

Pribreak Limited

Mount Pleasant Residential Home

Inspection report

Finger Post Lane
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WA6 8LE

Tel: 01928787189

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23 March 2022

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mount Pleasant residential home is a care home providing personal care. The service provides support to 25 people aged 65 years and over. At the time of our inspection there were 20 people using the service.

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

We found significant improvements had been made at the service since our last inspection in May 2021. The home had undergone a major refurbishment programme resulting in positive improvements to the environment. Governance systems were used to identify and drive improvements across the service.

Infection prevention and control systems had been improved and all previous concerns relating to health and safety had been addressed. All areas of the service were visibly clean and enough housekeeping cover was now in place.

The management and administration of medicines had improved and was robust with clear procedures in place. The management of people's 'as required' medicines was now safe with clear and consistent records. People's prescribed creams were now stored securely.

People's care plans and risk assessments had been reviewed and updated to ensure person centred language was used. They reflected people's individual needs and preferences. People who used the service told us they felt well cared for and listened too. They said staff were extremely kind and responsive to their needs.

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

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

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.

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.

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 29 October 2021) and there were three breaches of

regulation relating to medicines, infection prevention and control, risk management and governance. We took enforcement action and imposed conditions on the provider's registration meaning they had to submit monthly reports to demonstrate the actions they were taking to drive improvements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The conditions we imposed were removed following this inspection.

At our last inspection we recommended that the provider reviewed their staffing levels to improve and sustain levels of cleanliness within the service. 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 the provider had acted on this recommendation. Staffing levels were enough to maintain the cleanliness of the service.

This service has been in Special Measures since 29 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good based on the findings of 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always 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 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 site visit was completed by two inspectors.

Service and service type

Mount Pleasant Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mount Pleasant Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who use the service and six staff including the provider, registered manager, senior support worker, support worker and ancillary staff. We looked at the medicine's records for five people who used the service and care records for six people. Governance records were also reviewed and included quality monitoring audits, accident and incident records, maintenance, servicing records and personnel files for four staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records along with policies and procedures. We contacted five relatives of people who use the service by telephone.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We found improvements had been made in relation to managing risks to people. Risks to people had been identified, mitigated and kept under regular review.
- Improvements had been made in relation to environmental risks. PAT testing was up to date and all required risk assessments were in place.
- Improvements had been made in relation to the storage of chemical products. These were stored securely.
- All health and safety risks relating to the premises and equipment had been identified. Regular monitoring, servicing and maintenance was in place to ensure their safety.
- A fire risk assessment was in place and all associated fire equipment had been regularly serviced and monitored. People had individual personal emergency evacuation plans (PEEPs) in place should an evacuation be required.
- People who used the service and their relatives told us that risks were well managed, and they had no concerns in relation to safety. Through discussion, staff demonstrated they knew the risks to individual people and how to minimise them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager understood their responsibility and knew how to report any safeguarding concerns to the local authority safeguarding team and to the CQC.
- People told us they felt safe and that all the staff were caring, kind and compassionate. They felt listened to and felt confident to raise any concerns they had. A relative told us, "I feel [Name] is very safe living at the home" and "[Name] will complain if anything is wrong or they have any concerns."
- Staff understood how to report any concerns, accidents and incidents. A staff member told us, "Abuse comes in many forms including physical, emotional, neglect and sexual. If I saw or became aware of anything like this, I would immediately report it. I would go to the management team and I know they would

respond quickly."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At the last inspection we made a recommendation for the provider to review their staffing levels to ensure that they improve and sustain the levels of cleanliness within the service.

The provider had acted upon the recommendation, staffing levels had been consistently improved and sustained.

- People told us there were enough staff to support them. They knew staff well and said they had very good relationships with them. Comments included, "Staff are excellent and very responsive" and "Staff come when I use the call bell. They let me know if they are very busy helping someone else."
- There were enough staff recruited to meet the individual needs of the people living at the service.
- Staff had been safely recruited and checks completed as required including a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At the last inspection we found risks relating to the safe storage and administration of medicines which were not fully assessed or managed. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The use of 'as required' medicines had improved. Care plans for 'as required' medicines were in place. Staff consistently recorded the rationale for administering these medicines in accordance with good practice guidelines.
- People's prescribed creams were stored securely within their bedrooms and appropriate risk assessments were in place for people who self-administered their own prescribed medicines.
- Individual plans were in place which described how people wished to receive their medicines.
- People were supported by competent staff who were trained and followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

At the last inspection we found the provider's systems were either not in place or were not 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

The provider's policy and procedure for visiting aligned with government guidance. The provider was supporting people to receive visitors safely at the service.

Learning lessons when things go wrong

- Staff understood how to report incident and accidents. All accidents and incidents had been recorded and reported to the local authority and the CQC, where appropriate.
- The registered manager reviewed and monitored all accidents and incidents to establish any trends or patterns.

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 inadequate. At this inspection the rating has changed to 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.

Although we saw significant improvements had been made, we have not rated the well-led key question as 'good'. There is a history of non-compliance at the service. To improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement and good practice.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Improvements were found in the governance processes, which helped hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Audits were in place and used to improve practice and check safety within the service.
- The registered manager demonstrated through discussion, they understood their regulatory role and responsibilities. They had a clear understanding of people's needs and oversight of the service.
- Staff knew and understood the provider's vision and values and how to apply them in their role and also as part of their team.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home. Staff performance was monitored through one to one supervision and competency checks.

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

- Feedback from people and relatives about Mount Pleasant was complimentary and they were satisfied with the service they received. One person said, "I am really happy here, it took me a while to adjust as I moved from my own home, but I really like it." Another person said, "I am really happy here. The staff are lovely, and I chat to them all the time."
- The management team were visible and accessible within the service. They took a genuine interest in what people, relatives and professionals had to say.

- The provider had invested in the service, embracing change and delivering improvements. The management team had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best possible outcomes.
- Care plans had all been reviewed and updated to ensure they were reflective of people's individual needs. Language was person centred and people were afforded dignity and respect.

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 and registered manager understood their responsibilities around duty of candour. They explained it was about being open and honest when things went wrong and saying sorry. One relative told us; "The owner [provider] and manager are honest. They were very open and honest about all the areas requiring improvement following the last inspection."
- The provider had displayed the last inspection rating within the service.
- The provider and registered manager notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.

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

- People told us they felt involved, listened to and consulted.
- Residents and relatives' meetings were held regularly. One relative told us, "The meeting yesterday was really good and very informative."
- The service sought feedback and encouraged involvement in several ways including meetings, surveys and regular conversations with people and their relatives. All relatives told us that staff were very good at keeping them informed and seeking their views. One relative said, "We feel we have a very open and honest communication with the staff", another said, "The provider and manager are approachable and have been very honest when areas have needed to be."

Working in partnership with others

- The service worked in partnership with health and social care professionals, to promote and improve the wellbeing of each person using the service.