Mount Pleasant Nursing Home Limited

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Inspection report

London Road
Allostock
Knutsford
Cheshire
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Tel: 01565722918

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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

This inspection was carried out on the 1 and 2 August 2018 and was unannounced on the first day and announced on the second day.

Mount Pleasant nursing home is set in its own grounds and is located in the rural community of Allostock, Knutsford. The home supports 40 older people who require personal and nursing care in the main building. Since our last inspection the registered provider has built a ten-bedded annexe for people living with dementia called Scowcroft. At the time of our inspection there were 10 people living in Scowcroft and 38 people living in the main building.

The home has a registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. The service is rated Good as it met all the requirements of the fundamental standards.

People, relatives, staff and healthcare professionals spoke positively about the staff and management team. They described feeling safe living at the home and being supported by kind and caring staff.

Recruitment systems at the home were safe. All staff had completed an induction as well as mandatory training in accordance with best practice guidelines. Staff were supported by the management team through supervision and appraisal. Staff told us that they felt well supported.

Safeguarding policies and procedures were in place and staff were familiar with these. Staff had received training and were able to describe what abuse may look like and felt confident to raise any concerns and thought these would be listened to.

People had their needs assessed before they moved into the home and this information was used to create individual care plans that included clear guidance for staff to meet people's needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

Staff had developed good relationships with people who lived at the home. People told us their privacy was respected and their independence was promoted. We observed positive interactions between staff and people living at the home throughout our inspection.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had medicines policies and procedures in place. Medicines records were accurately

completed.

People's food and drinks needs were met and clear guidance was in place for staff to follow to meet people's specific dietary needs.

People living at the home had opportunities to engage in activities of their choice and the management team had developed relationships with organisations within the local community.

The home had dementia-friendly adaptations in place to stimulate the environments of people living with dementia. The home was clean and had all required health and safety checks and documentation in place. Equipment was regularly serviced and individual emergency evacuation plans are in place the people.

Audit systems were in place and were consistently completed. Where areas for development and improvement had been identified, action plans were created and completed. Accidents and incidents were analysed to identify trends and patterns within the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken training and demonstrated a basic understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

The registered provider had a clear complaints policy that people and their relatives knew how to access and they felt confident to raise any concerns they had.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Effective.	**Good**
Is the service well-led? The service remains Well-led.	**Good**

Mount Pleasant Nursing Home Limited

Detailed findings

Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care 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 service.

This inspection was unannounced on 1 August 2018 and announced on 2 August 2018.

As part of the inspection planning we reviewed the information the registered provider had given since the last inspection. We looked information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified no concerns about the home.

We checked the information we held about the registered provider and the home. This included statutory notification is sent to us by the registered manager about incidents and accidents that occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

The registered provider had completed and submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

During the inspection we spoke with nine people living at the home, six relatives of people living at the

home, the registered manager, deputy manager, unit manager and deputy manager for Scowcroft, one nurse and the activities coordinator. We also spoke with two healthcare professionals. We observed staff supporting people throughout of visits.

We looked at four care plan files, five staff recruitment and training files, medication administration records (MARS), complaints, policies and procedures as well as other records that related to the running of the home.

Good

Is the service safe?

Our findings

People we spoke to felt the home was a safe environment for them to live in and that their belongings were safe to. Comments from people included "I feel very safe living here" and "You only have to wait a few minutes when you press your call alarm if you want to go to the lounge or to the toilet." Relative's comments included "It gives me peace of mind to know [Name] is safe and well cared for particularly as I live away" and "When I'm visiting I find the call alarm is answered quite quickly but depends on how busy the staff are."

The registered provider had safe recruitment practices in place. Recruitment records held fully completed application forms, verified references from up-to-date employers and a disclosure and barring check (DBS). Due to a high level of staff absence the registered provider was using agency staff although they were able to demonstrate continuity by using the same staff regularly.

Medicines were ordered, stored, administered and returned or disposed of in accordance with best practice guidelines. Controlled drugs were managed safely with two staff signing for each administration. We found stocks were correct and records were accurately completed. PRN 'as required' medicines protocols were in place that offered clear guidance to staff. Medicines that required storage at a cool temperature to maintain their efficiency were stored in a specified fridge. Temperature checks were undertaken regularly by staff. Everyone we spoke to spoke confidently that they were given the right medication, at the right time and that it was administered correctly. They told us consent was sought and water was always given when they took their medicines.

