

Mr & Mrs A Blight

Mount Pleasant House

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 this unannounced inspection of Mount Pleasant House on 20 August 2015. Mount Pleasant House is a care home that provides personal care for up to 19 older people. On the day of the inspection there were 19 people using the service. The service was last inspected in February 2014 and was found to be compliant with the regulations.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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

People told us they felt safe living at Mount Pleasant House and with the staff who supported them. People said, "I am very happy here" and "I am very comfortable here". Relatives said, "I am happy that [person's name] is safe" and "We couldn't be happier with the home".

On the day of our inspection there was a relaxed and welcoming atmosphere. A relative said, "there is always a

Summary of findings

lovely atmosphere in the home". We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People and visitors told us staff were kind and attentive to their needs. People told us, "Staff are lovely", "We are treated as individuals" and "We are well looked after, it doesn't seem to be any bother for staff".

There was a committed staff team who had a good knowledge of each person's needs. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. One person said, "staff know what they are doing" and a relative said, "the care is good".

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. Staff supported people to make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Healthcare professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. Visiting healthcare professionals said, "They [the service] are very good, they let us know if there are changes in people's health needs", "Staff are competent in what they do" and "They [the service] are quick to call the GP". Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One relative said, "staff keep us informed about everything to do with mum's care".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were good opportunities for staff to receive on-going training and for obtaining additional qualifications. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. Although people said they had not found the need to raise a complaint or concern. People told us, "You can go to [registered manager's name] if we have any concerns and we are not afraid to say" and "If you had a complaint it would be dealt with".

There was a management structure in the service which provided clear lines of responsibility and accountability. People, visitors and healthcare professionals all described the management of the service as open and approachable. There were regular 'resident meetings' where people could express their views of the service and these were well attended. The service also gave out questionnaires annually to people and their families to ask for their views of the service.

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 living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Good



Is the service well-led?

The service was well led. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they were supported by the registered manager and owner and worked together as a team.

People and their families told us the registered manager was very approachable and they were included in decisions about the running of the service.

Good



Mount Pleasant House

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 unannounced inspection took place on 20 August 2015 and was carried out by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well

and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Mount Pleasant House, two relatives and three visiting community nurses. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, the cook, the domestic and the registered manager. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Mount Pleasant House and with the staff who supported them. People said, “I am very happy here” and “I am very comfortable here”. Relatives said, “I am happy that [person’s name] is safe” and “We couldn’t be happier with the home”.

The service’s safeguarding and whistle blowing policies were readily available for staff to read. Safeguarding procedures were discussed regularly at staff meetings to ensure staff were familiar with recognising and reporting any potential abuse. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior or the registered manager.

People’s care records contained appropriate individualised risk assessments which were reviewed regularly. These covered areas such as the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. The risk assessments identified when and where the risk was higher and what actions could be taken to reduce the risk. Records about risks were detailed and gave staff clear direction about what action to take to minimise risks.

Staff encouraged and supported people to maintain their independence. The balance between people’s safety and their freedom was well managed. People were able to move freely around the premises and were encouraged by staff to do this independently. The door leading into the garden was open and we saw people went into the garden independently, as they chose to. Where people required assistance from staff they were supported to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person. People told us they were satisfied with the equipment available to them and how staff supported them to use it.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. For example the registered manager monitored incidents

to check for repeated falls. If individuals had several falls appropriate healthcare professionals were involved to check if their health needs had changed or additional equipment was required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Mount Pleasant House. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people’s needs. On the day of the inspection there were two care staff on duty from 8.00am to 11.00pm and a senior from 8.00am to 8.00pm. Two night staff worked from 8.00pm to 8.00am. This meant there were three care staff on duty from 8.00 to 11.00pm to meet the needs of 19 people. In addition there was a cleaner, a cook and the registered manager. The registered manager told us they monitored people’s needs daily and made any adjustments to staffing levels as required. They knew everyone well and, because they worked alongside staff, they were aware of people’s changing needs. Staff told us they would always update the registered manager if an individual’s needs changed, including contacting them when they were not on duty.

People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. One person said, “They [staff] come very quickly”. We saw people received care and support in a timely manner.

We saw medicines being given to people at lunchtime. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training.

Is the service safe?

Medicines were stored securely in a locked cupboard. Some medicines which required additional secure storage and recording systems were used in the home. These are known as, 'controlled drugs'. We saw that these were stored and records kept in line, with relevant legislation. The stock levels of these medicines were checked daily by two staff members. We checked the stock of CDs and found these matched the records completed by staff. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records

demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

The environment was clean and well maintained. People told us their rooms and bathrooms were kept clean. A healthcare professional said, "the home is always clean and odour free when I visit". The owners carried out regular repairs and maintenance work to the premises. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place.

Is the service effective?

Our findings

People and visitors spoke positively about staff and said staff had the knowledge and skills to meet people's needs. One person said, "staff know what they are doing" and a relative said, "the care is good".

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained, or were working towards, a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The registered manager was an accredited trainer and delivered most of the required training for the service. They delivered training as classroom sessions but also in a variety of other ways, recognising that staff learnt by different methods. This included raising specific subjects at staff meetings, working with staff individually and interactive workshop type sessions. Staff told us, "there is good training" and "the manager makes sure we understand the training".

Staff told us they felt supported by the registered manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. One member of staff told us, "We have supervision every month, the manager gives us positive and negative feedback about our work. Which is helpful because it is good to be praised but you learn from the things you can do better".

Staff completed an induction when they commenced employment. The induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, and the registered manager, until the worker felt confident to work alone.

