

Bupa Care Homes (GL) Limited

# Mount Hall Care Home

## Inspection report

Flash Lane  
Bollington Cross  
Macclesfield  
Cheshire  
SK10 5AQ

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Tel: 01625574177

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The focused inspection took place on 23 March, 2018 and was unannounced.

Mount Hall is a 'care home', registered to provide accommodation and nursing or personal care for older people. The care home is registered to provide support to 32 people. At the time of the inspection there were 29 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is set in its own gardens in a semi-rural location near Macclesfield town. Accommodation is located over two floors. There are 32 single bedrooms, all but three of the homes bedrooms have en-suite facilities. There are two communal lounges, a well presented dining room and a passenger lift and stairs providing access to the first floor.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in February, 2016 the home was rated as 'Good' in all five key areas (safe, effective, caring, responsive and well-led)

This focused inspection was carried out due to notifications of concern which CQC received in relation to clinical support people were receiving, particularly in relation to feeding tubes and acute specialist support which was required.

This inspection was carried out to ensure people were receiving safe care and the registered provider was meeting all legal requirements. The team inspected the service against two of the five key questions we ask about services: is the service safe and well-led?

No risks or concerns were identified in the remaining 'Key Questions' (effective, caring and responsive) through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these 'Key Questions' were included in calculating the overall rating in this inspection.

During this inspection we looked at the clinical care of people with feeding tubes as well as other people who were receiving nursing care for more acute clinical conditions. We did this in order to assess whether relevant risks had been assessed by nursing staff. We saw people's medical conditions were clearly recorded and staff followed specific care and treatment plans to support these conditions.

We reviewed a number of clinical monitoring charts; these were for areas such as, repositioning, people being nursed in bed and fluid/ diet charts. These charts helped to provide a good evaluation of the care provided. The charts seen were up to date showing that care was being monitored and evaluated.

We found medicines were administered safely and people received medicines on time. A medication policy was in place. Staff who administered medication had received medication training and had undergone competency assessments to ensure they had the skills and knowledge to administer medicines to people safely.

The day to day support needs of people living at Mount Hall were being met. We found staff liaised with external health and social care professionals at the appropriate time to optimise people's health and well-being.

Accident and incidents were being recorded and staff were familiar with the reporting procedures which needed to be followed. There was an accident/incident reporting policy in place and trends were being established as a measure to mitigate and manage any potential risks.

We found the environment to be clean, well maintained and free from any odour. There was an effective cleaning rota in place and staff were complying with the necessary infection control policies. The registered provider also ensured that infection prevention control audits were regularly conducted throughout the year.

Health and Safety audit tools were in place to monitor, assess and improve the quality and standards of the home. This meant that people were living in a safe and well maintained environment.

Staff records were organised and comprehensive. All staff had suitable references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered provider to assess level of suitability for working with vulnerable adults.

Policies and procedures were all up to date, contained the relevant information and were available and accessible to staff. Staff were able to discuss specific procedures and processes with us during the inspection.

The registered provider was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The registered provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the registered provider website, as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks were appropriately assessed and people were safely supported.

Medication processes were being followed and people were receiving safe clinical support.

Accident and incidents were being recorded routinely assessed to establish trends.

Recruitment practices were being safely managed.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post at the time of the inspection.

Quality assurance systems were in place and were effectively monitoring the quality and standard of care being provided.

Policies and procedures were in place and were accessible to staff.

# Mount Hall Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 March, 2018 and was unannounced.

The inspection was prompted in part by notification of an incident whereby a person using the service died. This incident was referred to other agencies such as the police and local authority.

The information shared with CQC about the incident indicated potential concerns about the management of risk of in relation to clinical support and choking risks. This inspection examined those risks.

At the time of the inspection we were assured that safe clinical support was being provided, risks were being mitigated and people were receiving safe care.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information which was held on Mount Hall. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) had previously been submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted the police and local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the regional director, financial administrator, two nurses, three care

staff, one maintenance co-ordinator, one healthcare professional, five relatives and four people who were being supported. We also reviewed specific records and documentation to support the inspection. These included six care records of people who lived at the home, four staff personnel files, staff training records, accidents and incidents, medication administration records and audits, infection control procedures and other records relating to the management of the service.

