

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 14 November 2016. This was an unannounced inspection. At our previous inspection on the 27 May 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. This was because risk assessments and care plans were not fully completed to guide staff on how to support people when they demonstrated behaviour that put themselves or others at risk. At this inspection, we found improvements had been made in this area, however further improvements were needed in other areas of the service. We saw that behaviour management plans were in place where needed. This provided staff with guidance on how to support people in a consistent way but staff had not been provided with training to support people who demonstrated behaviours that put themselves and others at risk. This had been recognised by the registered manager, who was in the process of organising training for the staff team.

The service was registered to provide accommodation for up to 50 people. The home specialises in caring for older people including people living with dementia. At the time of our inspection there were 34 people using the service.

The service had a registered manager in post. 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.

People felt safe with the staff that supported them and told us that the staff were available to them. Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. Medicines were managed safely and people were given their medicine as and when needed. The provider had undertaken thorough recruitment checks to ensure that as far as possible, they employed staff that were suitable to support people.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. Staff understood people's needs and preferences and in most areas were provided with training and supervision, to support and develop their skills.

Staff gained people's verbal consent before supporting them with any care tasks and helped them to make their own decisions when possible. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act.

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored and people received specialist health care intervention when this was needed.

Staff were caring in their approach and supported people to maintain their dignity and privacy. People were supported to maintain relationships that were important to them and to take part in social activities. The provider sought people's opinions to bring about change.

Quality monitoring checks were completed by the provider and registered manager and when needed action taken to make improvements. People knew how to complain and we saw when complaints were made these were responded to in line with the provider's policy.

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 abuse as staff understood their responsibilities to keep people safe from harm and report any concerns. People's welfare was promoted as identified risks were managed. People were supported by staff and the recruitment practices in place checked staff's suitability to work with them. People received their medicines as prescribed and they were managed safely. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported in general by skilled and experienced staff but behaviour management training had not been provided, to protect people and the staff from the risk of injury. Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored so that action could be taken when needed. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and treated them in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to follow their interests and participate in social events. People and their representatives were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Mount Pleasant 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.

This inspection visit took place on the 14 November 2016 and was unannounced. The inspection visit was carried out by 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, four people's visitors, three members of care staff, one member of the catering team, the registered manager and their line manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files

Is the service safe?

Our findings

People that we spoke with told us they felt safe with the staff that supported them. One person said, "All of the staff here treat me well, they are all very nice and work very hard." Another person told us, "I had two falls at home and my daughter said it was time to leave as I wasn't doing very well with caring for myself. I feel much safer here." Relatives we spoke with also confirmed this; one said, "My relative was a danger to themselves at home. Here they don't have to cook and there's always somebody here."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "There is information around the home about reporting safeguarding concerns and whistleblowing, We all know how to do that. I would go to the manager first. I would only need to report to the local authority if I didn't think any action had been taken and I have never had to do that." Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace.

We saw that staff followed the correct procedures when supporting people to move using equipment to ensure risks were minimised. People that used a walking aid had it within reach to enable them to move safely and reduce the risk of falls. Some people wore a pendant/buzzer or had one attached to their walking frame to call for assistance if needed. One person told us, "It's marvellous you can press your buzzer if you need any help." The registered manager told us that pendant buzzers were provided to people based on their level of risk. One person told us, "I used to have a lot of falls but now I have the right type of frame for me and I am much better." This showed us that people were provided with equipment that met their individual needs.

Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required, to ensure it was in good working order and safe for people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home or areas of their home to be evacuated. We saw that the information recorded was specific to each person. This provided staff with the right information to enable them to support people's individual needs.

We saw a planned programme of checks was in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

The majority of people told us that the staff were available to support them when needed and we observed

this. However some people told us that mornings were busy and this impacted on the timeliness of the support they received. One person told us, "It can be a half an hour wait after ringing the bell in the morning; it can be quite a wait." Another person said, "They could do with more staff in the morning that's when it's busy." Staff we spoke with also told us that an additional member of staff during the busy period in the morning would support them in meeting people's needs in a timely way. They said, "In the morning there are two carers upstairs and two downstairs helping people to get up. The senior is busy doing the medication so an extra pair of hands would really make a difference." We fed this back to the registered manager who confirmed they would look into this and we will check this at our next inspection.