Healthcare professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. Visiting healthcare

professionals said, "They [the service] are very good, they let us know if there are changes in people's health needs", "Staff are competent in what they do" and "They [the service] are quick to call the GP".

People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One relative said, "staff keep us informed about everything to do with mum's care".

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. There was a choice of two main meals and people made their choice the day before. However, if they changed their mind on the day the cook told us they could easily accommodate a change. The menus were agreed with people and discussed at regular 'residents meetings'. People told us they enjoyed their meals and staff asked if they wanted any more. People told us, "The food is good, tasty and well cooked" and "The food is alright".

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. For example, we observed people were asked to verbally consent to taking their medicines. One person had a pressure mat in their room to alert staff to check if they needed any assistance when the mat detected they were moving around. Records showed the person had the capacity to understand why the mat was in place and had consented to its use.

Staff demonstrated that they understood that people should be able to make their own decisions and they respected their wishes. On the day of the inspection one person was unwell and their GP had been to see them. After the visit the GP rang to ask the service to arrange for them to be admitted to hospital for tests. Staff advised the person of the GP's request and the person did not initially consent to going into hospital. Staff continued to discuss it

Is the service effective?

with them and they did agree to going as they were feeling unwell. However, it was clear staff would not have arranged for the person, who had capacity, to go to hospital against their wishes.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can

be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager was aware of changes to the legislation following a court ruling in 2014. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. At the time of our inspection the service did not have anyone who required a DoLS authorisation.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed and welcoming atmosphere. A relative said, “there is always a lovely atmosphere in the home”. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People and visitors told us staff were kind and attentive to their needs. People told us, “Staff are lovely”, “We are treated as individuals” and “We are well looked after, it doesn’t seem to be any bother for staff”.

A relative told us, “Staff are professional but they get to know people and treat them like it’s their home” and a visiting healthcare professional said, “people have a good rapport with staff”.

Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, “I love working here” and “We [staff] fit around the people who live here, it’s their home and it’s about what they want”. Staff working in the service, who were not providing personal care, also had the same attitude. A member of the cleaning staff said, “I have time to speak with people” and the cook told us, “I always chat to people when I finish my shift”.

One person said, “[name of registered manager] has a wonderful understanding of people, we have parties on our birthday with a cake”. Staff confirmed that they wanted people to feel special when it was their birthday and they planned the day with them in advance. This included the person choosing the menu for the day and inviting family and friends.

The care we saw provided throughout the inspection was appropriate to people’s needs and enhanced people’s well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people’s wellbeing. For example, we observed staff moving one person from their wheelchair into an armchair using a hoist. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their day to day lives. People’s care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People told us they got up in the morning and went to bed at night when they chose to. Some people chose to spend time in the lounge, dining room or the garden and others in their own rooms. People were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People told us they knew about their care plans and the registered manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed, including their preferred name and whether or not they wished staff to use certain terms of endearment when talking to them. We observed staff talking to people using terms of endearment such as ‘darling’ or ‘my love’ and people seemed to find comfort in the way staff addressed them. People told us staff always called them by the name of their choice.

People’s privacy was respected. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, dining room or in their own room. Relatives told us staff always made a point of coming up to them to have a chat with them when they arrived.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. We saw notes of regular ‘residents meeting’, where people and their families had discussed activities, outings and menus.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Mount Pleasant House.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Staff told us care plans provided them with good information about people's needs and daily handovers gave them detailed information about each person's needs as changes occurred. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers. One member of staff said, "Any changes in anybody I would bring it up with a senior or the manager".

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Mount Pleasant House. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People were able to take part in activities of their choice. Staff facilitated a different activity each afternoon. This included bingo, board games and watching films. A local church visited weekly to conduct church services. One person said, "There was a good church service this week". People told us they liked to sit in the garden on a nice day. One person said, "the garden is lovely to sit in and I go into the summerhouse sometimes which is very nice". Staff spent one-to-one time chatting with people during the inspection. Where people stayed in their room staff visited them throughout the day to chat with them to help ensure they were not socially isolated.

The service regularly asked people for their views on the type of activities they would like to take part in. People had given feedback to say that they wished to have a flexible programme of activities facilitated by staff and themselves. As result of this the service did not have a fixed programme but adapted to people's needs and wishes on a daily basis. People told us they were happy with the way activities were organised.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people said they had not found the need to raise a complaint or concern. People told us, "You can go to [registered manager's name] if we have any concerns and we are not afraid to say" and "If you had a complaint it would be dealt with".

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by the owners and a senior care worker.

People, visitors and healthcare professionals all described the management of the service as open and approachable. The registered manager was clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The registered manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us, "[registered manager's name] door is always open and the owners are very approachable", "It's a brilliant team to work for" and "By far the best home I have worked for". A relative told us, "We made a good choice". A healthcare professional said, "It's a good home".

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team and it was clear they all worked well together. One member of staff said, "We [staff] all help each other". Staff said they were supported by the manager and owners and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care

and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and monthly one-to-one supervisions.

The registered manager worked alongside staff to monitor the quality of the care provided by staff. One member of staff said, "the manager checks what we are doing, you never know when she will be there working with you". The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The registered manager carried out audits of falls, medicines, and care plans.

People and their families were involved in decisions about the running of the service as well as their care. There were regular 'resident meetings' which were well attended. The service gave out questionnaires annually to people and their families to ask for their views of the service. We looked at the results of the latest survey carried out in July 2015. The answers to all of the questions about the service were rated as good or excellent. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example one person had said that they would like an agenda in advance of the 'residents meeting' and we saw that this had been actioned.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs.