

Pribreak Limited

Mount Pleasant Residential Home

Inspection report

Finger Post Lane
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Frodsham
Cheshire
WA6 8LE

Tel: 01928787189

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 13 August 2018 and was unannounced.

Mount Pleasant Residential 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 care home accommodates 24 people in one adapted building. At the time of the inspection there were 21 people using the service.

There was a registered manager in post who had been registered with the CQC since August 2016. A registered manager is a person who has registered with the Care Quality Commission 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 last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because information in people's care records was not always up-to-date and audit processes were not robust enough. At this inspection we found that improvements had been made, but identified issues with training that had not been managed appropriately. This meant there was a continued breach of Regulation 17.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. At this inspection we identified that improvements had been made to safe and responsive, but further improvements were needed in effective and well led.

During this inspection we identified that staff training was not being kept up-to-date. It is important that staff maintain their skills and knowledge to ensure this stays in line with current best practice. This had already been identified as an issue by the registered manager and the registered provider, however effective measures had not been put in place to ensure this was rectified. Following the inspection we contacted the registered manager who confirmed that training remained an issue. This showed that quality monitoring systems still needed improvement.

You can see what action we told the provider to take at the back of the full version of the report.

Whilst audit systems had failed to ensure that training had been kept up-to-date, other aspects of the quality monitoring process was more robust. For example, monitoring of care records, infection control procedures and the environment were being undertaken and where issues had been identified, these had been addressed. This showed that some improvements had been made in this area.

At the last inspection we identified issues around staff following appropriate moving and handling procedures. During the inspection we identified that improvements had been made in relation to this. Other risk assessments were also in place to maintain people's safety and well-being.

We previously identified issues with the safe storage of medication as this was being stored in people's bedrooms without appropriate risk assessments. At this inspection we identified that this had been rectified. People were receiving their medication as prescribed and appropriate paperwork was being completed to show that this had been given.

At the last inspection we made a recommendation that the registered provider implement appropriate procedures to become compliant with the Mental Capacity Act 2005 (MCA). At this inspection we found that appropriate action had been taken to ensure the registered provider was discharging their duties as required by the MCA. We observed that people's rights were being protected and decisions made in their best interests where required.

At the last inspection we found that care records were not always being kept up-to-date. At this inspection we identified that this had been rectified. Care records were personalised and contained relevant and up-to-date information about people's needs. These ensured that staff had access to information they needed to carry out their role effectively.

Whilst we observed there were some processes in place to ensure equality and diversity was embedded within the service, there were no specific initiatives around promoting the rights of people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT). We have therefore made a recommendation to the registered provider around the promotion of equality and diversity within the service.

Accident and incidents were being monitored within the service and appropriate action had been taken to address any issues. This helped ensure that people's safety was maintained.

Where appropriate people had been supported to access health professionals such as their GP, optician and dentist. This helped ensure people's wellbeing was maintained.

Positive relationships had developed between staff and people using the service. We observed people laughing and joking with staff and they appeared relaxed and at ease in the company of staff. People's family members also commented that they found staff to be welcoming and friendly.

People commented that they enjoyed the food that was available. This was freshly prepared each day by kitchen staff. Appropriate support was given to people throughout meal times to ensure they had enough to eat and drink.

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.

People were protected from the risk of abuse.

Accidents and incidents were being monitored and action had been taken to ensure people's safety.

Risk assessments were in place to help mitigate the risk of harm to people.

People were supported to take their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training had not been kept up-to-date to ensure they had the necessary skills to carry out their role.

People's rights were being protected in line with the Mental Capacity Act 2005.

People commented positively on the food that was available, telling us that they liked this.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Positive relationships had been developed between staff and people using the service.

People's confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and had been kept up-to-date.

Activities were being carried out within the service and people had the choice of participating in these.

There was a complaints process in place which was accessible to people using the service and their family members.

Is the service well-led?

The service was not always well led.

Quality monitoring systems were not always robust enough to ensure appropriate action was taken where issues were identified.

