Care Quality Commission

# Davack Limited

# Mount Pleasant Care Home

## Inspection report

26 Mount Pleasant Road,
Newton Abbot.

Tel: 01626201474

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on 24 August 2015 and was unannounced.

Mount Pleasant is a care home, registered to provide accommodation for up to 14 people needing personal care. People living at the home are older people, most of whom are living with dementia.

The home has a registered manager. 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.

Staff did not always receive the support and training they needed to do their job, and staff recruitment procedures were not always robust enough to ensure people were protected. However, there were enough staff on duty to meet people's needs. Staff were positive about their work supporting people living with dementia.

Food and fluid balance charts were not always being totalled or completed fully by staff. This meant that the

# Summary of findings

home could not always be confident that people had received the food or fluid they needed to maintain their health. Staff told us that people had been given drinks throughout the day and we saw this in practice.

People were not always being protected from risks at the home. We identified concerns over a lack of some action plans to mitigate risks, and some risk assessments were out of date. Some audits were not in place or being carried out regularly. This meant that the home could not always assure themselves about the quality of the service provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been made for Deprivation of Liberty Safeguards authorisations for people living at the home, and the home were awaiting the outcome. Staff were not always carrying out or recording 'best interest' assessments in accordance with the principles of the Mental Capacity Act 2005.

Staff understood their responsibilities with regard to safeguarding people, and told us they would act upon any concerns that they had. People were treated with respect and caring by staff, who understood their needs. Relatives told us they were able to visit the home and continue to provide care for their relation in partnership with the staff, which they found a huge comfort. There was a policy and procedure in place for dealing with any concerns or complaints. People we spoke with told us they felt able to raise any concerns with the registered manager or staff and be confident they would be dealt with fairly.

People had access to community healthcare services to meet their needs. Care plans were personalised and showed how people's interests and information about previous lifestyle choices had been used to support and develop activities for them at the home. Medicines management systems were safe, and work was under way to improve the premises and further adapt it to make it suitable to meet the needs of people living with dementia. **We have made a recommendation that the home seek advice on storage systems for some medicines.**

The registered manager had involved people in having a say about how the service was operated and was involved in the daily delivery of care.

On the inspection it was seen that the service had a condition on their registration that was not appropriate to the care being delivered. The registered manager agreed to make an application to have this removed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The home was not always safe.

Recruitment procedures at the home were not always safe.

Risks to people were not always being assessed or actions recorded to help staff understood how to keep people safe.

Staff understood their responsibilities with regard to safeguarding people, and told us they would act upon any concerns that they had.

People were supported by sufficient numbers of staff.

Medicine practices were safe.

**Is the service effective?**

Requires improvement

The home was not always effective.

Staff did not always receive the support and training they needed to do their job.

Staff were not always carrying out or recording 'best interest' assessments in accordance with the principles of the Mental Capacity Act 2005.

People who were at risk of poor fluids or hydration were not always being monitored effectively to protect their health.

People had access to community healthcare services to meet their needs.

Work was under way to improve the premises and further adapt it to make it suitable to meet the needs of people living with dementia.

**Is the service caring?**

Good

The home was caring.

Staff understood and were sensitive to people's needs. They told us they liked supporting people living with dementia.

People were involved in making decisions around their care. Staff understood people's needs, and were thoughtful about the care they delivered.

People's privacy and dignity were respected. Records were maintained confidentially and showed respectful language was used to describe people's care.

**Is the service responsive?**

Good

The home was responsive.

# Summary of findings

People's needs were assessed prior to their admission and care plans identified how to support people with their care needs. Plans were reviewed regularly.

People's known interests were encouraged and developed. Visitors were encouraged to remain involved with people's care.

Complaints and concerns were managed well, with clear systems and policies in place.

**Is the service well-led?**

**Requires improvement**

The home was not always well-led.

Some records and audit systems were not well maintained. However the registered manager lived on the premises and was involved in the daily delivery of care working alongside staff to ensure people's need were met.

People were consulted about the operation of the home and how improvements could be made. Some quality assurance systems were in place, including questionnaires for stakeholders to enable them to have a say in how the home is run.

# 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 was planned to check whether the registered 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.

This inspection took place on 24 August 2015 and was unannounced. It was carried out by one adult social care inspector.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring and being given medicines. We spent several short periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. On the inspection we also spoke with four of the 14 people who lived at the home, three visitors, and seven members of both day and night staff. We spoke with the staff about their role and the people they were supporting.

