Mr & Mrs A Blight

Mount Pleasant House

Inspection report

Pentalek Road
Camborne
Cornwall
TR14 7RQ

Tel: 01209716424

Date of inspection visit:
14 September 2017

Date of publication:
29 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection of Mount Pleasant House on 14 September 2017. 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 17 people using the service. The service was last inspected in August 2015 and was found to be compliant with the regulations.

There was a registered manager in post. 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.

People's rights were not 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 not best interest processes. 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.

People's records contained minimal personalised information. For example, information about their background, history, likes or dislikes. Although records identified areas where people were considered to be at risk or needing support, there was minimal, guidance for staff on what action to take to minimise risks or meet people's assessed needs. Care records contained some terminology which was not respectful.

People had access to activities within the service, however these were fairly basic, such as dominos, bingo and films. Some people told us they were bored and would like more to do. We observed a group of people waiting for a staff member who was scheduled to play a game of dominos with them. They were keen to participate and clearly enjoyed the activity. We have made a recommendation about this in the report.

The registered manager undertook a series of checks and audits to monitor the quality of the service. Whilst they had been effective in some areas, they had not identified the concerns we found in relation to records, activities and compliance with the MCA.

People and their relatives told us the service was safe. People were supported by staff who understood how to recognise and report any signs of suspected abuse or mistreatment. Staff had been safely recruited, and had undergone checks to help ensure they were suitable to work with people who were vulnerable. During the inspection, we observed suitable staffing levels. This meant staff were available to meet people's needs in an unhurried way. People had their medicines as prescribed and on time.

People were supported by staff who had undergone training to help ensure they could meet their needs effectively. Staff were supported by an induction process which including shadowing more experienced

staff. All staff were supported by an ongoing programme of supervision as well as an annual appraisal.

People and their relatives told us the staff were kind. We witnessed positive, caring interactions between people and staff. Staff spoke about the people they supported with fondness and affection. People's dignity was protected by staff who were respectful and compassionate. The atmosphere at the service was pleasant and relaxed and people appeared comfortable and at ease. People's confidential information was securely stored.

People's health care needs were effectively managed and monitored at the service. There were suitable numbers of staff on duty to provide care. If people became unwell, the service made prompt referrals to doctors or specialists. People had access to a range of health and social care professionals including social workers, chiropodists and district nurses.

People told us they enjoyed the food. Meals appeared plentiful and people were offered a range of alternatives. Special dietary requirements were catered for. Relatives were made welcome at the service. People were encouraged to maintain relationships with those who mattered to them and there were no restrictions on visiting times.

The registered manager promoted an ethos of openness and transparency. The registered manager operated a cycle of quality assurance surveys and the results were analysed to help drive improvement. Feedback was sought through a range of forums including residents' and relatives' meetings.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People and their relatives told us the service was safe.

People were supported by staff who had received training in safeguarding adults and who knew how to recognise and report signs of abuse or mistreatment.

People had their medicines as prescribed and on time.

People's risk assessments lacked guidance for staff on addressing the identified risk. We have made a recommendation about this

Is the service effective?

Requires Improvement

The service was not entirely effective.

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. We have made a recommendation about this.

People were supported by staff who had undergone training in order to carry out their role effectively.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Staff spoke about the people they were looking after with fondness and affection.

People were cared for by staff who knew them well and understood how to provide care in the way they preferred.

People's confidential information was securely stored.

Is the service responsive?

Requires Improvement

The service was not entirely responsive.

People had care records in place, but these contained limited personalised information. We have made a recommendation about this.

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. We have made a recommendation about this.

There was a system in place to receive and investigate complaints.

Is the service well-led?

Requires Improvement

The service was not entirely well led.

Monitoring systems had not identified the issues we found in relation to Mental Capacity Act compliance, records and activities.

People and their relatives told us the registered manager was approachable.

The registered manager undertook regular quality assurance surveys to monitor the quality of the service.

There was a positive culture within the service and staff morale was 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.

Before visiting the service we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. 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.

This inspection took place on 14 September 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

During the inspection, we looked around the premises. We observed the lunchtime experience and some activities which were taking place. We spoke with eight people who lived at the service and eight members of staff, including the registered manager, domestic staff and the cook. We also spoke with three relatives and a visiting professional.

