

Bupa Care Homes (GL) Limited

Mount Hall Care Home

Inspection report

Flash Lane
Bollington Cross
Macclesfield
Cheshire
SK10 5AQ

Tel: 01625574177

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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

Mount Hall Care Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

There were sufficient staff to provide people with the care they needed in a timely manner. Safe systems of recruitment were in place and people told us they felt safe. Risks were well managed. Medicines were stored and administered safely. The home was very clean, well maintained and decorated and furnished to a high standard.

Staff received the training and supervision they needed to carry out their role effectively. They felt very supported in their work. People's needs were assessed before they started to live at the home. Their nutritional and health needs were met. 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.

People were treated with compassion, dignity and respect. Staff were very caring, pleasant and professional. Staff spoke fondly about people and knew them well. People spoke very positively about the staff. One person said, "Fantastic staff. It's fantastic. They look after you and they're friendly."

Plans of care were person centred and identified what was important to and for the person. There was a range of activities for people to join in both in the home and in the wider community. Complaints were well managed. People's wishes for end of life care and support were identified and respected.

There were robust systems of quality assurance checks and audits. People spoke very highly of the registered manager and the way the service was managed and organised. The registered manager was committed to providing an inclusive, person-centred service, staff shared this commitment. There was a positive approach to ensuring continued improvement and developments.

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 requires improvement (published January 2019) and there was one breach of regulations in relation to staffing.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mount Hall Care 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 undertaken by two inspectors 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.

Service and service type

Mount Hall Care 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.

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.

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 a health care professional who worked with the service. 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 contacted Healthwatch to find out what information they held about the service. 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 all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and three visitors about their experience of the care provided. We spoke with 14 members of staff including the registered manager, regional director, clinical services manager, activity coordinator, nurses, care workers, domestic, finance administrator, maintenance person and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at a range of policies and training data.

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 improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff to provide people with the care they needed in a timely manner. A staff member said, "Although the mornings are busy people do get the support they need."
- Staff told us any staff member who was nearby responded to call bells. One told us, "If I'm passing a room and they have pressed their call bell I can see what they need, reassure them then go and get the right member of staff to help them." During our inspection all call bells were answered promptly.
- There were safe systems for staff recruitment in place. All required checks on people's backgrounds and character were completed prior to staff starting to work at the home. This helped to ensure they were appropriate to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff had received safeguarding training and were aware of their responsibilities. One staff member told us, "We've all had safeguarding training and know what it is. We owe it to people to speak up. I'm not afraid to challenge things if I think something isn't right."
- People said, "Staff are very good. I feel safe and looked after."

Assessing risk, safety monitoring and management

- Risks to individuals and staff were identified and well managed. Risk assessments were person centred and gave clear guidance to staff on what needed to happen to keep people safe, whilst respecting people's choices.
- Health and safety checks in the home had been carried out. Any issues had been addressed promptly.
- There was a plan to guide staff on what to do in the event of an emergency that could threaten delivery of the service.

Using medicines safely

- Medicines were well managed and people received their medicines safely.
- Staff had received training in the administration of medicines and had regular competency checks.
- People's medicines were regularly reviewed by the GP and nursing staff to ensure it continued to be appropriate.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection or disease. The home was very clean and tidy throughout. A visitor told us, "The bedroom is always clean. The cleaners do a good job."

- Staff had completed training in infection prevention. Personal protective equipment was available and used by staff when providing personal care.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff. The registered manager and senior managers also monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

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.

At our last inspection staff were not receiving appropriate support and supervision as necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff received regular supervision and appraisal and told us they felt very supported in their work. Staff said, "I mentioned in a supervision that I had done my dementia training and wanted to learn more about how to support people with advanced dementia. [The registered manager] arranged for me to go on the additional training."
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Staff completed an induction and a range of training the provider considered mandatory. Staff told us the training was good. One staff member told us, "The training is very comprehensive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started to live at the home their needs were assessed by managers and their individual preferences identified. This process helped ensure people were suitably placed and the service could meet their needs.
- A person who used the service said of the care and support provided, "The standard is pretty high. You'd go a long way to beat it."

