

Bupa Care Homes (GL) Limited

Mount Hall Care Home

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

About the service

Mount Hall Care Home is a residential care home providing personal and nursing care for up to 33 people. The service is split over 2 floors. At the time of this inspection there were 28 people living at the home.

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

Governance processes were not always effective in the monitoring of the service. Auditing tools were in place however they had failed to identify some of the concerns we found during this inspection.

There were systems in place to record and analyse incidents however, they were not always effectively investigated. Safeguarding concerns had not always been reported to the local authority. We discussed this with the provider who acted immediately by contacting the local authority Safeguarding team for guidance. A safeguarding policy was in place and staff we spoke to understood their role within the safeguarding process and had received adequate training.

Information in relation to people's nutrition and hydration was contradictory within records, which placed people at risk, this was discussed with management who responded to this concern during the inspection.

Safe recruitment processes were followed. Staff were trained and spoke positively about the training and support they received.

Systems were in place to enable people to raise both complaints and compliments and these were reviewed by management.

Overall, people who lived at the service and their relatives spoke highly of the support they received.

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.

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

Rating at last inspection

The last rating for this service was good (published 04 March 2020).

Why we inspected

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.

The inspection was prompted in part due to concerns received about medicines and staffing. A decision was made for us to inspect and examine those risks.

We received concerns in relation to the management of medicines and people's nursing care. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount Hall care home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe management of identified risks and good governance at this inspection.

We made a recommendation the registered provider reviews how staff are deployed across the service, in line with people's dependency levels and the layout of the building.

Please see the action we have told the provider to take at the end 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 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 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 undertaken by 2 inspectors and a medicines inspector.

Service and service type

Mount Hall 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 Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. 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 to 5 people who use the service and 3 family members to understand their experience of the service. We spoke to 10 staff members including, nurses and health care assistants.

We reviewed numerous care plans and medication records. We also reviewed various records regarding the management and quality of the service.

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 the rating has changed to 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

- Systems to assess and monitor risks were not always effective. Various risk assessments were undertaken, however staff had not always followed identified actions to help mitigate risk.
- Motion sensors were in place in 2 people's bedrooms to alert staff and help minimise the risk of falls, however we found they were not always switched on.
- Staff had not always ensured people were left with their call bells within reach, meaning they could not easily access support when needed.
- Various pieces of equipment were stored in communal areas and bathrooms, posing potential hazards to people. Rooms which should be locked for safety reasons were not always locked.
- Despite staff checking people's mattress settings, they had not identified where they were set incorrectly, which could impact on the risk of people developing pressure ulcers.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. 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.

- Personal Emergency Evacuation Plans (PEEPs) were in place and easily accessible, which meant systems were in place to safely evacuate people from the building in an emergency.
- Health and safety checks in relation to the environment and equipment were regularly carried out.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from abuse had not always been robustly followed. Records of incidents and actions taken in response were in place, however, these needed to be more robust to ensure all safeguarding concerns were identified and referred to the local authority where necessary. During the inspection the management team ensured all referrals were made to the local authority as required.
- Overall, people told us they felt safe from the risk of abuse. One person commented, "I am looked after incredibly well, they really are very good here."
- The service had suitable policies and guidance in place to ensure staff knew what action to take in the event of a safeguarding concern. Staff completed regular training in relation to safeguarding

Staffing and recruitment

- Overall, there were sufficient staff to meet people's needs, however we received mixed feedback about

how quickly staff responded to people's needs.

- One person told us, "There is not always enough staff and you have to wait your turn. It can take 15 minutes for someone to respond and they don't know it's not an emergency." A staff member told us "It doesn't always feel like there is enough staff to get people up." However another person told us, "You don't have to wait long."
- The service used a dependency tool to assess staffing levels, but inspectors saw staff waiting for colleagues to become available before they could offer support to people.

We made a recommendation the registered provider reviews how staff are deployed across the service, in line with people's dependency levels and the layout of the building.

- The provider told us they had challenges regarding recruitment but used agency staff from one agency to cover any staffing shortfalls and to provide regular staff.
- Several new staff have been recruited and were awaiting pre-employment checks. The management team advised us this would reduce the number of agency staff required to safely staff the home.
- Policies were in place for safer recruitment. Checks were made on previous employers and with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Policies and procedures were in place for the safe administration of medication.
- Weekly medicines audits were being undertaken and any issues were addressed in a timely manner.
- Medicine training and competency assessments had been completed by staff administering medicines.
- Person centred care plans, PRN (when required medicines) protocols, topical medicine administration charts for applying creams and patch rotation charts were in place for each person we reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

There were no visiting restrictions within the home, which is in line with current government guidance.

