

Pribreak Limited

Mount Pleasant Residential Home

Inspection report

Finger Post Lane
Norley
Frodsham
Cheshire
WA6 8LE

Tel: 01928787189

Date of inspection visit:

05 May 2021

07 May 2021

Date of publication:

29 October 2021

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 18 people aged 65 years and over at the time of this inspection.

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

We have identified continued shortfalls in relation to good governance of the service. This has continued for the last eight inspections. The provider has been in continual breach of regulations since June 2015.

A lack of robust governance and daily management oversight had resulted in continued issues relating to the quality and safety of the care people received. Governance systems in place had failed to identify the concerns we found and whilst regular checks and audits were in place, these were ineffective.

The management and administration of some medicines and prescribed creams was not robust and increased the risk of harm to people. Body maps were not dated, signed or reviewed. PRN protocols for 'as required' medicines were not consistently evidenced which meant staff did not have clear guidance to follow.

Care plans and risk assessments were variable in quality and required review to ensure they reflected people's individual needs. Language used within people's care plan records was not always person centred.

The registered manager and nominated individual were aware of current protective personal equipment (PPE) guidance and staff had received infection control training. PPE was in plentiful supply however; was not always stored or disposed of safely. Cleaning products were not always stored securely leaving people at the risk of harm. The nominated individual confirmed they had ordered apron rolls following our inspection visit.

Areas of the service were not visibly clean and the provider had not ensured adequate housekeeping cover while they recruited to a vacancy at the service.

Safe recruitment procedures were in place. The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe.

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.

The registered manager, nominated individual and staff knew people well and had a good understanding of their needs. People and staff told us the management team were approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was inadequate (published 31 December 2020) and there were two breaches of regulations. The service remains inadequate. The service has been rated inadequate for the last two inspections and rated no higher than requires improvement for the last eight consecutive inspections.

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.

Why we inspected

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Mount Pleasant 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one and announced on day two.

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.

What we did before inspection

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 following the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Additional information was shared via email and collected from the service for review following the inspection visit. All this information formed part of the inspection.

After the inspection

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted five relatives by telephone about their experiences of the care provided. 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

At our last inspection the provider's 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 (Safe Care and Treatment) 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 12.

- Areas of the service including surfaces, walls and touch points remained unclean and also damaged.
- Poor standards of hygiene were seen in communal bathrooms and toilet facilities. Commode bowls were unclean and in need of replacement throughout the home. The provider immediately ordered replacement bowls when we highlighted this concern.
- The provider told us they had a housekeeping vacancy. They stated cleaning tasks were shared between staff on duty. On review of the completion of the cleaning schedules they had not ensured all areas of the service remained clean.
- There were clinical waste bins provided for the disposal of used PPE. A small number of staff had disposed of their used PPE in lined flip top bins within bathrooms/toilets used by people supported rather than within designated clinical waste bins. This was an infection risk.
- New PPE although in plentiful supply was not stored safely. We observed PPE stored over a shower enclosure, over a shower chair and also hanging above a clinical waste bin. This was an infection risk.
- Visitors were being supported at the service, however visiting care plans and risk assessments were not reflective of current guidance and did not reflect the providers policy for visiting during coronavirus.

Systems were either not in place or robust enough to demonstrate that risks associated with infection control and the environment were safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we recommended the registered manager further review the recording of medicines to ensure it complies with current guidance. Sufficient improvements had not been made.

- The use of 'as required medicines' were recorded however; staff continued to inconsistently record the rationale for administering on each occasion clearly.
- People's 'as required' (PRN) medicines such as painkillers did not consistently have care plans in place to

give staff clear guidance about safe administration. Following the inspection, we received copies of six people's 'as required' care plans.

- Prescribed creams were not stored securely within people's bedrooms. Individual risk assessments were not in place and consideration of safe storage had not been given for these items.
- Emollient creams required risk assessments to be in place due to the fire risk posed by them. These were not available during the inspection. Risks had not been discussed with people managing their own prescribed creams. Following the inspection, we received confirmation from the registered manager that risk assessments had been introduced.
- Where people applied their own creams, risk assessments were not in place to ensure this was completed safely. For people supported with skin creams, staff were not consistently completing their records. Body maps were not signed, dated or reviewed.

Risks relating to safe storage and administration of medicines were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their regular medication from appropriately trained staff.
- The provider had introduced an electronic medicine administration system which staff reported was easy to use.