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

- People's nutritional needs were met. We observed a lunch time meal. There was a pleasant atmosphere. A new initiative had been introduced, 'Make mealtimes meaningful'. This promoted good nutrition and an enjoyable dining experience. This resulted in one person who had required staff support starting to eat independently again. All staff including managers assisted people at mealtimes.
- Where people had specific dietary requirements, or needed their food modifying, records gave guidance to staff on how the food should be prepared and how to support the person safely.
- People told us the food was good. They said, "The meals are excellent. The food is lovely" and "The cook in the kitchen is lovely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and had access to a range of health care professionals and regular health checks. A visiting health care professional told us, "The staff are very responsive. They prepare well for my visits so I've got the information I need about the person's symptoms. A nurse comes with me during my visits. They know the people here so well."
- Staff had received additional training on how to support people with specific aspects of their health such as oral care and hearing. Oral care plans were in place and included the support people needed. Staff were also trained to carry out regular hearing tests to identify if people's hearing was deteriorating and how to check and change hearing aids.

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.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed.
- Where someone else, such as a relative, had legal authority to make decisions about the persons care or finances this was clearly recorded in their care records.
- The correct procedures for applying for DoLS had been followed.

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

- The home had recently been redecorated and refurbished and was decorated and furnished to a high standard. The registered manager told us residents had input into colour schemes during the recent refurbishment. People said they had been able to choose their furnishings. People's rooms were spacious and were personalised.
- There was a large reception area, this had comfortable chairs and drink making facilities. People enjoyed sitting there and welcoming visitors.

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 as 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

- People were treated with compassion and respect. Observations during the inspection showed staff were very caring, pleasant and professional. Staff spoke fondly about people and knew them well. One staff member said, "I work in their home. I care about them all very deeply." Another staff member told us about a perfume the person liked and how they put a little on the person's bed sheets so they could smell this.
- People spoke very positively about the staff. They said, "Fantastic staff. It's fantastic. They look after you and they're friendly" and "[Staff are] Smiling, kind, efficient, always ready to help." Visitors said, "All staff are very helpful. They're cheerful, I can't fault them" and "It's a lovely home. I can't fault it. My [relative] seems very happy." One person said of the staff, "The staff look happy."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. The registered manager had recently organised a group open to all staff, residents and relatives to look at any improvements that could be made to help the home be more inclusive.

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

- People, and where appropriate their representatives, were involved in all decisions about the care and support they received. People's preferences and routines were respected. One person said, "I can have a bath whenever I want one."
- Information about a local advocacy service was available on the notice board.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff used 'care in progress' signs on people's bedroom doors to maintain privacy when providing personal care.
- All care records gave good information about what people could do and how staff could encourage people's dignity and independence. Call bells were detachable so could be taken outside by people if they wanted to go outside alone. We observed staff and managers giving people time to do things for themselves so their independence was maintained.
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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

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

- Care records were detailed and person centred, they included people's individual needs, interests and preferences. They gave sufficient detail to guide staff on what was important to and for the person.
- Care records were reviewed regularly and updated when people's needs changed.

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.

- Information was available in alternative formats including pictorial and easy read formats.
- Care records included detailed information about how people communicated. One person's record identified their speech became slower as they got tired towards the end of the day. Another stated a person blew kisses when they were happy. Information was available for staff about how to communicate with people with different communication needs. One person was unable to communicate using words. Staff had helped develop a booklet which documented various aspects of the person's life including job, hobbies and interests. This enabled people to communicate with the person about things that were important to them.
- A member of staff told us, "It's about inclusion. It's not just the people here; their relatives may be elderly too. If we can communicate with people it stops them getting isolated."

