

Mr & Mrs A Blight

Mount Pleasant House

Inspection report

Pentalek Road
Camborne
Cornwall
TR14 7RQ

Tel: 01209716424

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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 ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Mount Pleasant on 31 October 2018. Mount Pleasant is a care home which provides care and support for up to 19 predominantly older people. At the time of this inspection there were 18 people living at the service. People in care homes receive accommodation and nursing or personal care as 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 is a detached property in its own grounds. It has two floors with access to the upper floor via stairs, chair lift or a passenger lift. Seventeen rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges and an open plan dining room with seating areas. There is a rear garden and patio area with seating.

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 2008 and associated Regulations about how the service is run.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 14 September 2017. In September 2017 we found people's rights were not fully protected, because there were no assessments of capacity or best interest processes for people who required assistance with decision making.

People's risk assessments lacked guidance for staff on addressing the identified risk. People had care records in place, but these contained limited personalised information. People's care records contained limited guidance for staff on meeting their assessed needs. People had access to activities within the services, but these were basic and some people told us they felt bored. Monitoring systems had not identified the issues we found in relation to Mental Capacity Act compliance, records and activities.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

The registered manager had introduced formal systems to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make informed decisions and encouraged people to make their own choices. This meant the service was now meeting requirements of regulations.

Since the last inspection the registered manager had ensured all care plans had been reviewed and reflected the current needs of people using the service. Risk assessments were regularly reviewed with

evidence of changes in people's needs and how staff should respond to them.

The registered manager had reviewed and made changes to care records to ensure they were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support.

Since the last inspection the registered manager had explored a range of activities which would support people's recreational needs.

The registered manager had reviewed and updated monitoring systems to ensure quality and safety of the service was being reviewed.

Accidents and incidents were being reported and recorded as they occurred. These were audited to ensure any trends or patterns were evident and the service learned from them to make changes to mitigate risks to people.

People told us they were happy with the care they received and believed it was a safe environment. The atmosphere was calm and relaxed. People moved around the building choosing where to spend their time and who with. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely.

People received care and support that was responsive to their needs because staff had the information to support them. Staff supported people to access healthcare services. These included, social workers, GP's and physiotherapists.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. There was training available to all staff which met the diverse needs of people being supported. Staff were supported through formal and informal supervision.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

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

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social and recreational activities

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

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.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with appropriate leadership and support.

There was a positive culture within the staff team with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 31 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, eight staff members, seven people living at the service and five visiting relatives. We looked around the premises and observed care practices on the day of our visit.

We looked at three records relating to the care of people, two 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 were happy with the care provided and felt the environment was safe. Without exception they told us, "Staff here are lovely, make me feel safe and at home. "Yes, because if I press my button then they (the staff) are there quick as a flash," "I am safe as houses here," "Yes, I am safe because [Registered Manager] and all the staff are lovely, they take care of me" and "Yes, I most definitely am, I can come and go and someone is always there."

Relatives told us they were very satisfied with the level of care and support provided by staff. Their comments included, "[Relatives name] condition deteriorated very quickly and we were constantly worried about her having another fall. We know she is safe here and that's very reassuring," My relative is definitely safe because we know someone is keeping an eye on them 24 hours a day" and "We definitely feel [relative] is safe because she is well cared for, clean, and if the staff have any concerns at all, we are confident that they would get a doctor out to see them."

At the inspection in September 2017 we found some risk assessments contained limited guidance for staff on managing an identified risk. For example, one person's records stated that they experienced mood swings. The guidance for staff was to; 'try to cheer the person up'. There was no further detail about how staff should do this, for example, which techniques they might use and what might help the person to feel better. Another person's records indicated that they could become anxious and make accusations about staff. There was no guidance for staff on how to manage this risk or how to protect themselves should accusations be made about them. We made a recommendation about this.

At this inspection we found the provider had acted to improve the level of information. Three risk assessments identified individual risks and how those risks would be managed. For example, one person became anxious when staff supported them in moving due to sensory loss. The records clearly instructed staff on the importance of ensuring staff took time to carry out tasks and continually reassure the person. Staff told us this information helped them provide safe care and support. The registered manager carried out a monthly review on risk assessments to ensure the information was accurate and reflected any changes.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, one person had suffered two falls in similar circumstances. The registered manager had requested a physiotherapist assessment to put suitable equipment in place to mitigate risks to the person. An audit system identified any patterns or trends which could be addressed, and subsequently reduce any identified risks.

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of, or suspected, a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered

provider. Staff were updated in safeguarding issues during staff meetings so their knowledge reflected current good practice.

Staff had been recruited safely and had checks in place to ensure suitable staff were employed. Those we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position.

We observed the service was being staffed in numbers which met people's individual needs. Call bells were responded to quickly. Staff comments were positive and included, "It's just a lovely place to work and such a good staff team," "We [staff] all work really well as a team" and "We [staff] have the time to do the work we need to and support residents."

Medicines were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There were auditing systems in place to carry out regular checks of medicines. Staff responsible for medicines had the knowledge and skills to manage them safely and there were regular updates in medicines training.