The provider checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This showed us that people were protected, as much as possible from receiving care from staff that were unsuitable to support them.

We saw and people told us they were supported to take their medicines and they confirmed that they received these as prescribed. One person said, "I let the carers look after my tablets and I get them at the right time. It makes my life easier as I don't have to worry about remembering them." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure the medicine had been taken before recording this. We saw that medicines were stored appropriately and staff at the home recorded when medicine had been administered or if not the reason why. This provided clear documentation and demonstrated that people received their medicines as prescribed and when needed. For example some people were prescribed medicines to be given 'as required' such as for pain relief. These medicines are known as PRN medicines. We saw that protocols were in place where people had been prescribed PRN medicine. Protocols give clear information on the signs and symptoms someone might show when they required PRN medicine and when to give this medicine. This meant staff had clear guidance to ensure as required medicines were offered and given when needed.

Is the service effective?

Our findings

We saw that in most areas the staff had the skills and knowledge to meet people's needs and promote their wellbeing. However one person that used the service demonstrated behaviours that challenged towards the staff when they were supported with their personal care needs. We saw a behaviour management plan was in place for staff to follow. However discussions with staff confirmed they had not been provided with training on how to support this person when they demonstrated these behaviours; which meant the staff were potentially at risk. We observed that following personal care support from staff, this person became hostile towards certain people that also used the service. This placed people who used the service at risk of harm. We discussed our concerns with the manager and they confirmed that this person's behaviour had changed within the last two weeks. Due to these changes they had taken action by involving the mental health team who were in the process of changing this person's medication regime. The manager also confirmed they were organising training for staff to minimise the risks involved when supporting people with behaviours that challenge.

People told us that they were happy with the care they received and that staff were helpful and supportive. One person said, "The staff make sure I have my frame and use it properly, they remind me." Another person said, "They are busy but I feel well looked after by them. If I need anything I just tell them. They know me well enough and know what I can and can't do." Staff told us their induction included attending training, shadowing experienced staff and reading care plans. One member of staff said, "We have some training on the computer and face to face training as well. It is good, I enjoy it and we can do the e-learning at home in our own time and we get paid for that so we can keep up to date. Another member of staff confirmed, "We can see when the training is due and you get a reminder if you haven't completed it by that date." Two senior care staff had been trained to deliver in house training in dementia care to the staff team. One of them told us, "I want to be trained to deliver the 'people moving' training as well so that I can do that with staff. It would be really beneficial for new staff as they wouldn't need to wait for training and I could make it specific to the people we support." Discussions with staff and our observations throughout the day demonstrated that staff understood the specific needs and preferences of people. Staff confirmed they received regular supervision from senior staff. One staff member told us, "We go through any issues or concerns and talk about how we are getting on and any training needs." A senior carer told us, "Some supervision is a face to face meeting and some are observations to check on practice. If there are any areas for improvement we discuss them with the staff member." This showed us that staff practice was monitored on an ongoing basis, to ensure people were supported in a way that met their needs and preferences.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

The manager confirmed that some people required support to make some decisions and we saw that this was clearly documented within their care file. This information identified people's capacity to make decisions and the support that they needed. Where people were unable to make independent decisions we saw that guidance was in place for staff to ensure decisions were made in people's best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks. Staff ensured people were supported to make daily decisions, such as choices of food and drink, where they would like to go and if they wished to participate in activities. This demonstrated staff respected people's rights to make their own decisions when possible.

At the time of our visit, the manager confirmed that one person had a DoLS authorisation in place. Information regarding this was kept in the person's care file and discussions with staff demonstrated that they understood and followed the legal restrictions in place for this person. This demonstrated that the manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food. One person told us, "The food's improved. It's nice but I'm not a big eater. You get a choice, it's varied." Another person told us, "The food's very good I always enjoy it. They come with a menu, I've got a choice." We saw that when people did not want or eat the meal provided alternatives were offered to them. For example one person only ate a small amount of their lunch and an alternative choice was provided. One staff member said about this person, "They seemed to have lost their appetite for savoury food, it's very recent but we are monitoring this and keep trying them with meals but we know they will eat sweet foods so there is always an alternative." We saw that this person's food intake was being monitored to ensure professional guidance could be sought if needed.

