

Mr & Mrs A Blight

Mount Pleasant House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mount Pleasant is a care home which provides care and support for up to 19 predominantly older people. At the time of this inspection there were 18 people living at the service.

The service is a detached property in its own grounds. It has two floors with access to the upper floor via stairs, chair lift or a passenger lift. Seventeen rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges and an open plan dining room with seating areas. There is a rear garden and patio area with seating.

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

The inspection was prompted following concerns we received about the changes of management of the service and the impact on the care people received. At the time of the inspection, the manager had been in post for a month and was not registered with the Care Quality Commission (CQC). The manager had submitted their application with CQC but had agreed to defer it whilst they gained further experience at the service.

There had been a number of manager changes over the last 2 years at the service. Feedback from staff, and from the review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operation of the service. Audits to oversee the service were not always fully effective in identifying areas for improvement.

Relatives were also concerned about the impact of the management changes on the service. Relatives commented "The day-to-day care of my mother has generally remained good however due to the frequent changes in manager I feel there has been a lack of continuity."

Care plans and risk assessments had been reviewed but when people's care needs had changed, they were not always updated promptly on the person's care plan or risk assessment. This could lead to people receiving inconsistent care.

Some people could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk. People's care plans did not always inform, direct or guide staff in the actions to take when people were becoming anxious and how to support them. As staff had no guidance when a person became anxious, this meant that there was no consistent understanding or approach in how to support people.

The medicines system was not robust. The recording of medicines received at the service and administered were not consistently completed. This could lead to potential errors. Some people were prescribed medicines to be taken when required, there was a lack of guidance when this medicine should be administered. Staff did not record the reason for giving a when required medicine or whether it was effective.

Staff told us there were not enough staff on duty to undertake all duties. The provider did not have a dependency tool to calculate the staffing levels needed to support people's care needs. However people told us that staff responded in a timely manner when they called for assistance.

People using the service and their relatives told us they felt they were cared for by the core staff team who were skilled, caring and respectful. We observed many kind and caring interactions between staff and people. Staff spent time chatting with people and knew the people they supported well.

Due to the changes in leadership this had impacted on the level of staff support and some training.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

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 food provided by the service was enjoyed by people.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately

Staff were motivated and fully focused on ensuring people's needs were met. Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 29 November 2018).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the lack of leadership and oversight of the service. A decision was made for us to inspect and examine those risks.

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.

Enforcement

We found 2 breaches of regulation in relation to staffing, medicines and lack of leadership and oversight of the service at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mount Pleasant House

Detailed findings

Background to this 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 Health and Social Care Act 2008.

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 2 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 Pleasant is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

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.

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.

During the inspection

We spent time observing their interactions between people and with supporting staff. We spoke with 7 people who used the service about their experience of the care provided. We spoke with 6 members of staff. This included the newly appointed manager, provider, care staff and auxiliary staff.

We reviewed a range of records. This included four people's care records, and medication records. We looked at 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.

After the inspection visit, we spoke with 5 relatives. We also spoke with 2 staff members regarding their experience of working at Mount Pleasant.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

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

Assessing risk, safety monitoring and management

- Some people could find it difficult to express themselves or manage their emotions. This could lead to people showing signs of being distressed which could put them, or others at risk. People's care plans did not always inform, direct or guide staff in the actions to take when people were becoming distressed and how to support them. This meant staff did not have the relevant information to enable them to support people in a consistent way when they were distressed.
- The manager told us that some people in the service did not have a behavioural support plan. As staff had no or limited guidance when a person became anxious, this meant that there was no consistent understanding or approach in how to support people.
- People's risks in areas such as falls had not always been assessed. This meant that staff did not have a risk assessment that could inform, direct or guide them in how to minimise these risks and therefore no consistent understanding or approach in how to support people.

The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The environment was well maintained. Risks associated with the environment were monitored.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- From reviewing the medication system, we identified a number of failings. Staff had not always recorded on the Medicine Administration Records (MAR) sheets the number of medicines received, the date or who had received them. This could lead to errors in auditing the medicines in stock. When counted, medicines did not tally with the amount recorded on MAR sheets. MAR sheets were not always accurate, there were some gaps on MARs when medicines had not been administered but no explanation was recorded. There was no guidance on what action staff should take if a person declined their medicines. There was no evidence of how managers responded to medication incidents with staff and if additional training, supervision and competency checks were being made.

