

Caring Homes Healthcare Group Limited

Mount Pleasant Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mount Pleasant is registered for 50 beds in one adapted building over two floors and provides personal care and accommodation for older people who may be living with dementia. On the day of our visit 40 people were using the service. The ground floor of the home specialised in providing care to people living with dementia.

People's experience of using this service and what we found

The service met the characteristics of 'Good'. People's safety was protected; as staff received training and understood their role in reporting any concerns to protect people from harm. Accidents and incidents were analysed to look for any patterns or trends and enable the provider to minimise the risk of future incidents. Identified risks were assessed and managed to promote people's safety. People were supported to take their medicines as prescribed. Recruitment checks looked at the suitability of staff to protect people that used the service. Infection control procedures were followed to minimise the risk of people acquiring an infection.

People enjoyed their meals and they were consulted about the meals provided, to ensure they met their preferences and dietary needs. Drinks were available to people throughout the day and where needed people were prompted to drink, to ensure they remained hydrated. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. When people were unable to make specific decisions about their care; assessments were completed with the relevant people, to ensure decisions were made in their best interests. People and their representatives were involved in their care to enable them to receive support in their preferred way. Healthcare services were available to people and they received coordinated support, to ensure their preferences and needs were met.

People were provided with opportunities to take part in social activities, to enhance their well-being. Information was available in an accessible format to enhance people's understanding. People were treated with consideration and respect by the staff team and their dignity and privacy was respected. People were enabled to maintain their faith needs and were supported to maintain relationships with people that were important to them. People and their representatives were encouraged to give their views about the service. This included raising any concerns they had. Systems were in place and used effectively to monitor the quality of the service and drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published 7 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mount Pleasant Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mount Pleasant Care Home is a 'care 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission

services from the provider. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and three people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with eight members of staff including the regional manager, registered manager, deputy manager, the cook, the member of staff responsible for the day to day maintenance of the home, care staff and activities staff. We reviewed a range of records. This included accident and incident records, care records, medicine records, staff recruitment records and training records.

We also continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us with a range of additional audit and quality assurance information as part of this process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with the staff and told us the home offered a safe environment for them. Relative also confirmed this, one said, "I am quite confident my relative is safe here, all of the staff are lovely and very caring."
- Staff understood their responsibilities to report concerns and confirmed they were provided with training which included the safeguarding procedure to follow. All staff, regardless of their job role and were provided with safeguarding training. Information regarding safeguarding procedures and reporting concerns were available within the home.
- The registered manager understood their responsibilities and reported concerns to the local authority safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People were supported to keep safe, as risk assessments were in place and followed by staff. For example, we saw when people were unable to move independently, staff supported them in line with their risk assessments and care plans.
- Equipment used to support people, such as with their mobility or skin care was maintained and serviced as required to ensure it was safe to use.
- Assessments, guidance, equipment and training for staff was in place to support people in the event of an emergency. For example, people had personal evacuation plans that detailed the level of support and equipment they would need to evacuate the home safely.

Staffing and recruitment

- We saw sufficient staff were available to support people according to their preferences and needs. People confirmed the staff were available to support them as needed.
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely

- People were supported to take their medicine at the right time. Staff spent time with people when administering their medicine, to ensure they were taken before signing their medicine record.
- Staff who administered medicines received medicine training and had their knowledge and practice assessed to ensure people received their medicine safely. One member of staff told us, "We have medicines training and a refresher is done every year, our competency is checked after the training and we have an

observational supervision every couple of months."

- Medicines audits were undertaken, to enable the registered manager to identify and address any errors promptly.