# Is the service safe?

## Our findings

We inspected this key question to follow up on concerns which had been raised in relation to the support being provided to people who required specialist clinical care.

During the inspection we reviewed care records of people who were receiving specialist care. We found that the all care plans and risk assessments contained up to date and relevant information. Risk assessments were detailed, specifically tailored to the person and staff were familiar with the support which needed to be provided. For example, one care record contained information about a person who was receiving specialist nutritional and hydration support. The person had a detailed risk assessment and plan of care in place and the nutritional/hydration regime was in accordance with dietetic advice.

We reviewed documentation around pressure ulcer care (skin vulnerability). There was a wound assessment and plan of care in place. Records were up to date, consistent with the care needs of the person and provided a detailed record of the management of pressure ulcers.

We saw that in some people's care files specific pieces of equipment were needed to ensure their safety and wellbeing wasn't being compromised. For example pressure relieving cushions and mattresses were suitably in place. The care files we reviewed demonstrated that staff had completed the relevant risk assessments to assess and monitor people's health, safety and well-being. We also saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails.

We reviewed medication processes during the inspection and found the medication systems were being followed. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs (CD) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members. One particular CD was seen to be administered correctly and when we checked the stock balance it was correct.

Medication audits were carried out on a regular basis. These consisted of two local audits carried out by the Clinical Services Manager [CSM] on a weekly basis looking at current medication administration records (MARs) and stock levels and a more detailed monthly audit .

We did identify some minor recording issues from the medication administration records (MARs) we reviewed which we discussed with the senior staff at the time of the inspection. For example one person had brought in some medication from home to be taken 'as and when' needed [PRN]. The medication was kept on the medicines trolley but did not identify the person by name. There was also no PRN care plan in place to identify when the medicine was to be given. The person had not required any of the medication since

admission. The nursing staff advised us they would get this reviewed. We also identified some discrepancies in relation to medication stock counts. Two of the MARs had not recorded the 'medicines brought forward' from the previous MAR so it was difficult to account for the stock present without referring to supporting records.

There were records in place which identified whether people had been administered topical preparations (creams). Body maps were found in people's rooms which recorded the areas of the body the cream was to be applied to. All staff recorded when creams had been applied and the records we saw were up to date.

Two people were having 'thickening' agents to thicken the consistency of their drinks. These are prescribed substances and are used to prevent the risk of choking in people who have difficulty swallowing. We found these were managed safely. Staff were aware of the consistency required for each person's drinks. Care plans recorded details of each person's needs. There were no other records held by the kitchen staff or the 'hostess' who supplied routine drinks. We discussed how a regularly updated list would assist as a further check for staff when administering drinks, particularly if there were more people prescribed thickener at any given time.

During the inspection we spoke with an external healthcare professional. We were told that staff assessed and monitored all people living at the home who were supported with specialist nutrition and hydration needs. In addition we were told, "Staff always position people safely and are knowledgeable around the care and risks."

We reviewed how accident and incidents were recorded and monitored by the registered provider. Accidents/incidents were recorded, the appropriate records were updated so that trends could be established. These meant that once trends had been identified, potential risks were then being managed. Accidents and incidents were also discussed as part of the quarterly Quality Assurance and Health and Safety committee meeting which took place as well as any lessons which could be learnt.

Staffing levels were reviewed to ensure there was enough staff to provide people with the support they required. People, relatives and staff we spoke with all expressed that there was enough staff to provide the care and support which was required. Comments we received from relatives included "There's always enough staff around" and "The staff are brilliant, they're always around when you need them."

Recruitment processes were safely managed. Full pre-employment checks were carried out prior to any member of staff commencing work. Personnel files included application forms complete with employment histories and qualifications, two suitable references, identification, Disclosure and Barring Service (DBS) checks. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered provider to assess level of suitability for working with vulnerable adults. There was also a routine system in place to ensure nursing staff were validated with The Nursing and Midwifery Council (NMC) The NMC is the professional regulatory body for nurses and midwives in the UK.