We looked at four records relating to people's care at the service, three staff personnel files, training records for staff, arrangements for people's medicines, policies and procedures and a range of other documentation relating to the running of the service. After the inspection, we contacted three relatives and four professionals who knew the service well to ask them for feedback.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments from people included; "Oh yes I feel absolutely safe here" and "I feel safe, they are good as gold here". Comments from relatives included; "I know [person's name] is safe here and the manager keeps us informed" and "She's safe and that is the main thing."

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Policies and procedures were in place in relation to abuse and whistleblowing. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. One staff member said; "If I ever suspected anything I would report it straight away, to the police, safeguarding or CQC".

Throughout the inspection, we observed suitable staffing levels. Staff were available to respond to people's needs in an unhurried way and had time to sit and chat to people. 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. We saw that all bells were answered promptly throughout the inspection. One visiting professional said; "I have no staffing concerns at all. There is a good, stable staff team which helps to provide people with continuity of care."

People had their medicines as prescribed and on time. People's medicines were stored and disposed of using the correct procedures. Medicines administration records (MAR) were accurately completed. Staff were knowledgeable with regards to people's individual needs related to medicines. The registered manager undertook regular medicines audits.

Accidents and incidents which had occurred at the service were recorded in detail. These were reviewed by the registered manager to look for any patterns or themes. This helped to reduce the likelihood of a re-occurrence.

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing employment to confirm they were suitable to work with vulnerable people. This included disclosure barring service (DBS) checks.

Health and safety standards within the building were satisfactory. The owners carried out regular repairs and maintenance work to the premises. At the time of the inspection, new carpet was being laid in the reception area. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place. The service was visibly clean throughout and there were suitable levels of PPE (Personal Protective Equipment). Staff had received training in infection control.

Care records contained risk assessments which were regularly reviewed. However, we noted that some of the 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 recommend that risk assessments are reviewed to ensure they contain personalised guidance for staff on reducing identified risks to the person.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff told us there were people living at the service who had dementia and had difficulty in making certain decisions for themselves. Despite this there was no policy on the Mental Capacity Act and no capacity assessments undertaken by the service. Some people's care records stated that they experienced confusion. For example, one record stated; 'Can be confused but verbally very good" and another record stated; "Can be muddled at times." Staff explained that they assisted people to make every day decisions, but there were no records to evidence this. Some people's records detailed decisions that had been made by families and staff, however it was not clear whether these were best interest decisions or decisions that people had consented to. For example, one person was known to throw their food on the floor. Their record stated that the person and their family had decided that if the person was 'in a mood where they would throw their food on the floor' they would remain in their bedroom.

The registered manager told us if bigger decisions were required, the service would request external professionals to assist them in assessing the person's capacity. As decision makers, staff at the service need to undertake their own assessments of capacity for those living at the service. Without assessments of capacity or best interest processes it was not clear how people's rights were being protected and how staff were assured that any decisions made were the least restrictive available or in the person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had not made any requests for authorisation under the Deprivation of Liberty Safeguards. Without assessments of capacity or best interest processes it was not clear as to whether these were required or whether they had been considered as required.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff routinely sought the consent of the people they supported prior to assisting them with tasks. For example, we saw staff knocking on people's bedroom doors and waiting to be invited to enter, before going in.

People were supported by staff who had received an induction when joining the service. The registered manager had stated in the PIR; "When a new member of staff comes to us they go through an induction process and shadow an experienced member of staff, this shows me what training they require to deliver the

best care for my residents." Staff were supported with an on-going programme of supervision. Staff also received an appraisal. The registered manager also undertook regular spot checks during the night and used this opportunity to provide supervision to the night staff.

People were supported by staff who had received training in order to carry out their role effectively. Staff had received training in areas identified by the provider as mandatory, such as safeguarding, moving and handling, fire safety and infection control. There was a programme to make sure staff received relevant training and refresher training was kept up to date.

We saw from people's care records that they had access to a range of health care professionals including GPs, speech and language therapists (SALT), district nurses, and chiropodists. Throughout the inspection, we observed health and social care professionals attending to review people including a district nurse and a doctor. We also heard a staff member calling a GP surgery to arrange for a person who was unwell to be reviewed.