Preventing and controlling infection

- The home was clean and maintained to a good standard. One visitor told us, "It's always kept clean."
- Housekeeping staff followed a cleaning schedule and infection control audits were undertaken. The registered manager was aware of their responsibilities to report any outbreaks to the relevant authorities.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- We saw the registered manager analysed all accidents and incidents each month. This enabled them to look for any patterns or trends and act as needed to minimise risk.
- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, although the provider was not in breach of any regulations; this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, staff had not received training on how to support people when they demonstrated behaviours that put them or others at risk of harm. These behaviours were associated with people's cognitive understanding as they were living with dementia. At this inspection we saw training was provided to ensure people were supported as needed to keep safe and maintain their wellbeing.
- Staff received an induction that provided training in the areas that were relevant to their roles.
- Following staff training their competency was assessed and they were provided with support on a regular basis by the registered manager. Staff told us the training and support they received enabled them to do their job. For example, one member of staff told us, "The training covers everything, and the registered manager is lovely, really supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was undertaken with them, before they moved into the home to ensure they could be met. The assessments included enough detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Care plans contained information to support people's specific health and appropriate referrals were made to external professionals to ensure people's needs were met.
- Staff supported people in line with best practice, which led to good outcomes for people and promoted a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet and were enabled to make choices about the kind of food they enjoyed. People told us they enjoyed the meals and told us the quality of food was very good. One person said, "The food is good and nutritious." Another person told us after they had finished their meal, "That was absolutely delicious."
- Some people that lived on the first floor told us that their meals, "could be warmer." They felt this was because their meals were served after the meals for people on the ground floor. The registered manager advised that meals were served from a hot trolley but confirmed they would investigate this.
- We observed the support people received at the lunch time meal, and saw people were supported to eat when needed. This was done at the person's own pace and staff supported people to do as much for themselves as they could.
- The cook and staff team were aware of any specialist diets that people needed and ensured people were

supported to follow their required diet. Throughout the meal and afterwards the cook checked people were happy with their meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People confirmed they were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists, opticians and dentists. One relative told us, "The doctor comes out whenever they are needed and my relative sees the chiropodist regularly." Another relative said, "They (the staff) keep me fully informed. If anything happens at all, any tumble, they let me know."
- We saw staff responding promptly to emergency situations when people required urgent medical support.
- We saw referrals were made to a range of health and social care professionals when required to support people's changing health care needs.

Adapting service, design, decoration to meet people's needs

- Assistive technology was in place and used to support people as needed. We saw that some people had their own pendant to enable them to call for staff support when they needed it. One person told us that if they pressed their call button it was responded to.
- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- People could speak with their visitors in private if they wished to.
- Equipment such as hoists were available for people to move safely when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- Five people that used the service were under the local authority restriction of a DoLS. The registered manager confirmed that applications had been made for some other people that lived at the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw, and people confirmed they were treated with kindness and consideration by the staff team. One person said, "Everyone here (staff) has been so kind to me." We saw this person become upset at periods throughout the day and staff responded promptly to offer them support.
- Staff had a good understanding of people's needs and preferences. This enabled them to support people in their preferred way.
- Staff understood people's communication methods and were able to communicate effectively with people. Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used.
- People were supported to maintain their spiritual and faith needs. Services took place at the home by two local churches. One person told us, "I really enjoy them."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. One person told us, "It's pretty easy going here. You can make your own mind up about what you want to do." A person's visitor said, "I am fully involved in my relatives care."
- Some people that were living with dementia were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options or showed people objects of reference to assist them.
- People with restrictions placed upon them were supported by Independent Mental Capacity Advocate's (IMCA). This was to ensure they were appropriately protected, and any restrictions were carried out lawfully.
- At the time of the inspection, no one was using an independent lay advocate. The registered manager confirmed they would support people to use one if this was required. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person told us, "I like walking. I walk down to the shop every day." Another person said, "I do as much as I can for myself. The staff know what I need help with."
- Staff respected people's privacy and dignity. One person said about the staff, "They always knock on the door." We saw people's dignity was promoted when they were supported to use the bathroom or required

support to move. This was done with consideration to the person and at their preferred pace. ● Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and care plans were in place that were personalised, detailed and regularly updated. One person told us, "I like living here. I decide what I want to do and when. Everyone is very nice here."
- We saw throughout the day that the support provided was personalised to each individual and dependant on the level of support they needed at that particular moment. For example, one person throughout the day had periods of anxiety and during those times, required a lot of support. Staff had a good understanding of this person's needs and their care plan reflected the support they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that information was available in accessible formats to support people's understanding. For example, picture menus were provided to enable people to make decisions regarding their preferences.
- The registered manager confirmed that information in large print and other formats were available to people if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in social and recreational activities and three activities coordinators were employed. We spoke with the activities coordinator on duty who had a good understanding of people's preferences and interests. People confirmed they enjoyed the activities provided, both in and out of the home. One person told us, "I like my bingo." And showed us all the prizes they had won.
- The activities provided were based on people's interests. This included regular trips out into the local town. Visits from a variety of entertainers, and activities within the home. This ranged from cinema afternoon in the activities room, which we saw were very popular to a variety of games and quizzes.
- People were supported to maintain relationships with people that were important to them. We saw, and visitors told us they were welcomed by the staff team. One visitor said, "I visit several times a week, the staff are very friendly and always offer me drinks," We heard a staff member asking this visitor if they were having lunch at the home. The visitor told us, "They always ask me. It's like my second home."