Assessing risk, safety monitoring and management

- One free-standing electrical radiator within a communal lounge had black tape used to repair the power lead. A second free-standing radiator had a PAT (Portable appliance testing) sticker dated 28 May 2019. There is a requirement that all portable electronic items are tested annually. The provider removed the item with taped wire and was unable to supply CQC with up to date PAT testing records. Risk assessments were not available for the use of freestanding radiators within the communal lounge.
- Risk assessments were not consistently present in people's care plans. Risk assessments were not regularly reviewed to ensure information remained up to date.
- The laundry room door on both days of our inspection was unlocked. Chemicals used for the purposes of laundry and cleaning products including bleach were stored in the laundry room and were easily accessible to anyone that entered. The back door which was accessed from the laundry room was also unlocked and open on both days. This meant service users were not protected from the risk of harm from leaving the service unsupported or people entering the home uninvited.
- Inspectors found on day one of the inspection that the linen cupboard had very hot pipes in and was not locked. This was immediately raised with the provider. On day two of our inspection a lock had been installed.
- Harmful products such as bleach were not stored safely and were left in communal areas.

Systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we recommended the registered provider review their staffing levels to ensure they could operate a cleaning schedule to the care and treatment being delivered. Sufficient improvements had not been made.

- Staffing rotas showed that there were only four days with housekeeper cover. The provider told us they had a housekeeping vacancy. They had recruited to this position and were awaiting recruitment checks to be completed. Sufficient cover had not been put in place to ensure all areas of the service remained clean.
- Recruitment processes were safe. Appropriate pre-employment checks were carried out to ensure that only suitable people were employed.

We recommend the provider reviews their staffing levels to ensure that they improve and sustain the levels of cleanliness within the service.

Learning lessons when things go wrong

- The provider did not clearly demonstrate that they had learned lessons from previous inspections.
- 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

- People told us they felt safe. One person told us; "Staff respond quite quickly when I use my call bell" and "I chose to live here as I feel safer than at home."
- People were protected from abuse by staff who had received training and had access to appropriate policies and guidance. Staff were aware of what abuse was and how to report it should the need arise and felt able to do so.

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 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 eighth consecutive inspection where the service has been awarded a rating no higher than requires improvement since June 2015.

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 sufficient improvement was not evidenced and there was an ongoing breach of regulation. The provider has been in continuous breach of this regulation at the last eight inspections since June 2015.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Significant shortfalls were identified at the inspection. The provider had not ensured that their action plan to address breaches of regulations had always been followed and improvements had been made or sustained.
- Systems and processes for monitoring quality and safety were not effective. The provider audits had failed to identify and improve shortfalls in the quality of the service people received.
- The registered manager and nominated individual maintained a presence in the service but had failed to highlight and address areas of ongoing concern in relation to infection control and the environment, management of medicines and records.
- The provider was working to a refurbishment plan however; some areas identified as a potential risk during the inspection process had not been included in this.
- The provider has been rated no higher than requires improvement for the last eight inspections.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Language used within people's care plan records was not always person centred. Some of the care plan records written by the registered manager and staff indicated that they lacked an understanding of how to write a person-centred plan. We spoke to the registered manager and provider about the need to ensure that records, afford a person dignity and respect.
- Records in relation to people's care did not always contain adequate information and were not always completed properly. This meant it was difficult to tell if people received the care they needed and if this care promoted good outcomes for people.
- The provider had not sufficiently improved the service or people's care in response to the concerns identified at the last inspection.

There had not been sufficient and sustained improvements in the oversight of the safety and quality of the service being provided for people. This was a continued 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 approachable and responsive to feedback throughout the inspection. They took immediate action to address some of the concerns brought to their attention.
- The provider had embarked on a period of refurbishment since the last inspection in September 2020. Seating in all lounges had been replaced with new chairs that were easily kept hygienically clean. The dining chairs and tables had been replaced with new wipeable chairs and tables. A new bathroom had been installed however was awaiting the installation of a bath lift.

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 registered manager was aware of their responsibilities to report concerns to safeguarding, the CQC and other relevant agencies.
- The provider had notified us appropriately about significant events within the service.

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

- People told us they had regular contact with the registered manager and nominated individual. Their comments included; "The manager is always around the home. I can always ask to speak to them if I need too" and "They organised for me to have my newspaper delivered."
- Some relatives spoke positively and their comments included; "I have a brilliant relationship with the management, seniors and staff" and "I have absolute confidence in the home."
- We received a complaint from a relative and have asked the registered manager to share some information with us regarding this. The complaint has been investigated and responded to.

Working in partnership with others

- Healthcare professionals told us that their recommendations to staff about how to support a person were followed. Comments included; "Staff recognise the issues [Name] is experiencing as they are quite complex" and "Staff have developed a good rapport."
- The service worked closely with the GPs and community nurses during the COVID 19 pandemic.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12</p> <p>Risks relating to safe storage and administration of medicines were not fully assessed and managed.</p> <p>Systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17</p> <p>The provider had failed to ensure sufficient and sustained oversight of the safety and quality of the service being provided for people.</p>