The home continued to have effective systems in place to safeguard people from abuse. Staff were able to demonstrate their understanding of what abuse is and had all received training in this area. There was a clear reporting process in place that staff fully understood.

Individual risk assessments were in place where areas of risk had been identified. These documents highlighted specific areas of risk that included manual handling, personal hygiene, falls, skin integrity, continence and cognition. Clear guidance that included the level of intervention required was in place for staff to follow to mitigate the risk to people. This meant staff provided safe care and the correct level of intervention relevant to each person.

Accident and incident records were fully completed and regularly reviewed by the registered manager to identify steps that could be taken to minimise risks. An analysis was undertaken to identify trends and patterns.

Health and safety checks were regularly undertaken and recorded. Fire safety checks were consistently completed and all people living at the home had a personal emergency evacuation plan (PEEPS) in place that described the level of staff intervention required to support them to evacuate the building in the event of an emergency.

Staff used personal protective equipment (PPE) when undertaking personal care tasks to prevent the spread

of infection. Staff fully understand the importance of infection control procedures to protect themselves and the people living at the home.

Mount Pleasant Nursing home was well maintained and free from any offensive odours. People told us the home was clean, hygienic and comfortable.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the staff. They told us that staff knew what they were doing and understood their individual needs. Comments included "The care is exemplary. Yes, staff understand what residents need and they know what they are doing" and "Staff have spent time getting to know me, fully understand my needs and do things the way I like them done."

Staff had all undertaken an induction at the start of their employment. They had completed mandatory training along with required refresher training in accordance with good practice guidelines. People told us that staff had the right skills and knowledge to support them. Records showed all staff received regular supervision and an annual appraisal was completed.

People were supported to eat and drink in accordance with their assessed needs. The tables in the dining room were neatly set with matching cutlery and crockery, paper napkins and glasses for cold drinks. People were offered a choice of soft drinks, had their pre-ordered main meal served and received a choice of deserts. Staff supported people appropriately where required. We received mixed feedback about the food at the home. Comments included "The food is very good; you order your meals first thing in the morning", "The food is absolutely alright - I have to have gluten-free", "Food is pretty good, you have choices and you can eat where you like" and "The food is not as good as it was; it used to be quite good." We discussed this feedback with the registered manager who explained that their second chef had left the home and a new one was about to start. Agency chefs had been used for an interim period.

One person's care plan showed they had been assessed as requiring thickened fluids and the home had worked closely with a speech and language therapist for the staff to have clear guidance to follow for the preparation of this. Another person had been assessed as requiring a high calorie fortified diet due to weight loss and records showed they had gained some weight. The home worked closely with dieticians and speech and language therapists where concerns had been identified around weight loss or swallowing. This meant people's food and drink needs were met safely by staff that had the appropriate guidance available for them to follow.

People were supported by staff to maintain their health and well-being with the support of a wide range of community healthcare services. The registered provider worked closely with local GPs, district nurses, physiotherapists and occupational therapists. Visiting healthcare professionals spoke positively about the home and their comments included, "The staff are very good at raising any appropriate concerns", "Staff are very efficient at collating information" and "Staff are proactive and encourage people to reach their full potential."

Staff undertook regular checks of people throughout the day and night. These included repositioning records of people supported in bed, well-being checks while people were in their bedrooms and nutrition and hydration charts. People were consistently checked in accordance with the care plan requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. Comments from people included "I choose what I want to do and when I want to do it. I decide what time I get up in the morning and what time I go to bed" and "staff always ask me if I am ready to get up or if I would like a shower or bath." Capacity assessments and best interests decisions were in place for people supported by a DoLS.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and management team. Comments included "Staff are polite and pleasant", "Staff are very attentive", "They [Staff] are kind and considerate", "Staff are always friendly and welcoming" and "I've got the highest regards for all the staff." One visiting healthcare professional stated they received lots of positive feedback from families about the care and support people received at the home. Another said that staff were very approachable and helpful.