Improving care quality in response to complaints or concerns

- People were confident that they would be listened to if they raised any concerns. One person said, "I would speak to the manager, she is very good and would sort it out." A relative told us, I wouldn't hesitate; I would speak to the manager. I have done in the past and the issue was resolved quickly."
- There was information on display in the home to explain to people how to raise concerns.
- The service had a procedure in place to manage complaints and we saw these were addressed and actions taken, in line with the providers complaints procedure.

End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- Staff confirmed they had received training that enabled them to support people when they needed end of life care.
- Where people were willing to discuss their preferences regarding end of life care; the registered manager had explored with people and their relatives their preferences and choices. We saw that people's protected characteristics; cultural and spiritual needs were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff felt well supported and able to develop in their role. Staff confirmed they were supported by the registered manager and deputy manager. One member of staff who had recently joined the service told us, "The manager stopped and hugged me in the corridor the other day and told me she was proud of me. I thought that was really nice and felt appreciated."
- Staff were positive about the culture of the home and confirmed they worked well together. ● Discussions with staff demonstrated their passion to provide individualised support to people. One member of staff told us, "I decided to work in care because I want to make a difference to people's lives and I am so glad I did. I love my job; the people I support have so much knowledge and fabulous stories to tell, they are so interesting." Another staff member said, "Everyone here (staff) is lovely and want the best for people. The kitchen staff are fantastic with the residents, they know them all so well and sit chatting to them."
- We saw that regular team meetings were held with staff. These meetings incorporated training opportunities, health and safety and infection control information and guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Quality audits were in place to measure the success of the service and to drive improvement. For example, monthly audits were undertaken; this included audits of support plans, risk assessments, health and safety, infection control and staff training and development and environmental improvements.
- We saw that all areas for improvement were monitored until completed. For example, carpet cleaning schedules were not being adhered to. To address this a resident of the day scheme was implemented which included a deep clean of the 'resident of the day's bedroom carpet. Following this initiative 100% compliance as achieved.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the rating from our previous inspection was displayed in the office in line with legal requirements and on the provider's website.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. The registered manager provided feedback to staff on their performance.
- The registered manager understood their regulatory responsibilities and were supported by the provider's

senior management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives knew who the registered manager was. They told the registered manager and staff were friendly and approachable. People were confident in the management of the care home and told us it was well run. One relative said, "I think the manager does an excellent job. All of the staff are very caring, and they know people well and that's important." Another said, "The staff definitely have the interests of residents at heart. They look after my relative very well. It's all about people, they will chat and get a smile on my relative's face."
- People were given a voice to give their views on the home and any suggested improvements. Meetings were held monthly with people that lived at the home and a residents' committee had been established. One person told us, "All the residents are invited to attend." The meetings were attended by the registered manager and a full record of discussion and action points were kept." One person told us they had requested condiment holders on all dining tables and these were now provided. This person told us they were pleased with this outcome. We saw that where suggestions had been made the registered manager acted to address these suggestions.
- Opportunities were also provided for people to give their views through the use of the homes iPad. This was done with different people on a regular basis to gather people's overall views and enable the registered manager to address any areas for improvement or suggested development. One visitor said, "I do fill in questionnaires to give feedback and on an informal level, I am asked if everything is alright; which it is. I am very happy with the care my relative gets."
- People were provided with opportunities to develop links with the local community through accessing local services and by spending time within their local community. This enhanced people's sense of belonging.
- There were good relationships with local health and social care professionals who were involved in the care of people that used the service.