- Some people were prescribed medicines to be taken when required (PRN). People with dementia might not have been able to ask for a when required medicine. There was no medication care plan or PRN protocol in place to guide and help staff make consistent decisions about whether to give a when required medicine. Staff did not record the reason for giving a when required medicine or whether it was effective.
- Controlled medicines were stored correctly. However, the people they were prescribed for were no longer at the service. This meant medicines were not being disposed of correctly.

The provider had not ensured the proper and safe use of medicines. This contributed to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Since the last inspection there had been a turnover of care staff and managers at the service. Relatives were concerned by the staff turnover and whilst praising the core staff team for their commitment and dedication, they were concerned by the turnover of leadership and the impact this had on the people they supported. For example, they felt staff were unable to answer their queries and that communication had deteriorated.
- Staff told us that there were not enough staff to undertake all duties. For example, in the afternoon there was one carer and senior member of staff on duty to provide support to 19 people. Some people need support from 2 staff to assist them with personal care, this meant that staff were not available to provide support to the other 18 people in the home to ensure they remained safe. The senior staff had additional tasks of completing the laundry and preparation of tea which meant only 1 care staff member was available to answer all calls for assistance. Likewise, there were concerns about staffing levels at night and the impact this had on people.
- Staff expressed frustration regarding the staffing levels at the service. They commented "People's care needs are met but there's no time to chat to people. Its task orientated."
- The provider said they did not have a dependency tool to calculate the staffing levels needed to support people's care needs. This meant there was limited oversight if the correct staffing levels were available to meet people's current care needs.

The provider did not take appropriate steps to ensure there were sufficient numbers of suitably qualified, skilled and experienced staff to provide support to people using the service. This contributed to a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People said that staff answered their calls for assistance. Some commented "The staff are very good, they always come when I use my call bell".
- The services recruitment practices were safe and necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and cared for. People were encouraged to report any concerns they may have about their welfare to the manager or senior staff.
- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings.
- People and relatives said they were confident their family members were well cared for and were safe.

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- There was a robust system to ensure that people's monies were accounted for.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting in care homes; The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Learning lessons when things go wrong

- The manager was new to post and told us they wanted to learn from issues and incidents. There was no documentary evidence the service reflected and learnt from issues and incidents when things went wrong. There was limited use of systems to record and report concerns. This is discussed in the well led section of the report.
- The service worked closely with other health and social care professionals to adapt and change the way people were supported if issues arose.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support, training, skills and experience

- The provider acknowledged that due to the changes in management, as detailed in the well led section of the report, this had impacted on staff support and training. Staff had not had the opportunities to discuss their individual work and development needs with managers. Therefore, there were gaps in providing individual time with staff and attending relevant training. Supervision and training matrixes confirmed there were gaps in this provision.

The leadership of the service impacted on staff support, skill and competency which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and relatives were complimentary about the staff support and their skills. Comments from people included "I love it here, staff are very good, they are all fantastic."

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

- Peoples care plans were not always up to date in how people needed support in this area. For example, a care plan recorded that the person ate and drank independently. However, staff told us, and we observed staff supporting the person with their meal and needing to use syringes to ensure the person had sufficient fluids. This could lead to people receiving inconsistent care that put them at risk.
- People's weight was regularly checked to ensure that their health needs were monitored. However, when people had lost weight there was no evidence in how this had been addressed with health professionals.

The provider had not ensured care plans recorded people's current needs. This contributed to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People were complimentary about the food and drinks available. Comments included, "I have plenty to drink and eat...I like hot chocolate and water". "I like home-made food, the food here is lovely, I like salads, there's plenty of choice, my favourite is hot chocolate and cream". "Food is tasty and lovely, staff cut it up for

me-I ask for a small plate, we get lots of choice, I like bacon and eggs and soft mash."

