

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Mount Hall Nursing Home

Flash Lane, Bollington Cross, Macclesfield, SK10
5AQ

Tel: 01625574177

Date of Inspection: 16 July 2014

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2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services

✗ Enforcement action
taken

Details about this location

Registered Provider	Bupa Care Homes (GL) Limited
Registered Manager	Mrs Jane Elizabeth Abdoh
Overview of the service	<p>Mount Hall Nursing Home provides accommodation and nursing or personal care for up to 42 older people. Accommodation is provided on two floors. There are 27 single and 5 double bedrooms. All but two of the home's 32 bedrooms have en-suite facilities including wash basin and WC. Two communal lounges and a dining room are located on the ground floor. Access between floors is by stairs or a passenger lift.</p> <p>The home is set in its own gardens in a semi rural location near Macclesfield town.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 July 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We carried out this inspection in response to information of concern from a whistle blower. The whistle blower had told us that two people in the home were not receiving good care or treatment. They also told us that staff were not moving people safely and that people were receiving inadequate pressure relief and were developing pressure sores.

During our inspection we spoke with the registered manager, two nurses, a senior care worker, the home's administrator and two people who lived in the home. We also looked at records.

We found that the two people identified were not receiving adequate care to meet their needs and we referred our findings to the local authority safeguarding team.

We could not find any evidence to substantiate the other concerns raised.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against Mount Hall Nursing Home to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services



Enforcement action taken

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and not delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We carried out this inspection and looked at this outcome as we had received information of concern from a whistle blower that specific people who lived in the home were not receiving safe care and treatment. The whistle blower also raised some additional concerns about care practices within the home.

We looked into the care and support received by one person in the home as the whistle blower had told us about them. This person had a fall two days prior to the inspection and had sustained an injury. This person had not been given appropriate support or attention. We spoke with the person and they told us that they were in pain. We told the senior staff that this was not acceptable and asked them to take immediate action to take the appropriate steps to ensure that this person received medical attention and was pain free. Action was taken whilst we were conducting our inspection.

We looked at the care records of another person whom the whistle blower had raised concerns about. We had been told that this person had a long term medical condition. We asked staff and they confirmed that this person did have the condition. We looked in their care file and could not find any care documentation relating to this condition except for one vague record completed the week prior to the inspection and stored in the incorrect section of the file. We asked staff how this condition was monitored and how the risks were managed. We were told that no monitoring was taking place. We were concerned when we saw comments on the care records that would exacerbate this condition. We looked at the documentation that was completed prior to the person coming to live in the home over 12 months previously and saw that this medical condition was recorded and had been identified as a risk but no subsequent care plan had been developed. We also had

concerns that this person may have developed further problems because their condition had not been monitored.

We referred our findings to the local authority safeguarding team during our inspection and they informed us that they would carry out safeguarding investigations into our findings.

We had received information stating that the staff did not use hoists to support people to move safely. We looked around the home and saw that there were hoists available. We saw people being supported to move safely. We spoke with the nurses on duty and they told us that they always ensured that staff followed safe practices in relation to moving people. We saw evidence that all staff had received regular moving and handling training and we saw that staff had individual supervision sessions regarding safe moving and handling. We did not find any evidence that staff did not use hoists to support people to move safely.

We had received information of concern that people were not receiving adequate pressure relief and were developing pressure sores. We looked at documentation and saw that people's needs regarding pressure relief were being met. We spoke with the nurses on duty and they told us that nobody in the home had a pressure sore. We saw records to support this. We did not find any evidence that people were not receiving adequate pressure relief.

We discussed the findings from our inspection with the registered manager. They told us that that our findings were not typical of the standard of care that was provided in the home and that the home provided good care to people. They told us that they would carry out a detailed investigation into how the people we had identified had not received good care.

This section is primarily information for the provider

✗ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 12 September 2014	
This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: Care and treatment was not planned and not delivered in a way that was intended to ensure people's safety and welfare in the examples we found.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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