Infection prevention control procedures were reviewed during the inspection. It is essential that there are systems and control measures in place to ensure people are protected from avoidable and preventable infections and ensuring that environments are safe and hygienic. There were regular health and safety audits and checks being conducted as well as action plans to identify areas of improvement which needed to be addressed.

The environment was clean and tidy. All toilets, bathrooms, bedroom and communal areas were clean and hygienic. Although it was identified that the laundry facility were rather cluttered and cramped. Laundry



facilities need to be well maintained and clutter free for ease of access and cleaning. Staff were observed wearing personal protective equipment (PPE) and there was an up to date health and safety policy in place.

Records confirmed that gas appliances, electrical equipment and fire safety regulation all complied with statutory requirements. Each person also had their own Personal Emergency Evacuation Plan in place (PEEP). This helped ensure that each person could be safely evacuated from the building in the event of an emergency.

Safeguarding and whistleblowing policies and procedures were reviewed. Staff explained their understanding of 'safeguarding' and how they would report to any concerns. Staff also explained that 'Whistleblowing' policies helped protect vulnerable people against inappropriate practice. Staff had completed the necessary safeguarding training, and any appropriate safeguarding referrals had been made to the local authority. This helped ensure that that people were protected from the risk of abuse.

## Is the service well-led?

### Our findings

We inspected this key question to follow up the concerns raised in relation to the clinical support people were receiving. We reviewed quality assurance and governance systems as to ensure the home was 'well-led'.

There was a registered manager at the home at the time of the inspection. They had been registered with the CQC since February, 2017. They were aware of their regulatory responsibilities and statutory notifications were being submitted in accordance with regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website.

Audits and systems for quality assurance purposes were being carried out effectively. Audits and checks were being completed on areas such as health and safety, infection prevention control, care plans and risk assessments, medication administration, clinical care (pressure ulcer, wound charts, thickened fluids, infections) and maintenance. This meant that the quality and standards of care being provided was consistently being monitored and reviewed.

There were good communication and recording systems. Staff were familiar with the specialist care needs of the people they were supporting and were able to provide examples of how support needed to be provided. Daily handovers, team meetings, supervisions and daily contact notes were all in place, staff were able to refer to updated care plans and risk assessments as and when they needed to.

The registered provider ensured that 'You said, we did' processes were in place. We saw visible posters around the home which demonstrated how the thoughts, opinions and views of others were being listened to and responded to. For example, we saw how the registered provider responded to requests for more musical performers, more quizzes for people to participate in, easier to read notice board and a monthly poster of up and coming birthdays.

Resident and relative meetings were regularly taking place and relatives expressed that they were informed of the meeting dates in advance. Meeting agenda items included 'home' updates, results of completed audits, refurbishments and events and activities. One relative said "We're always fully updated."

The registered provider ensured there was a 'Home Improvement Plan' in place. This was a monthly plan which identified areas of improvement and how these would be addressed. We identified that areas of improvement were being addressed and completed by the time specified. For example, it had been identified that a staff training plan needed to be completed and placed in the correct training file and resident/relative meeting needed to be completed by April 2018. Both areas of improvement had been

completed. This showed that there was continuous assessments of different areas of the home which helped to identify areas of improvement.

'Resident Experience' surveys were circulated on an annual basis. Feedback which was returned from surveys which were conducted in December 2017 was particularly positive. 100 per cent of people/relatives were happy with the staff who were providing the care, people felt listened to by staff, people felt safe and secure, treated with dignity and respect and treated as individuals. Comments which were received included 'Care home is very friendly', 'Very caring and beautiful facilities', 'lovely friendly staff' and 'Friendly staff, good care is given'.

We reviewed a range of different policies which the registered provider had in place. Policies provide guidance to staff when dealing with issues which could be of critical importance. Policies we reviewed included data protection, health and safety, accident and incident reporting, safeguarding, confidentiality and administration of medication. Staff were aware of the range of different policies and were able to explain their understanding of specific policies when they were asked.

There was an up to date Business Continuity Plan (BCP). This is a plan which helps to ensure that processes are in place in the event of an emergency situation. The BCP contained up to date and relevant information which could be followed in the event of different emergency situations.