The environment was clean, tidy and maintained. One staff member said, "We take a pride in making sure the home is always clean." There were designated staff for the cleaning of the premises. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. We were advised during the inspection that one resident had a potential infection and infection control measures had been put in place so we were asked not to go into that room.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. The services fire systems had been regularly checked to confirm they were working effectively. Records were available confirming appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment to support people's movement was regularly serviced in accordance with health and safety requirements.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in September in 2017 we found a breach in regulation due to the service not being effective in ensuring people's rights were fully protected through the correct use of legal frameworks. We found that the service was not meeting the requirements of the Mental Capacity Act (MCA). We were told that some people lacked capacity to make certain decisions, however there were no mental capacity assessments for these people and no evidence of best interest processes being followed. The provider had not submitted applications to the Supervisory Body for authorisations under the Deprivation of Liberty Safeguards (DoLS), despite people lacking capacity and not being free to leave. We noted there was no policy on the MCA or DoLS.

We checked whether the service was working within the principles of the MCA. At this inspection we found the registered manager had acted to undertake mental capacity assessment for people where restrictions were required. The registered manager had submitted these assessments to the Supervisory Body for authorisations under the Deprivation of Liberty Safeguards (DoLS). The registered manager had also undertaken training so they were familiar with the protocols required. Staff had also undertaken training in this area.

We found the service was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the effective section had improved to Good.

Staff received training in equality and diversity which focused on current Equality Act legislation and helped ensure staff understood what discrimination meant and how to protect people from any type of discrimination.

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. One person told us, "I feel very confident with the staff. They all know what they are doing and do it very well." Staff told us they felt supported by the registered manager. Records showed staff received regular formal supervision to discuss their role, training needs and updates on operational issues.

New staff completed an induction which included familiarising themselves with the service's policies and

procedures and working practices. The induction also consisted of a period of working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff were aware of the importance that people were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Care records showed visits from health professionals including GP's and a range of other health professionals took place when necessary. They included social workers and physiotherapists amongst others.

Meals and mealtimes were an important part of the day and an opportunity for people to get together and share the experience. Tables and seating were arranged to encourage communication between people. The approach to the dining experience was seen to be a positive and inclusive time for people. Some people chose to eat in their own room and this was respected by staff. People told us they liked the meals and said, "The food is really lovely, it's all home cooked", "We have plenty to eat and it's lovely. There is also tea and biscuits and cake and everything! There is so much food you never go hungry here." Relatives told us, "My relative gets plenty to eat and it always looks really appetizing – she looks well for it" and "It's nice that there is a dining room so everyone can eat together and the food always looks and smells amazing."

A selection of cakes had been baked. People told us they liked the regular selections of homemade cakes. Drinks were served throughout the day so people were hydrated. Tables were decorated with pumpkin decorations as it was Halloween and this also created discussion between people. Snacks and drinks were always available to people outside of mealtimes. Comments included, "It's lovely here, on your birthday you get a cake and they do a little party for you. You can choose fruit (cake) or plain (cake) and everyone sings to you. It makes you feel special and part of the family" and "I got a little chocolate spider on my breakfast tray this morning for Halloween! That made me laugh! The staff are lovely like that."

Staff had information about people's dietary needs and these were being accommodated. This included people who had their diabetes controlled through their diet. The menu was on display for people to look at. The menu was varied and balanced with plenty of fruit, vegetables and meat. There were two hot choices available.

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked. Room numbers were not in sequence order which could have confused people. We discussed this with the registered manager who told us this was historic and had not caused problems but they would consider changing the system. People living at the service did not have problems moving around the service and identifying their rooms.

People were encouraged to personalise their rooms with personal items from their own homes or things that were important to them. One person told us, "The photos are important and they always create a discussion with the staff." The on-call system enabled people to request support if needed. Aids and hoists were in place which were suitable for meeting the assessed needs of people with mobility needs.

Is the service caring?

Our findings

People who lived at Mount Pleasant told us they were happy and felt the care provided for them was very good. Comments were positive and included, "I am not just happy here, I am more than happy. The staff are wonderful to me," "The staff are lovely, they will do anything for you," "Brilliant, they are absolutely brilliant," "They [staff] are all lovely, I couldn't fault any of them" and "The staff make you feel like part of the family, we are one big happy family here." Relatives said, "The staff are kind, professional, courteous and maintain confidentiality" and "When we thought about moving [relative], the manager came out and did a visit. She was lovely and as soon as we did a visit and met all the lovely staff we knew it was the right place to send [relative]."

The care we observed being provided throughout the inspection was appropriate to people's needs and supported their well-being. Staff were patient and discreet when providing care for people. They took the time to speak with the person as they supported them and we observed many positive interactions. For example, we observed staff supporting a person who became anxious about their relative and where they should be. They used attentive words and phrases such as, "There is nothing to worry about" and "Let's sit down here and have a cup of tea. We can talk it through." It demonstrated staff knew people well and supported them in a caring and considerate way.

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Mount Pleasant were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them and respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them.