Surveys had been completed with people using the service and their family members which showed people were happy with the service.

The registered provider was notifying the CQC of specific events that had occurred within the service as required by law.

Requires Improvement ●

Mount Pleasant Residential 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.

This inspection took place on the 13 August 2018 and was unannounced.

The inspection was completed by one adult social care inspector.

Prior to the inspection we contacted the local authority who did not have any concerns about the service. We also reviewed information the registered provider sent us in the Provider Information Return. This is 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.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and looked at three people's care records. We spoke with one person's relative. We spoke with three members of staff, the registered manager and the registered provider. We made observations on the interior and exterior of the premises and also reviewed records pertaining to the day-to-day management of the service such as maintenance records and audits.

Is the service safe?

Our findings

People commented that they felt safe using the service. One person commented, "Oh, yes I feel safe here," whilst another person commented, "I'm safe as houses". We spoke to a visiting health professional who told us they did not have any concerns about people's wellbeing.

At the last inspection we identified issues with the implementation of appropriate moving and handling risk assessments and the safe storage of medicines. During this inspection we found that improvements had been made in these areas.

Risk assessments were in place around people's needs and action had been taken to mitigate this risk. For example, moving and handling risk assessments were in place and staff were providing support that reflected the content of these. In another example one person enjoyed drinking alcohol however there had been a risk of this interacting with their medication. Advice had been sought from this person's GP who had made alterations to their medication to minimise the risk of any adverse effects.

Prior to the inspection we had received concerns that people were at risk of absconding from the service because external doors were left unlocked. During the inspection we observed that the doors were unlocked; however, we did not observe anyone demonstrating behaviours which might indicate they were at risk of leaving without the required level of support. To mitigate any future risk we asked the registered manager to complete a risk assessment in relation to this and to ensure that this was reviewed when required to ensure that people's safety was maintained.

A monthly log was kept where incidents had occurred, specifying what had occurred and any resulting injuries. Where people were at high risk of falls or had fallen repeatedly, measures had been implemented to protect them from harm, for example by referring to relevant health professionals. This helped maintain people's safety.

People were protected from the risk of abuse. Staff were aware of the different kinds of abuse and the how to report any concerns they may have. The registered provider had a safeguarding policy in place and a copy of the local authority's safeguarding procedures. At the time of the inspection there were no safeguarding concerns being investigated.

The registered provider had safe recruitment practices in place. New members of staff had been asked to provide two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Barring Service (DBS) to ensure that they weren't barred from working with vulnerable people. This helped ensure people's safety was maintained.

There were sufficient numbers of staff in post to meet people's needs. We reviewed rotas which showed that staffing levels were consistent. We spoke with staff who commented that they felt "busy" at times, however felt that staffing levels were sufficient.

People received their medicines as prescribed. We reviewed Medication Administration Records (MARs) which showed that staff were administering these as required and appropriately recording when this had been done. Where people were prescribed PRN ('as and when') medication, such as pain relief a protocol was in place. We noted however that additional information was required on these protocols, for example signs and symptoms that a person might demonstrate if they are unable to communicate that they require pain relief. The registered manager told us these would be updated to include this information.

We checked to ensure that medicines were being stored safely and found that they were. At the last inspection we identified that some medicines were being stored in people's bedrooms, however during this inspection we did not observe this practice taking place.

Environmental risk assessments were in place to ensure the safety of the environment. Water temperatures were being monitored to ensure they were within the required range and tests had been carried out to make sure the water supply was free from harmful bacteria. A fire risk assessment had been completed and reviewed by the registered manager. Fire extinguishers and electrical equipment had been serviced to ensure they were in working order.

Infection control procedures were in place to maintain the cleanliness of the service. We observed staff wearing personal protective equipment (PPE) such as disposable aprons and gloves to prevent the spread of infection.

Is the service effective?

Our findings

At the last inspection in July 2017 we identified that people's nutritional and fluid intake was not being monitored. During this inspection we followed up on this and found that this had been rectified. This helps to ensure that people are received adequate amounts of food and fluid.

