

Pribreak Limited

# Mount Pleasant Residential Home

## Inspection report

Finger Post Lane  
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Cheshire  
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Tel: 01928787189

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Mount Pleasant is a residential care home that was providing personal and nursing care to 21 older people at the time of the inspection. The service can support up to 25 people in one adapted building. Some of the people accommodated were living with dementia.

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

We have identified shortfalls in relation to the governance of the service at the last six consecutive inspections. The provider has been in continuous breach of regulations since June 2015.

The systems in place to monitor the quality of the service were not effective and had not highlighted the concerns identified during this inspection. The management and administration of some medicines was not robust and increased the risk that people would not receive them safely. Records relating to people's care did not always demonstrate their needs were being met and the provider did not always follow good practice infection control guidance.

People were treated with dignity and respect by kind and caring staff that knew them well. Mealtimes were relaxed and informal. People's dietary needs and preferences were catered for and people enjoyed the homemade food on offer. People enjoyed the entertainers that visited the service and the activities provided.

People's needs had been assessed and they were supported to access the support of healthcare professionals when needed.

People and their relatives were happy with the care people received. They had the opportunity to give their views in a number of ways, felt listened to and able to raise any concerns they may have.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified and safely recruited staff on duty to meet people's needs.

The registered manager, nominated individual and staff knew people well and had a good understanding of their needs. People and staff felt management were open and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 24 October 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had

been made but other shortfalls were identified so the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the completion of records and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Mount Pleasant 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.

#### 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. We sought feedback from the local authority and looked at the most recent enter and view report conducted by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with seven people who used the service and five people's visitors. We spoke with five members of

staff, plus the registered manager and the nominated individual. 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 observed the administration of medicines, joined people for lunch and observed a group activity. We also reviewed the recruitment records of three members of staff and records relating to the day-to-day management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information the provider sent to us in response to the concerns raised at the inspection.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Some medicines had not always been managed safely which placed people at risk of harm.
- Medicines which needed to be kept in a fridge had not been stored at the correct temperatures since January 2019. This had not previously been identified by the provider but was addressed during the inspection. A pharmacist confirmed to the provider the medicines were safe to use and a new fridge was obtained.
- Staff had no guidance to follow to ensure topical creams were applied correctly. The provider responded immediately during and after the inspection and told us improvements had been made.
- The reason for administering 'as required' medicines had not always been recorded. This made it difficult to monitor and assess the effectiveness of the medicine.
- People received their regular medication from appropriately trained staff. One person who was prescribed time sensitive medicines, confirmed they received them on time. Another person confirmed they received their pain-relieving medicines when they asked for them.

### Preventing and controlling infection

- The provider was not always following good practice guides in relation to infection control. The advice given by the local infection prevention and control team to remove the incontinence sheets from seating had not been followed. This practice increases the risk of infection.
- Most of the service was clean and hygienic however there was a strong malodour in one area of the service which needed to be addressed. The nominated individual and registered manager told us they would seek advice on how to address this issue.
- Personal, protective equipment was available and used appropriately by staff. People and their relatives were happy with the standard of hygiene maintained.

### Assessing risk, safety monitoring and management;

- Risks to people's health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them. Some people's care was being monitored to ensure they remained safe.
- There were checks in place to ensure the safety of the environment and equipment. Staff were observed using moving and handling equipment safely.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.

- The registered manager had oversight of these and monitored them for themes and trends.

#### Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed.
- People and their relatives felt there were enough staff on duty to meet people's needs.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made.
- People and their relatives felt the service was safe. One person told us "I feel extremely safe here." Another person's visitor commented "It gives me great peace of mind knowing they are here, and they are safe."

# 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 this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Since the last inspection improvements had been made to ensure staff training was up-to-date.
- Staff had completed a range of training appropriate to their role which the provider considered to be mandatory.
- People and their relatives felt staff had the skills to meet people's needs. One person commented "It's good here they look after me well" another person told us "The staff are second to none, lovely they are."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been holistically assessed.
- One person's relative confirmed the registered manager had visited their loved one in hospital to undertake an assessment of their needs, in which they had both been fully involved.
- Referrals had been made to other agencies such as district nurses and GP's when required. One relative spoke highly of the action the registered manager had taken to arrange for an optician to visit the service to assess their loved one's sight and arranging for them to see a dentist.

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

- People and their relatives told us they enjoyed the food on offer and we saw that mealtimes were relaxed and informal. One person told us, "The food's good; always lovely puddings." Another person told us, "I enjoy my breakfast. I have a couple of slices of bacon on toast, cereal and a cup of tea."
- People's nutritional needs and dietary preferences were met. The kitchen staff prepared homemade appetising food at each mealtime and prepared fortified drinks and snacks between meals for those that needed them.

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.

