

Caring Homes Healthcare Group Limited

# Mount Pleasant Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mount Pleasant Care Home is a residential care home providing personal care to 29 people aged 65 and over at the time of this inspection. The service can support up to 50 people.

Mount Pleasant Care Home accommodates people in purpose-built accommodation over two floors.

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

People were cared for safely. The service had a safeguarding policy and procedure in place. Staff attended safeguarding training and were confident in identifying and reporting abuse. Risks to people's health and wellbeing were suitably managed. Staff were recruited safely. There was good infection control practice in the service including up to date COVID-19 guidance.

The service was well led. People's relatives and staff gave consistently positive feedback about their confidence in the registered manager. Systems had been introduced to improve outcomes for people. People who used the service, their relatives and staff were given the opportunity to give feedback about the service and suggest improvements.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 July 2019).

### Why we inspected

We received concerns in relation to the deployment of sufficient staffing, meeting people's care needs safely and accurate record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe and well led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount Pleasant Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Mount Pleasant Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Mount Pleasant Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with fourteen members of staff including the regional manager, registered manager,

deputy manager, senior care workers, care workers, housekeeping and activities staff; the senior maintenance officer and the chef.

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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from professionals who have regular contact with 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider was actively recruiting more care staff to increase the number of staff available to be deployed. Staff currently employed were working additional hours and agency staff being used to keep people safe.
- Enough staff were deployed to keep people safe. The registered manager completed a dependency tool to identify the number of staff required to safely meet the needs of people. The staffing rotas confirmed there were enough staff available on each shift to keep people safe.
- Staff were recruited safely. All necessary pre-employment checks had been completed to ensure they were suitable to work with people who used the service.
- Staff completed a range of training to undertake their roles. Staff were confident in supporting people safely. Some staff were trained to be deployed in other roles, for example, the administrative staff could support the care team and some staff were trained to support in the kitchen.
- One person told us, "I like it when extra staff are on because I like to go out shopping and do my hobbies". One relative told us, "I have been nothing but impressed with staff, care and sympathy, I think it's a good home". Another relative said, "The staff are brilliant with them; they do not always ask for help but the staff have always looked after them".

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Assessments and care plans were in place and implemented by staff to keep people safe.
- People were safe when supported by care staff. One relative said, "I have no concerns about their safety, I am confident they are safe". Another relative told us, "The staff are brilliant with my relative".
- All the staff had received suitable and effective training in this area. Staff felt confident to recognise and report safeguarding concerns. One member of staff told us, "I once raised a concern, I knew the manager would address this".
- Where there were safeguarding concerns, we saw where the registered manager had raised a safeguarding alert with the local authority to ensure a suitable investigation was carried out.

### Assessing risk, safety monitoring and management

- People were supported to keep safe, as detailed risk assessments were in place and followed by staff. For example, when people were unable to move independently, staff supported them in line with their risk assessments and care plans and completed the care logs.
- Risks to restrictions on people's freedom, choice and control were managed safely. People's preferences were recorded in their care plans. Staff supported people to make day to day choices, for example, when choosing what to eat at mealtimes and what activities to participate in. Mental capacity assessments were

completed where people were considered to lack capacity and family were involved in making best interest decisions.

- Assessments, guidance, equipment and training for staff was in place to support people in the event of an emergency. For example, people had personal evacuation plans that detailed the level of support and equipment they would need to evacuate the home safely.
- Best practice guidelines were followed to support people safely. For example, the Waterlow tool was used to assess a person's level of risk of developing a pressure ulcer. A positive behaviour support plan was developed with input from the multidisciplinary team to support people when anxious or distressed. This provided staff with detailed guidance using specialist input to recognise and respond to people consistently to keep them safe.
- The environment was safe. Maintenance issues were identified, reported and acted on to keep communal areas and people's bedrooms safe. The on-site maintenance officer undertook regular checks and audits, including fire drills and hot water temperature checks. Legionella and gas safety certificates were also in place and up to date.

#### Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people.
- Staff received training in safe medicine administration. This was followed by a competency check to ensure staff understood how to administer medicines safely.
- Detailed guidance was available to staff to safely administer "as required" medicine. Staff were confident in identifying the indicators for administering "as required" medicine. The protocols for "as required" pain relief included a smiley face pain scale for people to use to better communicate how they were feeling.
- The covert administration of medicines was managed safely. Covert administration is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. The necessary paperwork, checks and authorisation was in place. Staff understood how to administer covert medicine safely.

