Mount Pleasant Nursing Home Limited

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Inspection report

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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

Overall summary

We carried out an unannounced inspection of Mount Pleasant Nursing Home on the 18th September 2015.

Mount Pleasant Nursing Home is a 42 bedded residential home situated in the rural community of Allostock, Knutsford.

The home supports older people who require personal and nursing care. The registered provider has plans to provide a further ten places for people living with dementia. This will be provided in a purpose built building which is currently under construction. This will be subject to registration by the Care Quality Commission.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of Mount Pleasant Nursing Home was carried out in July 2013 and we found that the service was meeting all the regulations that were assessed at that time.

People and their families who were able to told us that they were happy living at Mount Pleasant and felt safe living there. They told us that staff were well trained, knowledgeable and very good at their jobs. People felt cared for and believed that care and attention by staff had helped them to progress and remain healthy.

The registered provider had ensured that systems were in place to protect vulnerable adults form abuse. This was done through the training of staff and the availability of policies and procedures relating to abuse. Staff were knowledgeable about the types of abuse that could occur and demonstrated a commitment to prevent this.

People lived in an environment that was clean, hygienic, and well-maintained and designed to enable them to move independently. People received care that was personalised and met their needs effectively. People had care plans which were person centred. This included an acknowledgement of their health needs but also placed emphasis on their social history and interests. We saw that care practice matched the information included within care plans.

People were supported by well trained and supervised staff. The nutritional needs of people were met and the registered provider had set up an effective system for taking the capacity of people into account.

People received person centred care from a staff team who used a caring and attentive approach. The registered provider had set up an effective activities programme and information was available in all if they wished to raise concerns.

The registered manager adopted an open and transparent style of manager and sought the views of people about how the standards of care in Mount Pleasant could be maintained or enhanced.

Summary of findings

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.

People told us they felt safe at Mount Pleasant

People lived in a clean, hygienic and well maintained environment

The registered provider took the risks faced by people living there into account and managed medicines safely.

Good

Is the service effective?
The service was effective.

People told us that they considered the staff team to be well trained and knowledgeable.

The nutritional needs of people are met.

Staff were aware of the capacity of people to make decisions for themselves and deprivation of liberty orders had been applied for.

Staff received appropriate supervision and appraisals for their roles.

Good

Is the service caring?
People told us that they felt cared for by the staff team

The privacy and dignity of people was promoted.

People were provided with all the information they need about their care and support.

Good

Is the service responsive?
The service was responsive.

Appropriate activities both within the service and in the local community took place.

Care plans were person centred and met the needs of people who used the service.

Information on how to make a complaint was available and transparent.

Good

Is the service well-led?
The service was well-led.

The registered manager had the skills and experience to effectively manage the service.

People were encouraged to influence the provision of their care.

The registered manager demonstrated an on-going commitment to measure the quality of the care provided.

Good

Mount Pleasant Nursing Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18th September 2015 and was unannounced.

The inspection was carried out by an adult social care inspector 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. The expert by experience had experience of a care provision for older people. The expert spoke with people who used the service, relatives, staff and observed care practice. The observations made by the expert by experience are included within this report.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at seven care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files. We also contacted the local authority contracts and safeguarding teams.

During our visit, we provided posters displaying our presence in the home on that day and how we could be contacted subsequently if relatives, for example, did not visit on that day. These were displayed prominently by the registered manager when asked.

We had not asked for a provider information return to be completed by the registered provider on this occasion. The registered manager demonstrated a clear understanding of this document.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No visit had yet been undertaken by Healthwatch to Mount Pleasant.

Good

Is the service safe?

Our findings

People told us that they considered Mount Pleasant to be "a safe, very safe place" and "a very clean" home. They told us that they considered that there were sufficient staff on duty to meet their needs.

Staff demonstrated a clear understanding of those instances which constituted abuse. They were able to give examples of what types of abuse that could occur and that they had received safeguarding training recently. This was verified through training records. Staff felt confident that the registered manager would deal with any allegations that were reported. Policies and procedures were available to staff as well as how to report incidents of abuse on display throughout the building.

Staff showed a commitment to ensuring good practice. They were clear about which external agencies they could refer to if they had any concerns about practice within Mount Pleasant and made reference to the Care Quality Commission for the reporting of such concerns if they occurred.