We observed that lunchtime was a pleasant and sociable experience. Tables were laid with serviettes, condiments and flowers. People were supported by suitable staffing levels to assist them promptly when necessary. Staff chatted with people and provided encouragement if required and there was light-hearted conversation and humour throughout the meal.

People told us they enjoyed the meals. Comments from people included; "The food is great"; The food here is lovely" and "The food always smells yummy." We saw that the food appeared varied, plentiful and appetising. One relative we spoke with said; "The food is really lovely and [person's name] is a very good cook. There were a range of alternatives on offer. People were able to contribute to the menu plans and choose where they ate and at what time. The cook told us; "People can choose to eat at different times if they wish and some choose to stay in their rooms for meals". Some people living at the service required special diets, for example, diabetic meals or pureed food. These were catered for at the service. Any dietary needs were known by the cook and recorded in the kitchen. 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 had access to drinks.

People's bedrooms were personalised. For example, they were decorated with their own items such as ornaments, soft furnishings and photographs. One relative said; "[person's name] room is lovely. She has a lovely view." There was appropriate signage around the service, so that people living with a memory impairment were able to orientate themselves within the building.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. Comments from people included; "No complaints. I like being here"; "I'm perfectly satisfied"; "All the staff are kind and caring and I feel very safe" and; "Lovely staff. Good as gold". One relative we spoke with told us; "The staff are kind, caring and cheerful". A visiting professional said; "It's a wonderful home and where I would want to be." One relative we spoke with said; "I wouldn't hesitate to recommend it to anyone. All in all it's a ten out of ten as far as I am concerned."

Relatives had sent compliments cards to the service. Comments included; "You are a very good team. Congratulations"; "A big thank you for the love, care and attention you give" and "Thank you for caring for [person's name]. All concerned have been so kind, thoughtful and professional in every way. We are extremely grateful."

We observed warm, positive, caring interactions between people and staff. Staff spoke to people with kindness and respect. One staff member was heard to enquire how a person's birthday had been. The person said they had received lots of cards. The staff member then said; "Perhaps we can look through them together." Staff spoke about the people they cared for with fondness and affection. One staff member said; "I enjoy it here. I enjoy the residents more than anything."

The atmosphere at the service was pleasant and calm. People appeared content, comfortable and at ease with staff. Conversations flowed naturally and the relationships appeared genuine and respectful. Staff shared appropriate humour with people and we observed people laughing and smiling with staff. People knew the staff who supported them well and were heard to ask them about their families and aspects of their lives. One staff member told us they would sometimes bring their children to visit and that people really enjoyed seeing them.

People were made to feel special, valued and important. Special occasions were celebrated and relatives were involved. People and staff told us Christmas was an enjoyable experience and that the service was beautifully decorated. One staff member told us they particularly enjoyed the atmosphere whilst working on Christmas day and sharing the celebrations with people living at the service. On their birthday, people who wished wore a special birthday hat which was decorated with candles. Staff told us people enjoyed this. They were also given cards and were able to choose a special birthday meal and dessert.

People's privacy and dignity was promoted. People's confidential information was securely stored in a locked office. We saw staff knocking on people's doors before entering. Staff were respectful and addressed people in the way in which they preferred. People's care needs were responded to by staff in a discreet manner. For example, when people required assistance with their personal care needs, staff assisted them without drawing attention to people.

People were spoken to using their preferred term of address. One staff member said; "We had a resident who always liked us to use their full title and we respected that". People's care records also indicated how they wished to be addressed. One person's records stated; "Enjoys terms of endearment." Another person's

records indicated that they liked to be called; 'darling or sweetheart'.

Requires Improvement

Is the service responsive?

Our findings

People had care plans in place which had been regularly reviewed and updated however, they 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. This information would be useful for staff in engaging people in meaningful conversations and in better understanding the person and their preferences. It is also important for new staff members who might join the service and not know the people living there well.

Care records identified areas where people required help and support, however they 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.' There was no further information to guide staff on how to ensure they were heard, for example, whether specialist communication aids were needed, or whether the person could lip read. Without this information, staff might not provide care to the person in line with their needs and preferences. This might be particularly problematic for people or staff who were new to the service. 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'.

