooms in the new building all have en-suite facilities (wet rooms). A few rooms in the older part of the building use separate toilet facilities. A number of separate bathrooms with hoists were also seen.
- The whole building is in a good state of repair and decoration with good quality furniture. All bedrooms are of a reasonable size, some in the old building are very large. In the new build, rooms are well proportioned and in many cases very attractive. Natural light to all rooms is very good.
- It was noted that in the old building there are a number of extremely narrow corridors.
- A call system is in place with a variety of operational modes and this is tightly monitored. An expected maximum call wait of 5 mins is usually met.
- Pressure mats are in place where there may be a falls risk in bedrooms.
- There was no evidence of any unpleasant smell in the building.
- A sluice room was noted as having a broken lock, we reported this and by the time we left two hours later it had been replaced.
- A carpet with a crease in it had a warning notice and information to residents that work on this was underway.
- Residents were observed in their own rooms and in communal areas. In all locations a number were resting or asleep, (late morning), but in communal

areas some were engaged in conversations in small groups, particularly so after lunch. A staff member was sometimes present in communal spaces. No structured activity was observed.

- Some of the rooms we saw had small items of furniture that residents had brought with them, alongside TVs radios, photos, pictures, books, ornaments and soft toys.
- It was noted that some rooms were rather sparse and lacking in personal items compared to some others.
- Doors to bedrooms were generally closed but a number which were occupied had them open. (*When we checked with staff we were told that residents could close their doors if they wished*).
- In a corridor on the way to a lounge had display boards showing pictures of recent events, a programme of activities and menus, a “Certificate of Commitment” and a range of local information. An additional notice board had a range of internal information and (we were told), usually has a copy of the latest newsletter. Sponsor a Guide Dog puppy information was also noted.
- Lunch service was observed. Twenty six of the forty six residents were eating in the dining area, the rest ate in their own rooms or another location if they chose to. They had made a choice of main meal and dessert a day in advance. We were told that this is discussed individually.
- Food was plated up by the kitchen, and staff then brought it to residents wherever they had chosen to sit. Portions size was generous and food looked appetising. We noted that dessert was not pre plated so residents could choose what they wanted at the table.
- Only the chef and assistant were in the kitchen, other staff waited on the threshold for meals to come to them.
- Residents were supported by the staff, as and when required and on request. Staff “kept an eye” on progress but did not interrupt eating unless they spotted an issue.
- Throughout there was a calm atmosphere in which all needs appeared to be met. Residents completed their meals at different speeds and were able to leave or move as they wished, with help in some cases. The space is somewhat restricted however so zimmer frames are stored nearby, in a lounge area, and these have to be delivered to residents as soon as is possible after they finish their meal causing some delays.
- A low level of waste was noted, the majority of residents were eating most or all of their meal.
- Following lunch, the majority of those who had eaten together went to the lounge, a few to their rooms.
- Those residents in the lounge mostly chatted in pairs or small groups, watched TV or chatted to a staff member. Some knitted, others were reading.
- We saw an apparently high level of staffing with people moving from room to room or working with residents in communal spaces.
- We also saw two Finnish students who are on placement.

## 4. What people told us

### Residents told us:

- We spoke in detail with five residents. They were extremely willing and positive about speaking with us, were very friendly and open and keen to tell us about themselves and their past and present lives.
- All residents that we spoke to expressed the view that they were happy, felt safe and were pleased to live here.
- Residents had moved into the home over a period of years and for different reasons. A number had been familiar with the home previously and had made the logical choice to come and live here. Another had been admitted as “nothing else was available” following hospital discharge but was very happy.
- Some residents had had some opportunity to visit or family had done so prior to admission.
- One resident chose to come to live here permanently following a respite stay.
- Residents said they enjoyed living here, had choices and freedom to manage their time and live as they wanted to, in their home.
- Some were keen to socialise with others and join in with activities.
- Some residents told us the staff are “friendly and kind”.
- Residents commented that the “food quality was good”.
- We were told by a resident that they would routinely be offered to have two showers a week but more on request. A bath was also an option.
- “We are able to put forward our views at meetings”.
- “Staff go out of their way to help you as much as they can”.
- “We don’t get told what to do”.
- Mobility issues restricted a number of residents in terms of activities, but they were still involved in some.
- One resident was knitting for a sale, “the money goes into our entertainments”.
- “The Trolley that goes around, supplies us most of the small things we need, if something is not there it appears the next day”.
- “We are making things for Christmas...” “Does the Activities person help you?” answer: “I don’t need any help!”
- “What activities do you have?” “We have strippers, darts and bowling”. (Female aged 82 – grinning!)
- “If I have any problems I can easily ask”
- “I have a lovely room overlooking the garden but it’s a long way to get to it and I have trouble moving about.” She also told us “I don’t know if I will be able to afford it in the future”. (We discussed these issues with the manager later on and were told that there is an ongoing discussion with the resident about what was best for her and that she could move room if it seemed appropriate, depending on what is available).

- Some other issues were raised about transportation to hospital and the considerable cost involved in having an agency worker to accompany the resident. (see below).

### **Visitors told us**

- No visitors were available to talk to during our time at Mountside.

