

Davack Limited

Mount Pleasant Care Home

Inspection report

26 Mount Pleasant Road
Newton Abbot
Devon
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Tel: 01626201474

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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

About the service: Mount Pleasant Care Home is a residential care home that provides personal care to 14 older people, some of whom were living with dementia.

People's experience of using this service:

The service met characteristics of Good in all areas.

- People told us they felt safe and well cared for by staff who were kind and caring. We observed warm interactions and staff treated people with kindness and care. People were supported to express their views and given choice and control in their day to day lives.
- People were treated with dignity and respect. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- People were supported to take their medicines in a safe way. However, we saw when creams and liquid medicines were opened the dates were not always recorded to ensure they were discarded within the required time range. We made a recommendation to the provider about this.
- We received information leading up to our inspection about unsafe moving and handling techniques. Our inspection found this was unsubstantiated. We observed staff moving people in a safe way and as described in their care plans.
- People told us they felt safe living at the service. Systems were in place to promote people's safety and safeguarding procedures were followed.
- Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.
- We received information leading up to our inspection that accidents and incidents were not being dealt with or recorded accurately. Our inspection found that this was unsubstantiated. Robust systems were in place to monitor and learn from incidents and accidents.
- People's care was personalised to their individual needs. Care plans and risk assessments were person-centred and reflected people's likes and dislikes to ensure staff had the information they needed to provide responsive care.
- There was enough staff on duty at the right time to enable people to receive care in a timely way.

- There were procedures in place to ensure potential staff were suitable to work at the service.
- Staff received appropriate training and support to enable them to perform their roles effectively.
- People were supported by staff to maintain good nutrition and hydration. People were able to choose from food that was homemade and well presented.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- The service provided a variety of activities in line with people's interests and encouraged people's involvement.
- The environment was comfortable and was adapted to meet people's needs.
- The service had good management and leadership. The registered manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed.
- There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

Rating at last inspection: Good (Report published 29 October 2016)

Why we inspected: This inspection was brought forward in response to information of concern raised about the safety and management of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive 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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

Inspection team: The inspection consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Mount Pleasant Care Home is a care home. People in care homes receive accommodation and personal care. 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. The manager was also the registered provider. A registered person is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced. Inspection site visit activity started on 4 February 2019 and ended on 5 February 2019.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority safeguarding adults team, the quality team, community nurses and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people and six relatives to ask about their experience of the care provided. We spoke with three members of care staff, the cook, deputy manager and registered manager who was also the registered provider.

We reviewed a range of records. This included five people's care and medicine records. We also looked at three staff files around staff recruitment, records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People continued to receive their medicines safely.
- Staff had received training to administer medicines safely and as prescribed.
- Medicines were administered and disposed of safely. However, we saw when creams and liquid medicines were opened the dates were not always recorded to ensure they were discarded within the required time range.

We recommend the service consider current guidance on safe storage of medicines and take action to update their practice accordingly.

- Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- People's care plans contained lists of people's current medicines. There were detailed guidelines and protocols to identify when people should be given their medicines including those prescribed to be taken when necessary.
- People were given time to take their medicine at their own pace, being provided with a drink and explanation.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safe and protected from avoidable harm.
- People told us they felt safe. One person said, "It is a safe place for me to live." Relatives told us they were confident their relative was safe and trusted staff to do the right thing. One relative said, "I think she's safe. I am totally relaxed to go on holiday and leave [person's name] here."
- Systems were in place to promote people's safety and safeguarding procedures were followed.
- Staff attended training and were knowledgeable about identifying abuse.
- The registered manager and staff were aware of their responsibilities and knew how to report concerns in the right way.
- Staff told us they were confident the registered manager would act to deal with any safeguarding concerns that were raised with them.

Assessing risk, safety monitoring and management

- We received information leading up to our inspection which alleged staff were not practicing safe moving

and handling techniques. Our inspection found this was unsubstantiated.

- We observed staff moving people in a safe way and as described in their care plans. Staff told us under no circumstances would staff use hoisting equipment to move a person on their own, as this would be unsafe.
- On the first day of the inspection staff were receiving their manual handling update.
- People's care plans contained risk assessments linked to people's needs and wishes. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. For example, there was detailed information for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers.
- Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.

Learning lessons when things go wrong

- We received information leading up to our inspection which alleged that accidents and incidents were not being dealt with or recorded accurately. Our inspection found that this was unsubstantiated.
- Robust systems were in place to monitor and learn from incidents and accidents.
- Records of accidents and incidents were of good quality and overseen by the registered manager who monitored for any themes or patterns to take preventative actions when this was needed. For example, One person had fallen twice at the same time of day and in the same area of the home, the lounge. The registered manager's audit identified this pattern and they responded by redeploying staff to ensure a staff member was always present in the lounge area at the time of day this person liked to move around. This meant the person could move around freely and as safely as possible without restrictions. The person had not fallen since.

Staffing and recruitment

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty to support people and keep them safe.
- The registered manager had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a police check.

Preventing and controlling infection

- People continued to be protected against the risk of infection.
- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The service was clean and smelt pleasant and a programme of refurbishment was ongoing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- People's preferences were recorded within the care plans. Information included favourite foods and drinks, what the person liked to wear and activities and recreational involvement.
- Staff knew people well and applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs.
- Staff were knowledgeable about how to support people effectively and told us about training they had completed which helped them to provide effective support.
- The registered manager had a training matrix to monitor staff training completed and training required. Staff training included safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA), dementia awareness, medicines, health and safety, infection prevention, behaviours that challenge, nutrition, fire and food safety.
- Staff were supported with a thorough induction, regular supervision, and appraisals.