Learning lessons when things go wrong

- The local authority undertook a recent quality audit, which identified some improvement actions were required. The provider has not yet completed all of these actions but is working on them.
- There were systems in place to report any incidents and accidents, which allowed for analysis of these to

identify themes or trends. However not all records evidenced whether action had been taken in response to this.

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 the rating has changed to require improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We identified a concern in relation to people's nutritional needs. Information was held in various records and in some cases was contradictory. There was a risk staff would not have the correct information and people may not receive a suitable modified diet or fluids. We brought this to the attention of the provider who took immediate action to address this concern. This is discussed further in the well led section of this report.
- Staff had not always completed fluid and diet records fully to demonstrate people's nutritional and hydration needs were being met.
- Overall people were satisfied with the food available. Whilst some people had access to drinks in their bedrooms, one person told us they had waited for a long time for a drink of water.

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

- People's needs were assessed and this formed part of their care plans.
- People's health needs were assessed and referrals were made to external professionals when required.

Staff support: induction, training, skills and experience

- Staff told us they felt supported, however, some said they had not received one to one supervision. Records indicated managers had carried out some supervision sessions with staff, however these had not been carried out in line with the provider's supervision policy. The registered manager was in the process of arranging staff appraisals.
- People were supported by staff who had undertaken training and received ongoing updates.
- New recruits undertook induction training, An induction checklist was in place, which included mandatory training.

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

- Staff liaised with other health and social care professionals, there was regular input from the GP and other health professionals.
- People told us they had access to their GP if needed. One person commented, "They [staff] make me an appointment with the GP if I need it."

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

- The home was well decorated, maintained and adapted to support people with physical health needs.

- People's rooms were personalised with their own belongings.

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.

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, 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.

- The service worked in line with the principles of the MCA. People's capacity was assessed and best interest decisions were evident for those people who were assessed as lacking capacity. Staff understood the need to obtain consent.
- Where required, appropriate DoLS authorisations were in place. However, not all staff were clear about who was subject to an authorisation, which could potentially impact on people's rights. However, this information was recorded electronically, which staff were able to access. We were advised all staff would be informed of this information.

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 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.

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

- The provider had various audits and checks in place to monitor the quality of the care, however, these had not identified all the issues found during the inspection. We have identified breaches of regulation.
- The systems in place for the oversight and monitoring of people's care planning was ineffective. It had failed to identify the conflicting information within people's care records.
- Audits to review how quickly call bells were responded to were carried out, however these were not effective as information about the cause of any delays was not always verified. There was no evidence to indicate any follow up action was taken.
- Systems to ensure agency staff had undertaken appropriate recruitment checks and training were in place, however these needed to be more robust as information about one person was not available.
- There were gaps in records relating to the care people had received.

The provider did not always operate effective systems and processes to ensure the safety and quality of the service. This was a further 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 spoken with, were generally positive about the support they received. Regular staff understood people's preferences and were keen to promote good care.
- Staff spoken with enjoyed working at the service. Comments included, "I love it here." and "I come to work to make people happy."
- Systems were in place to share information with staff which included the use of an electronic system and handovers.

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 open and transparent about the challenges the service was currently facing in relation to recruitment difficulties and the current need to use agency staff. They were using strategies to try to address this.
- The Care Quality Commission (CQC) was informed of some incidents and events which occurred within the service in line with regulatory requirements. However, we identified incidents and events that had not

been reported to the Local Authority and CQC. We raised with the provider.

- Staff were positive about the management support and said the registered manager was accessible.
- People told us they knew who to speak to if they had any concerns, however some people told us they were not familiar with the registered manager.
- The provider and registered manager were receptive to our feedback and took some immediate actions in response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The home had good community links and organised activities for people to participate in. This included links with the local radio station which allowed people to request songs weekly.
- Staff spoke highly of the registered manager. One staff member said, "They appreciate us, they are a good home manager, always listening."
- Quarterly staff meetings and resident and relative meetings are held which allowed management to feedback any updates.
- The service was working in partnership with the local authority to make some identified improvements and this was ongoing.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not always operate effective systems and processes to ensure the safety and quality of the service.