We spoke with the head cook who was knowledgeable about people's dietary needs and their likes and dislikes. They told us how they baked cakes that were suitable for everyone by using less sugar and alternative desserts for people that required a diabetic diet. The cook also knew which people were able to make their own decisions regarding meal choices and understood the importance of people making their own decisions regarding the food they ate. They told us, "I have just planned a new menu and it's based on what people have asked for so I am going to try it out and see what everyone thinks." The cook confirmed that the meals were also based on healthy eating and included fresh fruit and vegetables. They told us, "We used to keep a bowl of fruit out for people to eat but some people would take a bite and then put the fruit back. So now we serve fruit chopped up on plates and take it round to everyone and it works much better." This showed us that people's needs were taken into consideration to support and encourage them to eat healthy foods.

We observed the lunch time meal and saw that staff were attentive to people's needs and checked throughout the meal that they were satisfied and enjoying their meal. We saw and people told us that drinks and snacks were provided on a regular basis throughout the day. People were supported to maintain their nutritional health, through risk assessments which monitored people's weight and level of risk. For example where people were at nutritional risk they were weighed weekly and professional guidance sought as needed.

People confirmed they had access to health care professionals as needed. One person said, "I had an infection in my chest and the staff called the doctor." Another person told us, "They are very good and get the doctor out if you need them and they keep an eye on your health as well, always checking with me if I feel well." We saw that referrals were made to the appropriate health care professionals when needed and that staff followed the professional guidance provided. For example we saw that where people were at risk of skin damage, pressure relieving equipment was in place and used to minimise this risk.

Is the service caring?

Our findings

All of the people we spoke with said staff were kind, caring and compassionate and treated them with respect. One person told us, "I'm well looked after. The staff are very kind; see how nice they are and how cheerful they all are." Another person told us, "The staff here, I couldn't praise them more. All of them are good. They like me and I like them. If they can do anything for you they'll do it, that's how sensitive they are. I've no complaints I'm happy here I'm well looked after." One visitor told us, "The staff are very good. My relative will say 'I want to go home' and staff will say 'just have a cup of tea first and we'll see. 'There's a nice rapport. I know she's happy, she's content."

We saw that staff were attentive to people's needs and supported them when needed. For example we saw a member of staff supporting a person to move from the lounge to the first floor dining room. They supported the person to move at their own pace and reminded them how to push up from the chair and steady themselves. This showed us the staff understood people's individual needs and supported them in a considerate way to enable them to remain as independent as possible.

People told us staff supported them to maintain as much independence as possible. One person told us, "I do quite a bit for myself, there are a few of us that are pretty independent, they don't take that away from you in fact it's encouraged as long as you're safe." We saw and people told us that they were able to choose where they spent their day. One person said, "I like the company of others so I spend a fair bit of time in the lounge but I do occasionally go to my room. Some people here rarely mix, they like their own company but it's each to their own." We saw that people were supported, to decide where to eat. There was a dining area on both floors or people could eat in the lounge or in their rooms. One person whose bedroom was on the first floor chose to eat lunch in the ground floor dining area. We heard a member of staff confirming to them, "It's entirely up to you, if you want lunch downstairs that's no problem at all." We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice. This showed us that people were supported to maintain their individuality.

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. People told us that staff respected their rights to privacy when they wanted it and supported them to maintain their dignity. One person told us, "The staff are very good when they help me; they cover me over and let me do what I can for myself." All of the staff were dignity champions. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. One of the senior care staff told us, "We have won the Staffordshire Dignity Award this year and are now through to the finals."

People told us they were supported to maintain relationships with family and friends that were important to them. One person who lived at the home told us "I like to visit the care home where my relative lives, so I've arranged with the staff here to come with me." Staff confirmed that they supported this person to visit their

relative. Another person told us, "Your visitors can come anytime but they ask them to avoid meal times so that we aren't disturbed then." Visitors we spoke with also confirmed this and told us that they were made welcome by the staff team.

