

Pribreak Limited

Mount Pleasant Residential Home

Inspection report

Finger Post Lane
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Frodsham
Cheshire
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Tel: 01928787189

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Mount Pleasant Residential Home is a care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

The overall quality of the home environment had deteriorated. People were living in a home that was visibly dirty and areas of the building required remedial repair or refurbishment. We made a recommendation that the registered provider review the time available for housekeeping duties.

There was a failure to fully follow and implement guidance in relation to infection control including that associated with minimising the risks of COVID 19. This placed people at a greater risk of harm.

There was a lack of effective management and oversight. Checks to monitor the quality of the home and the compliance of staff with training requirements were not effective and had not led to improvements.

Accidents and incidents were recorded and reviewed in order to minimise the risk of a future occurrence. Records to support the management of risk needed to be improved as they were not kept up to date.

People told us that the staff were kind and looked after them well. Relatives confirmed they had confidence in the staff to keep their loved ones safe. Improvements had been made to the administration and storage of medicines but we made a recommendation in regards to their recording.

Professionals were complimentary about the additional support staff had provided to meet people's health needs during the COVID 19 pandemic.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 7 November 2019) and there was a breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service is now rated inadequate. This service has been rated Inadequate or requires improvement for the last seven consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 and 25 September 2019. A breach of legal requirements was found about good governance and records.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount Pleasant Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Special Measures

The service is 'Inadequate,' and the service therefore is in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

Mount Pleasant Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mount Pleasant Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short period notice of the inspection because we needed to ensure that we took into account any precautions in place due to the management of the Covid 19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in their action plan. We used all this information to plan our inspection.

During the inspection-

We reviewed a range of records. This included people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with three people who used the service, seven relatives, five staff members, the registered manager and the registered provider.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection, this key question has now deteriorated. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Aspects of the environment did not support safe infection control measures. Furniture, doors and skirting were worn exposing bare wood. Walls, flooring, grouting and tiles were damaged. This meant they could not be cleaned safely.
- Areas of the premises were not visibly clean including ledges, walls, touch points and extractor fans. Some toilet and bathing facilities were dirty, lacked toilet paper or suitable waste bins.
- At the last inspection we noted there was a strong malodour in one area of the service and this had still not been addressed.
- The service had not had an outbreak of COVID-19. However, they had not fully implemented COVID-19 guidance in place to reduce the risk of infection. This included staff not having access to changing facilities, failure to encourage social distancing or isolation when required, lack of risk assessments for indoor visits and inconsistent screening of visitors.
- Some of the recommendations made by the local infection prevention and control team last year had not been acted upon. This meant that poor practice had continued and, in some areas, further deteriorated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider informed us that provision had been made for staff to change on the premises.

Staffing and recruitment

- A dependency tool was used to assess the numbers of staff were deployed. Recruitment processes were safe.
- People and their relatives felt there were not always enough staff on duty to meet people's needs. One relative said " Staff can just about do the basics but they don't have the time to provide companionship and stimulation"
- There were long periods of time when housekeeping duties fell to the care staff. This meant that attention to cleaning and laundry were insufficient.

We recommend that the registered provider review their staffing to ensure that they can operate a cleaning schedule appropriate to the care and treatment being delivered.

Using medicines safely

- The use of 'as required medicines' had been documented in a care plan but staff did not always record clearly the rationale for administering on each occasion.
- Hand entries on a MAR were not always counter signed as it best practice to ensure the accuracy of transcribing.
- A new fridge had been purchased and medicines which needed to be kept in a fridge were stored at the correct temperatures
- Staff had guidance to follow to ensure topical creams and pain patches were applied correctly.

We recommend that the registered manager further review the recording of medicines to ensure it complies with current guidance.

Assessing risk, safety monitoring and management

- Risk relating to the health conditions of people living at the service had been highlighted and a risk assessment in place to assist staff to meet their needs. However, these varied in depth of detail and had not been regularly reviewed to ensure they were up to date.
- Checks were in the process of being carried out on equipment and utilities. The registered manager told us that these had been delayed due to the COVID 19 pandemic.
- Staff were not all up to date with training and so we could not be assured that they had to up to date knowledge and skills required to deliver safe and effective care.

Learning lessons when things go wrong

- There was no evidence that lessons had been learned from previous inspections. The provider had not been proactive in making improvements to quality of care and had not followed their own action plan.
- Accidents and incidents were reviewed to look at how risks could be minimised in the future.

Systems and processes to safeguard people from the risk of abuse

- Incidents and accidents which required safeguarding referrals to appropriate external agencies, were made in line with the service's own safeguarding policy or that of the Local Authority.
- Staff were aware of local safeguarding procedures and what concerns they would need to escalate further.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection, this key question has remained the same. This is the seventh consecutive inspection the service has not been awarded a rating higher than requires improvement since June 2015.

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.

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. At this inspection improvement was not sufficient there was an ongoing breach of regulation.

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

- There has been a failure to act on past feedback to further improve the service. This did not demonstrate that the provider was committed to improving care.
- The appearance of the physical environment had deteriorated since the last inspection and there was no refurbishment plan. Audits failed to highlight or address concerns regarding the environment and infection control.
- Governance systems were ineffective and did not assess, monitor and drive improvement in the quality and safety of the service being provided. They did not mitigate risk to the health and welfare of people living at the service.
- The provider had not always followed good practice advice and guidelines to improve care. Some policies had been 'adopted' from other organisations but not made relevant to the service.
- Business continuity and fire evacuation plans were reliant on a 'safe place' that had not been available during the COVID 19 lockdown period. We asked the registered provider to review this contingency.
- Where audits had highlighted issues, adequate action plans were not in place. Actions had not been assigned and a time frame had not been implemented, meaning there was a lack of accountability of actions being completed.

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

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.
- They informed families, CQC and the local authority where people had come to harm or been placed at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives usually had the opportunity to put forward their views and opinions but this had not been sought during the 'lockdown' period.
- A number of relatives told us they felt they had 'lost touch' with their loved ones over recent months and that the registered manager had not been proactive in keeping them updated.
- The registered manager informed us she no longer held relatives meetings as "No one ever turned up" but relatives told us they could approach the registered manager or the provider if they had any matters of concern.

Working in partnership with others

- The service had worked well with the GP's and community nurses throughout the Covid 19 pandemic.
- Staff had carried out delegated tasks, once assessed as competent, by district nurses.
- Recommendations from health professionals were followed. People who needed specialist diets in line with their health needs received them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not being protected from the risk of harm.

The enforcement action we took:

We imposed a condition on the providers' registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of governance and oversight.

The enforcement action we took:

We imposed a condition on the providers' registration.