The registered manager informed us that staff training was not up-to-date and that they were currently in the process of getting staff to complete this. We looked at training records which showed that whilst staff had undertaken some training, not all staff had recently completed refresher courses in areas such as the Mental Capacity Act 2005, health and safety, moving and handling and infection control. Whilst we did not observe any poor practice which placed people at risk, the registered manager and registered provider have a duty to ensure staff have skills and knowledge which are up-to-date and in line with best practice.

There was an induction period in place for new members of staff which followed the requirements of the Care Certificate. The Care Certificate is a national set of standards that care staff are expected to meet. The induction period also included a period of shadowing experienced staff members. Since the last inspection in July 2017 only two new members of staff had started, however the registered provider was in the process of recruiting additional staff.

Staff supervisions and appraisals were being carried out by the registered manager on a routine basis. Supervision enables staff to discuss any issues and appraisals also enable staff to set goals or developmental outcomes. This process also enables the registered manager to raise any performance related issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met and found that they were.

Mental capacity assessments had been completed and best interests decisions made with the involvement of relevant health professionals where required. Where people were found to have capacity they had been fully involved in decision making processes to ensure their continued wellbeing. For example, one person's care record stated, "[Name] has the capacity to refuse medication. Advice to be sought from the GP if this happens too often." This showed that this person was being allowed to make their own choices, however

appropriate action would also be taken to mitigate any risk of harm to this person.

During meal times we observed that people received the level of support that they needed. Staff spent time with those people who had difficulty eating without help. We spoke to four people about their meal time experiences and everyone commented that they enjoyed the food that was available. Meals were freshly prepared by kitchen staff and catered for those people who needed a particular diet, for example no sugar options for people with Diabetes. Alternative options had been made available for people who did not want what was on the menu.

People had been supported to access health professionals where they were unable to do this themselves. This included access to their GP, dentist and opticians. This helped ensure that people's health and well being was maintained.

Is the service caring?

Our findings

People commented positively on staff. One person commented, "They look after me", whilst another commented, "They (staff) are really nice to me". We spoke with one person's relative who commented, "I go back home knowing [my relative] is in safe hands." One family member had written a compliment to the service which stated, "Your warmth and friendliness has really touch [My relative]. My sincere thanks for your hard work."

We spoke to the registered provider and the registered manager regarding the promotion of equality and human rights within the service. Throughout the inspection it was evident that these were being promoted, for example by allowing people choice and control in their daily lives and supporting people with meeting their religious and spiritual needs. However, the registered provider did not have any specific initiatives in place to meet the needs of the LGBT (Lesbian, Gay, Bisexual and Transgender) community. Having strategies in place around this can be an important part of protecting people from discrimination and enable them to retain important aspects of their identity. The registered provider told us they would develop some strategies around this.

We recommend that the registered provider seek advice and guidance from a reputable source around the promotion of equality and diversity within the service.

Throughout the inspection we observed staff treating people with kindness and speaking nicely to them. Staff used people's preferred names when chatting to them and were quick to offer their support where people appeared to need this. During lunch times staff were patient when providing people with support and did not rush them.

Interactions between people and staff showed that positive and familiar relationships had developed between them. We overheard people and staff laughing and joking together, and also heard staff taking an interest in people's lives by asking after their families or commenting on activities they had recently participated in. One person's relative told us, "There's good staff retention here. It's nice to know the staff, it makes me feel more comfortable."

People were treated with dignity and respect. Staff knocked on bedroom doors before entering and announced who they were when they went in. People's choices were also respected, for example two people had decided that they wanted to stay in bed and had been enabled to do so. Staff checked on these people throughout the day to make sure they were safe and well.

At the time of the inspection there were no people who required the use of an advocate. However, the registered manager was aware of those circumstances where an advocate would be appropriate and knew how to access their services. An advocate acts as an independent source of support to people where decisions are being made about their care needs.