- The cook was aware of people's individual dietary needs and catered for them. Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- People were given choices of what to eat and drink. The food provided was well presented and kept warm. When a person declined their meal, staff were heard to offer other food options to encourage the person to eat. Some people chose to eat in their own rooms. Staff ensured those people received enough meals, snacks and drinks throughout the day.

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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The needs assessment template included information about people's care needs, cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met. However, these were not completed consistently.
- Relatives were positive about the recent admission of their loved one to Mount Pleasant. Comments included "We were pleased with the introduction the home gave to us. The staff are very kind, we feel the home is safe and have confidence in them".

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, district nurses, community psychiatric nurses and dementia liaison nurse.
- People told us that staff contacted relevant health professionals if they felt unwell. Comments included "I recently had a fall whilst two members of staff were talking to me in my room, I just dropped to the floor, the staff were great, they helped me up, called the doctor and made me very comfortable. I'm healing now, but resting my leg, which I hurt, the doctor is happy with me".
- Relatives felt that the provider was usually quick to identify any health issues and act appropriately.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

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 MCA 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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with

personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.

- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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

- People's rooms were decorated with some personal belongings to ensure they felt comfortable with familiar items around them. People told us "I'm very happy with my room, I chose it, it's light and spacious. I like to spend my time in here, reading my books. I do go to the garden and sit with other residents in the lounge".
- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stair lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- The provider had identified ongoing works needed to the environment. They worked with the maintenance person to ensure that works to the environment were completed.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The inspection was prompted following concerns received about the management of the service. Since 2021 there had been 5 changes in managers at the service. The manager had been in post for a month. They had submitted their application with CQC.
- The provider acknowledged that the changes in manager had led to a deterioration in the oversight of the service. Systems and processes were not effectively implemented or embedded.
- People and relatives also commented that the changes in managers had been a concern. Comments included "The turnover of managers in the last 18 months is a worry to me and my family", "The day-to-day care of my mother has generally remained good however due to the frequent changes in manager I feel there has been a lack of continuity" and "We don't always feel kept up to date. We know there is a new manager, but we haven't been informed formally or introduced to her."
- Feedback from staff, and from the review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operations of the service. For example, records did not always reflect people's needs or accurately document the support people had received.
- Care plans were reviewed but when people's needs had changed, they were not updated on the persons care plan. This could lead to people receiving inconsistent care. Risk assessments had not always been updated when people's needs had changed. Therefore, we were not assured management were reviewing all incidents and identifying themes or learning to mitigate the risk of them.
- Audits were not effective in identifying areas for improvement. For example, care plans were not completed consistently, and the shortfalls identified at this inspection in relation to medicines and staffing calculations had not been identified.

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

- People and relatives identified that communication would benefit from improving. Comments from a relative included "Day to day, everyone is lovely, and [person's name] is well cared for, but we can't understand why more progressive channels of communication isn't used e.g., emails etc."
- The provider had recently sent a formal questionnaire for relatives to complete to share their views on the service. Relatives told us they were satisfied with the care provided but that "The level of information and communication provided is very poor."

- The new manager had been in post for 6 weeks and had not had a staff meeting to introduce themselves to the team. Neither had they had a formal introduction to relatives. This meant that opportunities for staff and the management team to discuss any issues or proposed changes within the service had been missed.

The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and most relatives were satisfied with the support their family member received. They spoke positively about how the care and domestic staff, especially during the managers changes provided consistent care to their loved ones. Comments from relatives included "[person's name] seems to like the home, staff are friendly and helpful", "Residents get plenty of attention here, believe me" and "Staff are as good as gold."
- The manager was complimentary about the staff team. They stated "The carers are amazing, they make it work, and been a huge support to me getting to know people and outside professionals. The seniors run the shifts well".
- Staff were motivated and fully focused on ensuring people's needs were met. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

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 ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident concerns would be listened to and acted on.
- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested. They also produced an action plan following the inspection detailing how they would address the issues raised from this inspection visit.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.

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>The provider had not ensured care plans recorded people's current needs. The provider had not ensured the proper and safe use of medicines. The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received.</p> <p>The leadership of the service impacted on staff support, skill and competency which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>