The premises were well maintained. A system was in place for the reporting of any repairs that were needed. Maintenance staff were employed and were seen throughout the visit attending to any repairs that were needed, painting and decorating tasks and the checking of call alarm systems. Records showed that checks to systems such as call alarms and fire prevention systems were completed regularly. During the visit, all portable hoists were being serviced by an external contractor and evidence was available to suggest that this was on-going. Wheelchairs were checked to ensure their suitability and that footrests were in place. Personal evacuation plans were available for all. These outlined the steps that needed to be taken to ensure that people could be safely evacuated in the event of an emergency. These took the physical needs of people into account as well as their ability to comprehend the need to leave the building. These were updated and reviewed regularly.

Doors that required to be locked to ensure the safety of all were locked and closed at all times when not in use. This included coded locks on the laundry area and sluice rooms on all floors.

The premises presented as a clean and hygienic environment for people to live in. No offensive odours were noted. Cleaning staff were seen attending to their tasks during the day by systematically cleaning all communal areas and individual bedrooms. They used personal protective items such as aprons and gloves whilst they worked to minimise cross infection. Soap and alcohol gel dispensers were available in key areas such as the main hallway and invitations were made to staff and visitors alike to make use of these. All corridors were clear and uncluttered which promoted the safe mobility for people.

A new building was being constructed with a view to accommodating a further ten people living with dementia. This was not in use yet and steps had been taken to ensure that people living at Mount Pleasant were not exposed to the potential dangers of such construction. These included warning signs to people and arrangements to ensure that fire exits close to the new building were still useable.

Staff rotas showed that a registered nurse was on duty at all times during the day and night. Care and ancillary staff were also employed in suitable numbers to meet the needs of people. Staff told us that they considered that staffing levels were sufficient although they recognised that the needs of people could change which resulted in them having to work harder to ensure that people were safe. They told us that the service had never operated at dangerously low staffing levels and that the turnover of staff was low. They considered that they worked as a team in order to ensure that people were well looked after.

Risk assessments were available. These related to the risks faced by individuals in their everyday care as a result of their specific needs as well as risks within the environment. Environmental risks were reviewed and updated on a regular basis. Individual risk assessments made reference to the susceptibility people had to develop pressure sores, becoming malnourished, falling and risks while they were assisted with mobilising through the building. These again were reviewed as part of the care planning process and updated regularly. Risk assessments were available and completed for those people who could safely manage their own medication. Only one person partially managed their own medication having the opportunity to apply prescribed creams to themselves when needed. All other people had their medication managed by the staff team as it was deemed to be less of a risk to them. The opportunity on admission was available to discuss this in more detail if needed.

Good

Is the service safe?

Medicines were appropriately stored in a purpose built room which was locked when not in use. This contained storage facilities such as portable trolleys for the storage of current medications, storage for medications in stock and controlled medications. Controlled medications were appropriately secured with a register accompanying these. Some controlled medications were checked during our visit to ensure that the register tallied with stock available. Stocks did tally with the register which suggested an accountable system of medication. A refrigerator was available for those medicines that required being stored at cooler temperatures. The temperatures of the refrigerator and room were recorded throughout the day.

Records were appropriately signed by nursing staff once medication had been administered with codes used when medication was not given for a number of reasons. All medications received were recorded with the number of tablets, for example, recorded and checked. An auditing system was in place recording any issues that needed to be addressed, for example, stocks of medicines and missing signatures. This provided an accountable and safe system for managing medication. The pharmacy supplier had visited Mount Pleasant and had produced a report outlining a satisfactory and safe system for handling medication. Medicines were disposed of when needed and records maintained showed this. One person had sadly died prior to our visit yet the service retained this person's medication in line with good practice. Only nursing staff administered medication and their practice was subject to their professional registration.

One personnel file was looked at relating to a registered nurse and a further four relating to care and ancillary staff. The personal registration numbers of nurses were retained by the registered manager to ensure that they could legally practice. All personnel files showed that people had been checked appropriately through the acquisition of references, disclosure and barring checks (known as DBS) and medical assessments. Systems were in place for those instances where new staff had declared past cautions or convictions which they had declared and had been identified in the DBS check. All personnel files contained verification of the identity of each person.