People's confidentiality was protected. Information regarding people's needs was stored in cupboards that

were locked when not in use, and the office door was secured when unattended. The registered provider used electronic equipment to store informed. This had been password protected to prevent unauthorised access.

Is the service responsive?

Our findings

People and their family members spoke positively about the service, commenting that it met their needs. One person told us they received the care they required, whilst a family member commented that the service supported their relative "Brilliantly." A number of compliments had been received by the service, which included comments such as, "Thankyou for all the great care you provided to [My relative] whilst they were with you", "[My relative] was only with you a few short months but they were so well looked after."

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were required to ensure that people's care records were up-to-date and relevant. At this inspection we found that the necessary improvements had been made.

People each had a care record in place which outlined their needs. These were personalised and included information regarding their life histories, important relationships and their preferences, for example, their preferred foods or preferred daily routines. This helped to enable staff to get to know the people they were supporting and facilitated the development of positive relationships.

Care records also included relevant information regarding the level of support they required. For example, one person's care record outlined that they required regular pressure relief to protect their skin from deteriorating. Other care records clearly outlined their previous medical history and information on their behaviours, for example one person could be reluctant to accept support so the care record outlined how staff should approach this.

Daily monitoring charts were being completed by staff to demonstrate the support that had been provided to people. This included food and fluid monitoring charts and daily logs which provided a written account of the support people had received throughout the day.

Care records were reviewed on a routine basis to ensure that the information remained up-to-date and relevant.

Our observations of the care being provided to people showed that staff were familiar with people's needs and were able to provide this. For example, during meal times staff knew who required additional support. We also observed staff using effective distraction techniques where people became confused, which helped to settle them.

There were activities in place for people. For example one person's family member told us that the service had recently held a birthday celebration for them, which included a cake made by kitchen staff. One person commented there had been a "sing song" and also commented that they did not feel bored. The registered manager informed us that there had also been a visit by local school children.

There was a complaints process in place for people and their family members to use should they need to.

This had been available to people and was on display on the service notice board. We spoke with one relative who commented that they had not had to make a complaint, but they would feel able to if needed.

Is the service well-led?

Our findings

People, their relatives and staff all commented positively on the service and the registered manager. They told us that she was accessible when they needed support and that they felt comfortable working with her.

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring processes were not sufficient to ensure the service was meeting the requirements of the Regulations. At this inspection we identified that the necessary improvements had been made in some areas, however there remained an issue with keeping staff training up-to-date.

During the inspection we observed that effective strategies were not in place to ensure that staff had the training they needed to keep their skills and knowledge up-to-date. Following the inspection we spoke to the registered manager who confirmed that staff training was still not up-to-date, however strategies were being implemented to address this. Whilst the registered manager had identified this as an issue prior to the inspection, this showed that some improvement was required with ensuring that quality monitoring processes were effective at addressing issues.

This meant that there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring systems were still not effective.

Quality monitoring systems also looked at other areas such as care records, the environment and infection control. Where issues had been identified in these areas action had been taken to address the issues found. Annual surveys had also been sent out to people and their family members to ascertain their views. Feedback from these showed that people and their family members had a good opinion of the service.

Meetings had been held with people and their family members which enabled them to discuss any issues or improvements they felt may be needed within the service. For example, during the meeting in July 2018 one family member had fed back that they felt more activities were needed for people. The registered manager had taken this on board and was in the process of looking at activities.

Staff meetings had been held during which important information was shared with staff. For example, during the April 2018 meeting discussions had taken place around the registered provider's smoking policy and feedback from people regarding the laundry. Staff had also been given the opportunity to raise any issues. This helped facilitate effective communication within the staff team.

The registered provider is required to notify the CQC of specific events or incidents that have occurred within the service. Prior to the inspection we reviewed these and found that the registered provider was doing this as required.

The registered provider is required by law to display their most recent rating within the service. We checked to ensure that this was being done and found that it was.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not effective at addressing areas that required improvement.