We recommend that people's care records are reviewed to ensure they are personalised, written respectfully and contain sufficient guidance for staff on meeting people's needs.

People were given the opportunity to participate in activities at the setting, however we noted that these were often fairly basic. For example, dominos, watching films, bingo and hairdressing. Some people told us they were bored and would like more to do, including outings and entertainment. One person said; "When I was younger, I complained I had too much to do. I regret that now as it is far worse to have too little to do." Comments from relatives included; "People look bored. Some would benefit from more action and entertainment" and "Bingo is ok, but it isn't for everyone. What about those who can't see or hear well?" We discussed the activities on offer with the registered manager who said that people did not always want to engage in activities when offered, despite stating they would like more to do. During the inspection however, a group of people were engaging in a game of bingo with a staff member. The people appeared to enjoy the interaction and were keen to participate.

We recommend that the provider research and consider personalised activities for those living at the service.

We noted that a singer had attended the service and had been popular. They had been booked to return again and people were looking forward to this. The registered manager told us that the service did not take people out, for example, on day trips, but that people would go out with their families. The PIR stated that staff would visit people in their rooms who were nursed in bed to ensure they had one to one time.

There was a pre-admission process, which helped to ensure the service was the right place for people. The

process involved visiting the person and undertaking a thorough assessment of their needs.

Management and staff recognised the importance of family and friends in people lives and there were no restrictions on visiting times. Throughout the inspection, we saw relatives visiting people and being made to feel welcome. They clearly had a positive rapport with staff members. One relative we spoke with said; "Yes I am made to feel so very welcome, by everybody there."

People were able to summon staff for assistance at all times to respond to their needs. People had access to call bells, either in their bedrooms or in the living areas. We saw people who chose to stay in their bedrooms had their call bells next to them. We noted that staff responded to people promptly.

There was a system in place for receiving and investigating complaints. Relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. We saw that any concerns raised had been investigated promptly and used to raise standards and drive improvements.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not entirely well led. During the inspection, we identified several areas which required improvement. These included records, which contained minimal personalised information and did not contain sufficient guidance for staff on meeting people's assessed needs and responding to their identified risks. We noted that although people had access to activities, these were mainly within the service and were fairly basic, such as bingo and dominos. Several people told us they were bored and would like more to do. In addition, we found that the service was not compliant with the Mental Capacity Act (MCA) and associated deprivation of liberty safeguards. Although the registered manager operated a series of checks and audits to monitor the quality of the service, these had not been effective in identifying these concerns in relation to these areas of concern. Therefore, the systems operated to monitor the quality of the service were not entirely effective.

There was a registered manager in post who was very highly thought of by staff, people, relatives and professionals. Comments from staff included; "The manager is approachable, you can ask her for anything" and "The manager is quite hands on". One visiting health professional told us; "[Registered manager's name] runs the home well and is highly though of by the residents. One relative we spoke with said; "[Registered manager's name] is fair and she listens." During our visit, the registered manager made themselves available and spoke kindly and compassionately with people, visitors and staff. The registered manager confirmed they received regular contact and support from the owners of the service.

There was a stable staff team, most of whom had been in post for several years and morale was very high. Staff told us they felt valued in their work and enjoyed their jobs. Comments included; "None of us want to leave!"; "I really enjoy it here"; "The environment is so comfortable. I enjoy coming to work"; "It's a nice home to work for" and "It's lovely here".

The registered manager sent out regular quality assurance surveys to residents and relatives in place to gather feedback and make continued improvements in the service. The results from the most recent survey were very positive and were displayed on the wall in the dining room. The registered manager also sought feedback on the service through a variety of other forums such as informal discussions and residents' meetings.

Staff were encouraged and supported to reflect on their practice and be clear about their role and responsibilities. Daily handover meetings took place to help ensure people were up to date with issues concerning people's care and daily support arrangements. There were also regular staff meetings which were well attended. Staff were required to read the policies and procedures annually in order to refresh their understanding. They then signed a document to confirm they had done this.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff raising concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on them appropriately.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment.

Some policies and procedures required updating. The registered manager was aware of this and was in the process of reviewing them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the MCA had not been followed. There was no policy on the MCA and DoLS requests had not been made.