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

- People had access to sufficient food and drink throughout the day. We saw staff regularly offering people 'snack plates' and encouraging people to eat and drink. Where people required support this was provided in a dignified and respectful manner.
- People were able to choose from food that was homemade and well presented. People were offered a menu but could choose other foods if they did not like what was on offer. People told us they enjoyed the food. Comments included, "I consider the food to be very good", "I like the food and there is plenty of choice" and "The food is very nice."
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other

agencies to provide consistent, effective, timely care.

- People had access to healthcare professionals when required and were supported to maintain good healthcare.
- Care records we looked at evidenced that people had been referred to healthcare professionals such as, speech and language therapist, dieticians and GP's.
- We saw that advice given by healthcare professionals was acted upon and included in people's care records. This ensured people could lead, as far as reasonably possible, healthy lifestyles.
- Health professionals we spoke with told us they were happy with the quality of care and engagement from the service. One health professional commented, "The home is known to cope with high levels of complex dementia residents and [registered manager's name] provides a very person centred environment."

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

- People lived in a home that was suitably adapted to meet their needs and the needs of people living with dementia.
- There was appropriate signage in all areas of the service. This included for bedrooms, communal areas and bathrooms. These were large print, pictorial signs which people could easily see and understand.
- The premises were homely, and pleasantly decorated with photos that showed people participating in activities. Artwork produced by people living in the home, was on display. We saw people enjoyed sitting in the large communal lounge at the front of the building and had access to secure garden areas.
- People's rooms were individually decorated to their preferences. For example, one person's bedroom was decorated in a theme related to where they used to live and work. Another person's room was decorated using their favourite colours.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care. Staff sought consent from people when supporting them and respected their decisions.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- A best interests decision making process was used and appropriate documentation completed.

- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives felt staff were kind, friendly, and attentive to their needs. One person said, "Yes, I like it here they are very good, you can't complain." Another person said, "The people who work here are kind to us." Relative's commented, "It's the little things they do that shows you they care" and "It feels like an extended family here."
- We observed warm interactions and people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- Staff told us they enjoyed working at the home. One staff member said, "Everyday is different, you can always put a smile on people's faces, it's such a rewarding job."
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and given choice and control in their day to day lives. One person told us, "I get to make choices, they ask me what I want to do and wear."
- Staff told us they supported people to make decisions about their care and knew when people needed help and support. Where necessary, they sought external professional help to support decision-making for people.
- Where people were unable to communicate their needs and choices, staff understood their preferred way of communicating. Staff knew people well and observed body language, eye contact and gestures and used careful non-verbal communication with people to make themselves understood.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when asking people if they required support to the bathroom. One staff member said, "I always close the curtains when giving personal care and ask if it's alright before I start doing anything and then explain what I am going to do. I cover people with towels to protect their dignity."
- People were supported to be as independent as possible and equipment, such as adapted cutlery and plates, were available to help when they needed extra support. Staff told us they tried to encourage people to do as much as they could for themselves to ensure they did not lose their independence.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive personalised care.
- People's care needs, likes, dislikes and what was important to the person was recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Whenever possible, people and their relatives, had been involved in the development of care plans and these were reviewed regularly and when people's needs changed.
- Mount Pleasant Care Home provided a range of activities for people living in the home. People took part in these according to their personal preference. Staff supported people to take part in group activities such as exercise groups, quizzes, games and animal visits. External entertainers also visited the home, such as singers and musicians, and children from the local schools. Staff also supported people on a one-to-one basis where people preferred this. For example, staff helped people with arts and craft projects and supported people to go to music groups and coffee mornings within the local community. One person said, "Yes, I like living here. There is always plenty of people to speak to." A relative commented, "I'm really pleased with this home there is lots of activities."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed within the service.
- People and relatives told us they had no complaints but would feel able to raise any concerns with the registered manager. Their comments included, "Any concerns are addressed promptly", "Can't really say anything negative" and "More than pleased with the care that mum gets."

End of life care and support

- Systems were in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved when appropriate.

- Staff had received training in end of life care and understood people's needs, respecting people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away. Comments from relatives include, "We hugely appreciate the wonderful care that was given to Mum during her last year. Thank you so much" and "Thank you for always looking out for Granny and making sure her needs were catered for. You are a wonderful team and I am forever grateful."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone living at the home, relatives and stakeholders.
- The registered manager and staff knew people and their families well which enabled positive relationships to develop and good outcomes for people living at the home.
- The registered manager understood their responsibility under the duty of candour and there was an open and honest culture within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- People, relatives and staff gave us positive feedback about the way the service was run. They told us the registered manager and deputy manager were approachable, supportive and proactive at dealing with any issues that arose. Comments included, "The manager is lovely", "They're absolutely brilliant" and "I feel that I could go to them with anything."
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff told us they felt listened to and the management were very approachable. Staff understood the registered manager's vision for the service and they told us they worked as a team to deliver high standards.
- There were effective systems in place to monitor the quality of the service. Audits were used to monitor all aspects of the service to ensure that quality remained high, and that actions were taken to address any shortfalls.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating when this report was published. We saw the last report was displayed prominently within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives or representatives had been given the opportunity to comment on the service

provided. Feedback forms were sent out every four months to gather people's thoughts. A summary of this feedback and any actions taken was shared with people, relatives and staff, yearly. One relative commented, "Our family are extremely happy with the standards of care, cleanliness and the wonderful atmosphere of Mount Pleasant. It feels like home."

- Staff were given the opportunity to share their opinions on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.
- The registered manager was very 'hands on' and made themselves easily available to people, relatives and staff.

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people living in the service.
- The registered manager proactively encouraged positive relationships to be developed with professionals and community health organisations who provided support to people living in the home.
- The registered manager told us they kept up to date with good practice by attending local authority events, provider forums and training.