- People's capacity to give consent to their care and accommodation had been assessed and where needed applications for a DoLS had been submitted. The DoLS that had been applied for were in date and had been regularly reviewed.
- MCA assessments and best interest decisions had taken place and been recorded.
- A relative confirmed they had been involved in making a best interest decision for their loved one. They had also been invited to a meeting to discuss a DoLS application.

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

- Some areas of premises were in the process of being redecorated. The provider told us further improvements were planned to replace some of the carpets and furniture.
- Bathrooms had been adapted to meet the needs of people living at the service.

# 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 good. At this inspection this key question has remained the same. 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

- Since the last inspection the provider had updated their policies and Statement of Purpose to ensure they were inclusive and met the needs of the LGBT (Lesbian, Gay, Bisexual and Transgender) community. This can be an important part of protecting people from discrimination and enable them to retain important aspects of their identity.
- People told us staff were kind and caring and treated them with respect. one person commented, "Staff are kind they don't rush me. I tell them what I need."
- Staff knew the people they supported well and treated them as individuals. One person told us, "It's wonderful here. They treat you like a human being."
- Staff spoke warmly about the people they supported. They provided reassurance and physical contact such as an arm around the shoulder when a person became upset.
- A relative showed us a book that staff used to write down the things their loved one had done to help them remember.

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

- People and their relatives confirmed they were involved in making decisions about their care and took part in the care planning process.
- If people did not have friends and family to support them in decision making, details for local advocacy services were available.
- People felt able to express their views. One person commented "They (staff) are nice here. I feel at home with them. I feel I can ask them anything, they are easy going."

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how.
- People told us they were supported in ways that promoted their independence. One staff member told us how one person liked to keep active by laying the tables and how another preferred to dress independently.
- We observed staff protected people's dignity when delivering care.
- Records regarding people's care and treatment were stored securely on an electronic system and in locked filing cabinets. This helped to maintain people's privacy and confidentiality.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- We saw how people enjoyed a group activity. Feedback regarding the activities that were provided was positive. One person told us "I like the exercise classes and usually go to those a couple of times a week." Another person told us they enjoyed singing along with a visiting entertainer.
- One to one activities were provided. We saw one person enjoying having their finger nails painted.
- People enjoyed visiting entertainers and social events organised throughout the year to which relatives were invited to.
- People's friends and relatives could visit the home at any time. They told us they were always made to feel welcome. People were also encouraged to socialise together within the home and develop new friendships.

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

- Individualised plans of care were in place, which were based on an assessment of people's needs and preferences. They included information on the support people required, outcomes to be achieved and how people preferred their support to be provided.
- People or their relatives were involved in reviews of their plans of care. People told us they had choice in all aspects of their care and were happy with the support that 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.

- Care plans included information regarding people's individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- The registered manager told us they could provide records in different formats should it be required.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had. "One person commented "If something went wrong I would speak to them myself. I feel confident to make a complaint and certainly would if I needed to."
- Relatives told us they had never had a reason to complain but would not hesitate to do so if it was needed. People told us they would speak to staff if they had any issues.
- Complaints were recorded, investigated and responded to appropriately.

End of life care and support.

- The registered manager told us they had worked closely with health professionals to ensure people received a comfortable, dignified and pain-free death.
- End of life care was provided and people's wishes on death and dying was recorded. We saw some very positive feedback from families about the end of life care provided to loved one's in the form of 'Thank you' cards.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This is the sixth consecutive inspection the service has not been awarded a rating higher than requires improvement since June 2015.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to ensure the governance of the service was robust. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. The provider has been in continuous breach of this regulation at the last six inspections since June 2015.

- The provider had not made sure the systems in place to continuously promote and ensure people received person centred and high quality care were always implemented effectively. There was no evidence in the records to demonstrate people's preferences for how they spent their time and how often they had a bath or shower were met. The audit checks in place had not identified this.
- The systems in place for checking the quality and safety of the service were not always robust enough to identify shortfalls and bring about improvements. The medication audits in place had not identified the concerns identified at this inspection.
- The provider had not always followed good practice advice and guidelines to improve care. Some of the recommendations made as a result of an infection control audit carried out by the local infection prevention and control team had not been carried out. This meant that poor practice had continued.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and nominated individual were open and transparent throughout the inspection and took immediate action to address some of the concerns that were brought to their attention.
- The registered manager was aware of their responsibilities to submit notifications to CQC when needed.

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 had the opportunity to put forward their views and opinions about the service and the care provided at one to one meetings, group meetings and through surveys. Staff described the morale amongst the team as being positive. Relatives told us they found the management and staff approachable and felt their opinion mattered.
- The registered manager and nominated individual were known to people and knew people extremely well. They were able to describe in detail people's care needs and personality traits. There was an open door policy and they were clearly visible in the service.
- The service worked with external health and social care teams where this was required for people.

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

- The provider was open and transparent when things went wrong and complied with their duty of candour.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems in place for assessing the quality of the service people received was implemented effectively. Records were not always up to date, accurate and person centred.</p>