Staff received training in equality and diversity which focused on current Equality Act legislation and ensured staff understood what discrimination meant and how to protect people from any type of discrimination.

People could make choices about their daily lives. People told us they could get up in the morning and go to bed at night when they wanted to. People could choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We observed staff asking people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. 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.

People said they were involved in their care and decisions about their care and support. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. Where possible staff involved people in their own care plans and reviews.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Is the service responsive?

Our findings

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. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "It's very relaxing here and residents can do what they want when they want to." A person using the service told us, "I know we go through everything together to make sure everything is right for me."

At the previous inspection we found care plans contained minimal personalised information. For example, what the person's background, history, likes and dislikes were. One person's file stated; 'Worked in fashion', whilst another said; 'Farming background'. There was little further personalised information, for example, a life history document. During this inspection we found the service had introduced a 'This is Me' record. This document provided more detailed information specifically about the person, their life, people who were important to them and their preferences, routines and more about their personality. This meant staff had more detailed information to help them communicate with the person. A staff member told us. It is so useful and it gives us triggers which help us communicate better with the resident."

At the previous inspection we found care records contained minimal guidance for staff on meeting people's assessed needs. For example, one person's care record stated that they were deaf. The guidance for staff was to; 'Make sure [person's name] has heard you when you are speaking to them.' Terminology in some people's records was not always entirely respectful. For example, one person had a risk assessment in place regarding; 'laziness and self-neglect'. Another person's records stated; 'Can be moody at times'. At this inspection we found the registered manager had reviewed care planning documentation and implemented records which provided staff with additional information. For example, where one person had communication problems it clearly instructed staff to make eye contact, give the person time to understand what is happening and ensure hearing aid batteries were checked weekly. This meant staff had the information they required to deliver person centred care and support.

When we inspected the service in September 2017 we found activities were often basic. For example, dominos, watching films, bingo and hairdressing. One person told us they were bored and would like more to do, including outings and entertainment.

During this inspection we found the registered manager included activities on the resident meeting agenda, so people had the opportunity to discuss options and bring forward any ideas. The registered manager had asked people if they wanted to take part in activities outside the service. For example, trips out to local tourist attractions. People had said they missed doing things they enjoyed when they were younger or with their partner. For example, going on holiday and going to the pictures.

There was an activity diary for people so there was some record of what people were interested in. An activity programme was on the notice board. Staff were seen to be asking people if they would like to take part in crafts on the day of inspection as they were preparing for the Halloween celebration. Some people told us they liked to spend time reading, or watching television. Some people said they liked to sit quietly

and did not enjoy bingo or board games. Staff respected this. One person went to sit in a quiet lounge in the afternoon. They told us they liked to do that and have time to themselves. Another person sat reading the daily paper and told us they enjoyed keeping up with the news. Peoples comments were mixed in their views. They told us, "I am not fussed about doing much, I like going out in the garden but that's it," "I love painting and I am doing that in a minute," "I don't like doing too much, sometimes I play dominoes and things but I would rather watch my TV," "There's something on every day but you can stay in your room if you want, and that's fine, I like to choose" and "I am not bothered about the games and things, I prefer my own company. If I want to be with other people I can be."

Following the inspection in September 2017 we made a recommendation for the service to improve these areas. This inspection identified the service had acted positively on the recommendations and made improvements in all areas.

Wherever possible the registered manager met with people in hospital, at their home or at their previous care placements to complete assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard [To ensure people with a disability or sensory loss are given information in a way they can understand].

The service responded to people needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. The service had arranged for medicines to be used if necessary to keep people comfortable. The service had a complaints procedure which was available to people. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Is the service well-led?

Our findings

During the previous inspection we identified the registered manager was not aware of the issues identified at that inspection and reported on in the report. The registered manager undertook a full review of the systems in place which at that time did not meet the requirements of regulations.

At this inspection we found the service had made improvements in its auditing of operational issues. All policies and procedures had been updated and reviewed so they reflected current legislation and good practice. Action had been taken by the registered manager to meet the requirements of the Mental Capacity Act (MCA). Records showed people's risks and care needs were being documented and reviewed so they reflected the current needs of the person. The service was now meeting the requirements of regulations.

The service promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager acted as a role model for staff. They were clear about the standards of care and attitudes they expected, and regularly monitored and supported staff in their practice.

The registered manager worked in the service during the week supporting staff; this meant they were aware of the culture of the service at all times. There was constant daily communication between the registered manager and staff as well as regular staff meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

All the people we spoke with including family members perceived that the service was well managed. They said, "[Registered Manager] is lovely and will do anything for everyone here," "[Registered Manager] is fantastic. She has a hard job but she is wonderful," "The staff are all courteous, professional and you never hear them saying anything bad about anybody which is important. It shows that it's well run" and "I think it is well managed because everyone does their job really well."

People's views were considered through annual surveys. The most recent survey showed people were satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. The results of the most recent survey were displayed on the service's notice board. It demonstrated the service was open and transparent in its results. There were no specific issues found during the most recent survey.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.

The service had the latest CQC rating on display where people could see it.