Good

Is the service effective?

Our findings

People told us that they were happy with the food provided. A small group of people said that they would rate it "ten out of ten". Others told us that "the food is great", "the dining room is pleasant with tables nicely set" and "I am eating better than I was when I came here". A relative told us about their experience. They believed that their relation's appetite had improved and was "healthier and better that they had been for some time". A representative of the local clinical commissioning group spoke with us. They told us that the nursing and care team at Mount Pleasant was "extremely good".

Staff training records showed that training had been provided recently. Training related to health and safety topics such as fire safety, first aid, manual handling and infection control. In addition this, staff had received training in safeguarding and dementia awareness. Staff confirmed the training they had received and felt that the standard of training was "very good". Nursing staff told us that as well as the above training, they had further clinical training opportunities available to them. This training was geared to not only meet the needs of people who used the service but also to ensure that they were able to demonstrate to their regulator (the Nursing and Midwifery Council or NMC) that they were developing their practice when they needed to renew their registration. They told us that this had been encouraged by the registered manager.

As new staff come to work at Mount Pleasant, after recruitment and having been deemed suitable for their role, they were subject to an induction process. This included orientation of the building, training and shadowing their existing colleagues. One person said that they had come to work at Mount Pleasant recently and considered that the induction they had received prepared them for their role. Records confirming induction were available. Staff confirmed that they received regular supervision as well as an annual appraisal. This was confirmed through supervision records. A fixed schedule for one to one supervisions had been devised. The registered manager also considered that staff meetings constituted groups supervision for staff and again these were held regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We spoke with the registered manager who demonstrated a thorough understanding of the process of assessing the capacity of people and how to apply for deprivation of liberty standards. This knowledge extended to other members of the nursing team. The registered manager said that they had sought to ensure full compliance with mental capacity legislation by amending the admission assessment document and ensuring that staff had an awareness of the implications of capacity. Care assistants were able to confirm that they were aware of the Mental Capacity Act 2005 and how this impacted on people who used the service.

The assessment process available in care plans included an assessment in respect of the person's capacity to make decisions for themselves. Part of the assessment included the five principles of the Mental Capacity Act 2005 as a guide for the assessor. Documents showed that capacity was assumed in the first instance and once the person's ability to make decisions independently was established, no further work was needed. Two care plans showed that were there were questions raised about the person's ability to make decisions. Further assessments showed that, if appropriate, a Deprivation of Liberty authorisation was sought. We saw evidence that authorisations had been applied for and in one case an urgent application had been made to protect the rights of the person. The authorisations that had been approved were subject to review and evidence was available to suggest that a professional was to visit later the following week in order to do this.

There was evidence through observations and care plans that staff sought consent from people in relation to their care. The assessment process assumed capacity until detailed assessments suggested otherwise. Consent was gained from people through staff asking them if they wanted to be supported in a particular way, for example, with personal care, assistance with meals or being helped with transferring. This was observed throughout our visit. Records suggested that care plans and risk assessments were signed by people giving their consent to the care they

Good

Is the service effective?

received. Where people had their photographs taken (for identification during them being given medication or through wound care management), their consent was always recorded.

We observed lunch. The obtaining of people's dietary choices were well organised from the beginning of the day with catering staff seeking people's preferences for this meal. Food was nicely presented and was hot when served. Most people were able to eat independently but where assistance was needed, this was done in a dignified and helpful manner. Staff who assisted people with eating communicated with them in a positive manner and always addressed them by their preferred term of address. Staff were attentive to the needs of people, asking them if they needed anything else.

The dining room was a large pleasant room in close proximity to the kitchen so that meals could be served hot. Some people preferred to have meals in their rooms. The registered manager outlined arrangements that had been made to ensure that meals were hot when they were given to people through the use of metal covers. A menu was on display indicating choices available. People were offered a choice of hot drinks and biscuits at other times during the day.

Records demonstrated that nutritional needs of people were taken into account. Information was available in initial assessments and care plans outlining any needs that people had with food such as special diets or assistance with eating. Where appropriate, arrangements for artificially feeding people (where people are fed through a tube via the stomach wall) were in place. Records showed that the nutritional needs for these individuals were closely monitored and reviewed with attention paid to ensure that feeding lines were cleaned to prevent potential infection.

Risk assessments indicated how susceptible people could be to poor nutrition. All assessments were up to date and indicated what action was needed to ensure that poor health did not occur. Where risks were high, weights were monitored more regularly and referrals were made to dieticians or doctors.

Good

Is the service caring?

Our findings

People told us "staff are nice people who make you feel comfortable". Other comments included "They know my relation very well, in assisting them to get out of bed and interacting with them all times when they do this despite them not being able to talk back to them". Other people expressed satisfaction with the care provided. Other person told us that "maintaining dignity and privacy" was the staff team's "main strength" and "this is a good home and everyone is happy". Two people told us that they had received care from Mount Pleasant before and were very pleased to see that staff recognised them from their first stay. They felt that continuity of the staff team had assisted in this.

Further comments related to the choice that people were given. People told us that there were always choices offered to them, for example with meals or with being offered wither a bath or a shower. People also confirmed that their independence was always taken into account.

We observed care practice. Interactions between staff and individuals were caring and supportive. Staff adopted a friendly approach and displayed understanding of each person and their needs.

We witnessed on many occasions, staff dealing with individuals in a dignified manner. We saw examples during our visit of staff knocking on bedroom doors and awaited an invitation to enter the room. Steps were also taken by staff to ensure that people who were being supported knew how staff were going to support them and why. We witnessed two occasions when staff had had cause to enter a person's bedroom. Maintenance staff had to check call alarms. They knocked on the bedroom door and then gave an explanation as to what they needed to do. Domestic staff had needed to enter the room and did the same with an explanation of what they were doing. Both occasions gave these staff to opportunity to have an informal chat with the person.

Choices were provided to people on two levels. Meeting with people who used the service confirmed that they had been consulted and given choices more recently in the food they were offered as well as preferred activities. Observations showed that people were given choice on a one to one basis in respect of what they wanted to do, what meals they wanted or where they wanted to sit. Information was provided to people on an individual level as well as through documents such as a service user's guide or statement of purpose. More information was on display on two notice boards. One for activities and the other for more general information on what they could expect form the service.

Independence was promoted through people's mobility or their preferences to manage aspects of their care such as medication. People told us that they had been offered the choice to manage their own medication and many had preferred to rely on the staff team to do this. People were able to mobilise through the building either unaided or with the use of walking aids.

The registered provider had devised a confidentiality policy and this had been signed by staff acknowledging its content. Care plans and daily records demonstrated that the health of people was responded to where necessary. Any changes in the physical or mental health of people were documented and referral made to other health professionals when necessary.

Whilst no one was receiving end of life care, we saw evidence that suggested the wishes of people who may reach this stage were taken into account. One person had sadly died prior to our visit and we saw that this situation had been dealt with in a sensitive and dignified manner by staff.

Good

Is the service responsive?

Our findings

People told us "staff are very responsive and are just willing to look after you" and "the activities co-ordinator is a very live wire". People were aware of how to make a complaint and were confident that any concerns raised would be dealt with by the registered manager. People told us of their experiences of the admissions process. They told us that their likes and dislikes had been discussed with them before they came to live at Mount Pleasant.

Two relatives told us that the registered provider had appeared to be "slow" on occasions to deal with their queries. While queries had been answered to their satisfaction, they felt that these responses had been unnecessarily delayed.

An activities co-ordinator was employed by the registered provider. A room had been designated for activities and contained a stock of materials. Art and craft work that had been completed by people who used the service were on display within the building. A notice board showed planned activities for the week was mounted on a wall in a main corridor area. This was colourful; containing activities information as well as important notices for people.

The activities co-ordinator was not available during our visit. During their absence, they had left suggested planned activities for the week and these were on display. Care staff had volunteered to continue this programme of activities during the week in their absence. People told us that the activities co-ordinator was very dynamic and enthusiastic with their work. Activities available during our visit included a game of dominoes in the afternoon. People told us about other activities that were available to them. Books and newspapers were available to maintain personal interests and other activities had included home based pottery and bingo sessions as well as visiting singers and visits form a local church. Activities were arranged in the local community including visits to local places of interest and pubs. A representative of the clinical commissioning group told us that the activities provided was of a very good standard and that the activities staff were very enthusiastic.

The social and health needs of people were taken into account through the way care plans were maintained. Care plans showed evidence of initial assessment before people came to live at Mount Pleasant. These assessments and care plans were based on a nursing model of care. This model enabled all aspects of care to be referred to. Care plans were personalised and made reference to how support in personal care. For example, reference to maintaining the privacy and dignity of individuals, ensuing people had their own toiletries and that clean linen was available. Other elements of care plans related to the communication needs of people. Where people were assessed as not being able to communicate verbally, the manner in which people communicated non verbally was outlined as well how staff should approach individuals to ensure that they would understand what staff were telling them.

All care plans were reviewed on a monthly basis and care plan audits were undertaken by the registered manager. All care plans were securely stored in a room which was locked when not in use.

A complaints procedure was available and was on display in the building. This provided information on who people could speak to and how any concerns would be dealt with. No complaints had been received by the service since our last visit yet a complaints record was available indicating how the process of investigating complaints would be achieved. Our records showed that no complaints had been received by us since our last visit in 2013.

The registered manager told us that they had sought to involve people who lived at Mount Pleasant in the running of aspects of the service. This had involved the holding of residents' meetings. Minutes of these meetings (to which relatives were invited) were available. They suggested that people had been asked to review menus and to express preferences in relation to activities.

Good

Is the service well-led?

Our findings

While people did not make specific reference to the management of the service, their comments about the staff team and the care they received was a reflection on the management team within Mount Pleasant. People told us that "I have no grumbles", "they know my every need" and "it is a very good service".

The service had a registered manager who was registered with the Care Quality Commission. The registered manager was also a registered nurse. Staff rotas showed that the registered manager was included dividing her role between working with people who used the service as well as allocating time to deal with managerial issues such as conducting audits.

The registered manager demonstrated a thorough understanding of the legislation in relation to the running of the service. Training she had received included health and safety topics, safeguarding and training linked to clinical practice. The registered manager had sought to gain a full understanding of the Mental Capacity Act 2005 and associated safeguards and had implemented a system for determining the capacity of people at the assessment process as well as an on-going basis.

The registered provider had established a clear management structure within Mount Pleasant. As well as the registered manager there was a deputy manager who was fully conversant with the needs of people living there as well as the legislation required. In addition to this, registered nurses were on duty at all times and were a point of reference for staff, people who used the service and relatives.

All staff told us that they considered the registered manager to be knowledgeable and approachable. They felt that they could approach the registered manager at any time if they needed support. The registered manager considered that the registered provider was supportive. All staff considered that the management of the service was open and transparent and made particular reference to the registered manager's willingness to be involved in the day to day care of people.

The registered provider had sought to gain the views of people who used the service. This included regular residents meetings to which relatives were invited. Minutes of these meetings were available. People had had a discussion about menus and some changes had been undertaken to ensure that the preferences of people were fully taken into account. There was evidence that people's suggestions had been taken into account and acted upon.

Questionnaires had been sent to people who used the service and their families. The results of the last survey in 2014 were on display. Survey results were positive with comments made as part of the process again displayed. The registered manager told us that they were considering consulting with people who used the service as to whether the questions they were asked were relevant and helpful and that this would be discussed during on-going meetings with them and their families.

Audits were undertaken by the registered manager to ensure that the quality of support provided was monitored. Care plans showed evidence of review yet there was also records which suggested that the content of care plans had been assessed periodically to ensure that all relevant information was in place. Medication audits were undertaken and evidenced with a monthly assessment of the management of medication being completed on a monthly basis. The registered manager demonstrated a willingness to consult with the pharmacy supplier or the Care Quality Commission if they had a query. Audits in respect of the environment included checks on gas and electrical systems, hoists and other equipment and portable appliances. All these checks were up to date.

Other audits included health and safety audits, checks on the food provided and infection control. Our records showed that the registered manager was aware of those events which we needed to be made aware of and had contacted us when advice was needed. An up to date certificate of registration was in place and was on display in the building.