### **The manager told us:**

- There have been 14 admissions in the last 6 months. The majority of residents or relatives had visited prior to moving in, even when this was an emergency admission with pre-assessment.
- The home tries to be very responsive to relatives and to understand their anxieties and concerns.
- Residents can bring in what they want, subject to space, fire safety labels and PAT testing. They are able to change decor and bring any furniture they wish that will fit.
- The home works to maintain a good connection with Local GPs to keep choice and continuity, however most now are registered at the local surgery which is very supportive with a regular Thursday afternoon round. (the Doctor arrived when we were leaving). Visiting opticians are also arranged.
- Supervision processes for all staff are in place which enables monitoring, support and the further professional development of staff. It is felt that no Appraisal process is required in addition to this.
- Training is provided externally and internally with many staff achieving level 3 care qualifications. Training is face to face, online and distance learning. All statutory training is met as required.
- We discussed Care Planning and the changeover to electronic systems. The new system includes "How I choose to Live" which gets updated and shared with staff. This includes personal preferences re eating, sleeping, socialising and activities for example.
- Residents are often very long stay the record being 17yrs.
- A range of social activities was outlined, an Activities coordinator is employed. Activities included going out in the minibus, lunch club, projects (Old Town and History of the House, Poppy day), bingo, films, coffee mornings, sales, quizzes. Particularly popular are visiting musicians/singers and the fireworks display. Individual needs were discussed via 1 to 1s including a resident who likes shopping, going out with a carer. A small group of men who went to see the Westfield Christmas lights then to the pub recently.
- Residents often go out with family members.
- Visitors can come at virtually any time.
- Contacts are also regularly in place with local Churches, visiting clergy, schools etc.
- Residents meetings take place.
- Staff meetings occur regularly.

- One resident had told us she was concerned about charges for a recent visit to hospital and asked us to ask some questions about this. We talked to the manager and deputy who explained the situation and that alternative arrangements had been offered and declined. We unpacked the details and were promised that staff would talk the resident through the options again and also explain again the terms of the contract that patients have with the home.

**Staff (Two Care staff and the Maintenance person) told us:**

Staff were open, friendly and confident in speaking about their work and feelings about Mountside.

- Staff meetings occur regularly. Supervision meetings were mentioned by staff.
- Staff members told us about extensive Induction Training: DOLS, Medication, Safeguarding, Mental Capacity Act, Health and Safety, Manual handling, Fire regulations and Safety, Food and Hygiene, catheter care, Dementia awareness, COSHH.

The Head of Care told us:

- about her Team leader diploma and Train the trainer development added to her Level 3 qualifications.
- That her role includes paper audits and spot checks and daily discussions with senior management which are also part of her Supervision process.
- She told us how much she liked working here, that the staff were a good team. Also, that the management listened to people
- Although there is a set menu, rotated over a month, if a resident asks for a specific meal everything possible is done to accommodate their request.
- When there are staffing gaps, Agency staff are used who do not know the residents or systems so well. By trying to use only two agencies who have sent staff previously, they can often allocate people who are familiar with the home.
- When residents can no longer be cared for at the appropriate level an effective transfer process is in place covering GP involvement, medication checks, St Annes House, ASC and the family.
- Other members of the care team demonstrated an understanding of choice, safety, dignity and safeguarding issues as we observed them.
- We were told by staff that they try to keep residents mobile and to manage their personal hygiene which can sometimes be difficult. Choice is always their own.

A new staff member told us:

- She was doing her 12 week care certificate to be followed by level 2 & 3 in care.
- She outlined a whole range of wider experience including her skills in reflexology, facial massage and in singing that perhaps the home might want to utilise. We agreed to update the managers on this as she was rather cautious about it!

- She told us management were very approachable and that it was a good and supportive team.
- Having had a bad experience in a previous post, she made it clear that she would not work anywhere where she felt that staff were “cruel to residents” and people not cared for well.
- She outlined many of the activities previously mentioned, added more and told us how good they were and how enthusiastic the leader is. (The activity leader was off on the day we visited making cakes for an event! It was made very clear by residents that she was liked and appreciated.)
- She expressed great sadness about a recent death in the home and talked movingly about how both staff and residents had supported each other.
- It was clear that she really cares about the residents and this is not just a job. She lives nearby and comes in when she is not working on occasion.

The Maintenance technician told us about

- the wide range of work he does and how much he enjoys working here. He recognised what he can and cannot do within the H&S and COSHH regulations and uses his initiative to do the best possible for the home.
- It was apparent from his comments, looking around the building and that he lives over the road and can and does drop in if needed that his work is also much appreciated.

## 5. Conclusions

### Key points:

- Mountside appears to have long established thoughtful, engaged and sympathetic and caring leadership and a stable committed staff.
- A range of issues had been identified by CQC at a previous inspection and the home had been visited again by CQC only two weeks ago. (This information was not available to Healthwatch at the time our visit was booked and the Home chose not to cancel us after it had happened. In fact, the Inspection was not even mentioned until it emerged in general discussion after an hour).
- Management told us they are working to address the issues previously identified and are awaiting the report.
- Triangulation of the comments of residents, staff and management always aligned, a very encouraging sign of trust, openness and progress.
- On all accounts this is a happy, safe, positive and caring environment in pleasant surroundings.
- All residents and staff we met described this as a happy place to live or work in. This was borne out in many conversations and with some humour!