People told us that staff treated them with respect and gave us examples that included, staff using their preferred name, not ignoring them or shouting. People also said that staff respected their privacy by knocking and waiting before they entered their rooms. We saw staff demonstrating discretion when supporting people to manage their continence needs.

Staff demonstrated a good understanding of the people they supported who were living at the home. We observed staff demonstrating patience and kindness. Staff were knowledgeable about people's histories, likes, dislikes and had comfortable conversations with them around topics that people were interested in.

People's care plans included information about their specific communication needs. There was information about any sensory loss along with clear guidance for staff to follow for the management of this. One person had poor eyesight and the care plan described the importance of them having their glasses on at all times throughout the day. Another person had hearing difficulties and the care plan described the importance of staff speaking slowly and clearly.

People and their relatives told us they were always offered choice and examples included; if they would like to see the GP, where they would like to sit, what they would like to wear, if they would like a snack or if they would like their meal in their bedroom or the dining room.

Independence was promoted wherever possible. People told us that staff encouraged them to be independent, by letting them do whatever they could for themselves even though they were busy and it did take a bit longer. One person said "The staff are very thoughtful. They encourage me to do what I can; the trouble is I can't do very much."

People's records were stored securely in a locked office to maintain the confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

Good

Is the service responsive?

Our findings

People described a variety of ways of spending their time that included; watching television, sleeping, reading, being in the garden, watching the birds and squirrels, painting and outings. Comments from people included "I like the outings particularly and clay modelling", "I like going to see the entertainers who come here, quizzes, painting and the outings. I like all the activities", "I like the barge trips on the canal and being out in the garden here watching the birds and squirrels" and "I enjoy having a manicure and having my hair done each week." People also told us they attended a church service and received Holy Communion within the home at least twice a month.

Three people accessed talking newspapers and a general copy was available to anyone else within the home. A specialist newspaper called 'The daily sparkle' was used by the activities coordinator to provide a range of group and one-to-one activities. It was accompanied by a CD for music quizzes designed to stimulate people's memories. The Ministry of sport visited fortnightly to undertake hand to eye coordination activities with people.

People's individual needs were assessed prior to them moving into the home. Information from the assessment was used to form the care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics.

We reviewed people's end-of-life care plans. Where people had expressed preferences these were clearly documented. A visiting healthcare professional stated, "End of life care is good and staff are good at initiating end of life conversations." The home had received a number of compliments that included "We feel blessed that [Name] was cared for with such understanding and love" and "I wish to thank you for the care you gave [Name], we could not have wished for better."

Daily records were completed by staff and included information about personal care, continence, activities, medicines and diet. Observation charts were consistently completed as well as repositioning charts and other records required to meet individuals assessed needs.

The registered provider had a clear complaints policy and procedure in place. People and their relatives told us knew how to raise a concern or complaint.

Good

Is the service well-led?

Our findings

People spoke positively about the management team. Their comments included "Yes, it's well-managed and seems to run smoothly" and "Staff and management team have been very supportive." Visiting healthcare professionals told us "The management team are very organised", "They are an excellent responsive management team" and "The management team is approachable." Staff described feeling supported by the management team and stated they had an open door policy.

The registered manager had been registered with the Care Quality Commission since October 2010. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had policies and procedures available that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment.

Quality assurance systems were in place to assess and monitor all areas of the service. These included audits of care plans, accidents and incidents, mattresses, health and safety, environment and medicines. Any actions identified were promptly addressed. A recent medicines audit had identified a need for additional storage within the home and this had been promptly addressed. Analysis was in place for reviewing accidents and incidents and this was used to identify any trends or patterns within the home.

The registered manager held quarterly residents meetings. 15 people had attended the meeting in July 2018 and the discussions had included ideas for activities and outings as well as arrangements for the forthcoming summer fair. People were encouraged to offer ideas and suggestions for areas of development and improvement within the home.

The registered manager and staff team had developed positive working relationships with local organisations within their community. People visited a local memory café to engage with the local community, a school visited to sing with the people living at the home and also to perform a Christmas play. The Orthodox Greek Church had recently been accessed for a person living at the home.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.