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

- People took part in a wide range of activities both in the home and in the wider community. Special events and trips were organised based on people's interests. Where people spent most of their time in their bedrooms staff offered individual time with them. People said, "There are plenty of activities. We went on a trip to an air museum" and "They [staff] bring people in for activities; there's lots to do." We saw people were very engaged in activities in a communal area of the home. Staff were interacting with people and encouraging them to play musical instruments and dance.
- Staff encouraged links with the wider community. Schools and churches had provided activities in the home and people had visited local schools for events such as nativity plays. One visitor said, "The local cubs may come in and primary school choirs." The home also had links with a local befriending service. One person was visited regularly by their 'buddy' from this service.
- People told us visitors were always made to feel welcome. One visitor said, "I'm always made welcome

and offered coffee and biscuits. I can't speak highly enough; it's absolutely fabulous."

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. The registered manager ensured action was taken if lessons could be learned to improve the service.
- One person said, "I like everything and have no complaints." Another person told us about a complaint they had made which they said had been dealt with promptly. They said, "The manager is hands on and got involved and it got resolved."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Staff ensured people's wishes were respected, such as being able to spend their last days at the home.
- There was a 'Comfort kit' for relatives who wanted to stay over with people during their last days. This included toiletries and things that may help the relative be more comfortable.
- The registered manager told us there was a 'whole home' approach to ensuring people received compassionate end of life care. All staff including ancillary and maintenance staff underwent dementia and end of life training.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems of daily, weekly and monthly quality assurance checks and audits were in place.
- The registered manager had very good knowledge of what was happening within the home. Where issues were found they were dealt with promptly.
- People were very positive about the way the home was run and organised. They said, "It's absolutely fine especially since we had a new manager. Things go smoother. He's marvellous."

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

- We found the new registered manager knew people very well and was committed to providing an inclusive, person-centred service. People spoke very highly of the registered manager. They said, "The manager [name] isn't just in his office. When my [relative] was on [their] own in the dining room one day he came and joined [person] for breakfast" and "[registered manager] is a hands-on manager. Gets involved and gets things done. He's walking round all the time."
- Staff shared the registered managers commitment and clearly took pride in providing responsive person-centred care. They spoke positively about the registered manager and the changes they had made. They said, "We see a lot of [the registered manager]. I can go to him with problems or ideas and he will support me" and "He is one of the best managers I've had."
- People told us they liked living at the home and liked the atmosphere. They said, "I'm very happy", "We're a happy lot" and "It's a very pleasant warm, comfortable very friendly atmosphere." A visitor said "[Registered manager] is fantastic. He's turned it around and the atmosphere is much better."

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 responsibility regarding duty of candour. The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw the rating was displayed on the provider website and in the reception area.

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

- People were asked about their experience of the service. There was an activities committee and regular

residents and relatives' meetings. As a result of a request from the committee, an activity involving lots of different animals being brought into the home had been organised.

- Staff felt valued and listened too, regular staff meetings were held. A staff member said, "There's no us and them in different jobs. We all muck in together. We do whatever needs doing. I feel really valued and part of the team." Others told us, "My manager recognises the skills I've got", "The feedback we get from managers is really good" and "We share ideas across the homes [owned by the same provider] so we can see things that we try and let other homes know what worked and hasn't worked for us."

Continuous learning and improving care

- There was a positive approach to ensuring continued improvement and developments. The registered manager had introduced specific time for staff to read peoples care records. This was followed by a written test which asked staff questions about what was important to and for the person. The registered manager told us this was so staff could learn more about the people they supported.

- The registered manager had introduced a system for monitoring the response time for answering call bells. Any that had taken longer than a specified time were investigated by the registered manager to identify if any action needed to be taken to improve the response. This had led to an extra member of staff being on duty between certain times. This had resulted in quicker responses to call bells and a reduction in falls

Working in partnership with others

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.

- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.