#### 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 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.
- The provider had implemented part of the service business continuity plan in order to keep people safe whilst recruiting to increase staffing numbers. The decision was made to close one of the resident lounges. People and staff were involved in making the decision and social distancing was considered. Furniture was removed and arranged to provide space between people when using the area.

#### Learning lessons when things go wrong

- The registered manager analysed all accidents and incidents each month. Patterns or trends were identified and acted on to minimise risk.
- Staff were made aware of any reviews and updates to care plans through daily meetings and were given time to update themselves. People were supported consistently by staff to be safe.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback about the registered manager was consistently positive from relatives and staff. The registered manager was accessible, and relatives and staff were confident issues would be addressed if brought to the registered manager's attention. One relative told us, "The manager is excellent, I cannot speak highly enough of them". A member of staff told us, "I feel 100% supported. I really like the registered manager, I get on with them, I go to them with anything, I never feel nervous going to them".
- The registered manager facilitated daily meetings with staff to share up to date information and allocate work. Staff were deployed utilising their skills and competence to support people safely. Staff were aware the provider was trying to employ more staff. Staff were aware of the current difficulties in recruiting staff. One staff told us, "I know it is difficult to get more staff, other services are in the same boat".
- Staff told us how being appreciated was important to them during challenging times and some staff told us they felt this could be improved by the company to raise team morale. Feedback was consistent that staff were proud to work as part of a team to care for people.
- The registered manager sought feedback from people who used the service, their relatives, staff and professionals by sending out questionnaires. The registered manager was preparing to review the responses to the questionnaires most recently sent out. Previous feedback from people resulted in improvements in the choice of meals offered in the service. People provided positive feedback about these meals which was displayed in the home.
- People's preferences were known by staff and daily care and support reflected these, for example, activities and menus were planned to include these. Individual activities were arranged to meet the needs of people. For example, one to one activity took place in people's rooms if this was their preference; people had the opportunity to go out into the community if this is what they enjoyed.

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

- The registered manager understood their regulatory responsibilities and were supported by the provider's senior management team. For example, weekly meetings took place where the registered manager and regional manager reviewed and planned appropriate responses to risk.
- The registered manager ensured we received notifications about important events so we could check appropriate action had been taken. People's relatives were informed of incidents. One relative told us, "I am told when something has happened, and I know it will all be fine. They are very good; I am confident now my

relative is there and thank them for what they do".

- Quality audits were in place to measure the success of the service and to drive improvement. For example, audits were completed by the registered manager; this included audits of support plans, risk assessments, health and safety, infection control and environmental improvements. Where issues were identified these were actioned and reviewed monthly by the regional manager. This ensured the delivery of a quality service to people.

#### Continuous learning and improving care

- The provider had introduced an electronic system to promote timely and consistent care for people. This system contained all the information staff needed to be able to support people. The system devices prompted staff to carry out care tasks and make accurate care records. The managers were able to access the system remotely to audit the care being delivered and prompt action if any omissions were identified.
- The registered management team completed weekly COVID-19 audits in response to the pandemic. The managers checked staff were carrying out safe handwashing procedures and correctly donning and doffing personal protective equipment and enhanced cleaning schedules were being followed. The registered manager took action to address any issues found during the audits, for example, sourcing replacement dispensers for hand sanitiser to ensure hand sanitiser was accessible throughout the building.
- The registered manager attended forums facilitated by the provider company and networks with other managers to share lessons learned and best practice. The registered manager receives support from the provider to keep up to date with guidance and deal with the challenges presented during the pandemic.
- A health and safety issue was identified on the day of inspection. A potential trip hazard in a person's bedroom was brought to the attention of the registered manager who took immediate action to address this. The issue was quickly remedied by the maintenance man who completed a repair and made the area safe.

#### Working in partnership with others

- The service worked closely with other professionals to ensure best outcomes for people. Referrals were made to relevant specialists for input into assessments and care plans and recommendations were implemented by staff. For example, speech and language therapists were involved where people were identified as being at risk from swallowing difficulties.
- Positive feedback was received from professionals working with the service. One professional told us, "I feel people there are well cared for. The pandemic certainly built a strong bond with the home, the manager particularly handled the crisis well. Visits to the home are always positive".