Is the service responsive?

Our findings

At our previous inspection in May 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This was because management plans to support people who demonstrated behaviours that put themselves or others at risk, were incomplete. This meant staff did not have guidance to provide a consistent approach when supporting people. At this visit we saw that improvements had been made. For example behaviour management plans were in place for people as needed. They provided detailed information for staff to ensure a consistent approach was used to support people. We spoke with the staff team; they confirmed the information reflected what we read in the person's behaviour management plan. This demonstrated that the staff used a consistent approach when supporting this person.

All of the people we spoke with felt that their needs were being met by staff who had the skills to support them. One person told us, "The staff know me and they know my hands don't work properly so they cut up my food for me." Another person told us they required a specific diet and staff knew this and ensured they were offered an alternative dessert at meal times when needed. Staff's descriptions of how they cared for and supported people matched what we read in the care plans

We saw that opportunities were provided for people to participate in recreational activities. On the day of our visit a singer was at the home and appeared very popular with people. One person said, "I think he's marvellous and such a lovely voice." Another person told us, "I really enjoyed that I was dancing with the staff." An activities person was employed but was not working at the time of our visit. The manager told us that they were currently off work and confirmed that she was in the process of recruiting an additional activities coordinator. This was to ensure activities were available to people seven days a week. One person told us, "We do go up to the garden centre quite regularly and if I need any shopping I go into town with staff and get what I need." Some people told us they preferred their own company and confirmed this was respected. One person said, "I am a big reader, I spend most of the day reading because I enjoy it."

People's spiritual well-being was supported. Visits from the local church held services at the home on a regular basis for anyone who wished to participate. One person told us, "I like to go along to the service but it isn't compulsory." People told us that hairdressing services were available at the home every week and they were able to book with their preferred hairdresser. One person told us, "It's marvellous you can get your hair set every week if you want and it's so easy, no need to go out to get it done. Although I suppose you could if you wanted to."

One person told us they were involved in their care they said, "I am very involved because I can be, in fact this morning I have told the staff I want my blood pressure checking, I like to keep on top of things." Visitors confirmed that they were involved in reviews of their relative's care and were invited to attend meetings.

People we spoke with and their visitors told us that if they had any complaints they would report them to the staff or the manager. One person told us, "I would speak to the staff if I had any issues with anyone or

anything. I am sure they would sort it for me." A visitor said, "They're very easy to approach if you have any issues. I had an issue with the taxi driver. I was asked to make a statement and I was listened to. As a result they are changing the taxi company." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

A registered manager was in post. People and their visitors knew who the registered manager was and told us that they felt the home was well led. One person told us, "I know the manager and she's very nice. It's well run. I've found everything all right." A visitor told us, "I looked at quite a few care homes and the staff here were very helpful. I think the new manager and her deputy are going to improve things. They follow protocols correctly can't fault them."

We saw that leadership and direction for staff was in place. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed. One member of staff told us, "We all pull together and work as a team; the manager will come and help out as well if we need her."

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through satisfaction surveys and meetings with people. People also confirmed that they were provided with newsletters to keep them up to date with planned events.

We saw that surveys had recently been sent out to people and the manager confirmed that the responses would be audited to enable her to address any areas for improvement. The recent meeting for people who used the service and their representatives had to be cancelled due to unforeseen circumstances and we saw this had been rescheduled for the next month. . One person told us, "They do ask us for our opinions about things, I am pleased that they listen to what we think."

Audits were undertaken by the registered manager to monitor the quality of the care and services provided. This information was fed back to the provider and actions were taken as required to drive improvement. This included audits of medicines management, infection control and health and safety checks. We saw the provider operated a system called 'resident of the day.' This ensured each person's care plans and risk assessments were reviewed each month and amended as needed to ensure people's current needs were being met. We saw that accidents and incidents were audited and analysed to check for any patterns and trends. When a pattern was identified the manager had taken action, such as referrals to the relevant health care professionals to minimise the risks of a re-occurrence.

The last inspection report and ratings were displayed in a conspicuous position in line with our regulations and on the provider's website. All information relating to people who used the service and the staff team was kept securely, to ensure that only authorised persons had access to records.