We looked at the care plans, records and daily notes for five people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies. We looked at four staff files to check that the home was operating a full recruitment procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Requires improvement

# Is the service safe?

## Our findings

People were not always being protected from risks at the home. We identified concerns over a lack of some action plans to mitigate risks, assessments that were out of date and staff recruitment procedures that were not always robust enough to ensure people were protected.

A recruitment process was in place that was designed to identify concerns or risks when employing new staff. We sampled four staff files, and identified concerns with two of these. Certain risks had not been identified or addressed by the recruitment process, for example, references for one staff member did not relate to their most recent employment in care work, but to previous employment in another sector. It is a requirement of legislation that prior to employment the registered person gains satisfactory evidence of the 'staff member's conduct' in any previous employment in health or social care and of the reasons why they had left.

Two people's pre-employment checks had identified a potential risk. The registered manager told us that they had discussed the concerns with the people concerned and considered the risk would not affect their employment. Although the risk was not high we could not see written evidence that the manager had reviewed or assessed the risks.

The failure to follow a robust recruitment process is a breach of Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risk assessments had been undertaken for people's care needs, such as risks associated with choking, bathing and showering, pressure damage to skin and moving and handling using a risk assessment matrix. However, where risks were identified clear action plans were not always in place to reduce the risks. For example we saw that one person had been assessed in June 2015 as having swallowing difficulties possibly associated with their deteriorating dementia. However, there was no action plan in place to mitigate the risks and their risk assessment had not been updated to reflect the increased risk. Another person's falls risk had been increased from medium to high in May 2015. We did not see that any action had been taken as a result to reduce the risks. Patterns of falls were not routinely being analysed to see if there were changes that could be made to prevent a re-occurrence.

Risks to the environment had been assessed, including for fire and water safety. However the Fire precautions workplace risk assessment had not been reviewed since 2012 and there were no personal evacuation plans for people in the case of a fire. A member of staff we spoke with told us that they had been shown how the fire system operated and were clear about what to do in the case of a fire alarm sounding. Fire equipment was being serviced regularly, and escape routes were clear and clearly marked. Contact numbers were available for staff in case of emergencies, and the registered manager told us that they were on call 24 hours a day if needed.

People were being protected from abuse because the registered manager had put systems in place to ensure that staff understood what to do to identify and report any concerns about people's well-being. Staff had been trained in how to recognise concerns and raise alerts to the appropriate authorities, and further training was being delivered to staff in the first week of September 2015. Policies and procedures were available to remind staff of what actions to follow in case of concerns in safeguarding and whistleblowing policies. Two staff members told us they had previously raised concerns in other care homes about people's care and told us that they would not hesitate to do so again if needed, although they told us they had no concerns at all about the care for people at Mount Pleasant.

Relatives told us they felt their relation was safe at the home. One told us "I sleep well at night knowing she is here" and another told us "I come in regularly and I feel I never have to worry now. I used to worry where (person's name) was before but I don't now."

People were supported by sufficient numbers of staff on duty. The home was busy and active, but there were enough staff on duty to identify and meet people's needs in a timely way. One staff member told us the best thing about their job was "being able to spend time talking with people and helping them out". We saw that staff had the time to support people in the way that they needed. On the day of the inspection there was the registered manager, a senior care staff member, two carers and a cook and cleaner on duty for 14 people. The staff rota showed us that in the afternoons although the staffing levels remained at three, some of this time was spent by the senior in administrative duties such as writing care plans, dealing with GPs and organising medicines. They were however

Requires improvement

# Is the service safe?

available to support staff with care tasks when needed, and the registered manager was not included on the rota. There were two waking night staff on duty over night with the registered manager living on the premises and on call. A relative told us that they knew staff were working well as a team because they had patience when working with people who presented challenges.

The home was clean and smelled fresh. Despite the significant levels of people needing support with continence management there was no odour concern. Staff wore aprons and gloves when supporting people with their care and separate disposable aprons when dealing with food. New infection control management systems had been put in place for the management of soiled laundry, and information was available on the management and control of cross infection risks.

People were protected against the risks associated with medicines, and systems were in place to ensure they were given the correct medicines at the correct time. We observed a member of staff giving people their medicines, and saw that they were given their medicines with sufficient time and explanations to help them understand what they were taking. Staff understood how the systems for the safe administration, storage and recording of medicines worked and had received appropriate training and assessments of their competency. Where regular health monitoring was needed due to the use of specific medicines there were effective systems in place to ensure, for example that regular blood tests were carried out. Information for staff about how to use people's medicines was clear, for example there were body maps indicating where creams should be applied. Regular audits were carried out of practice to ensure that the administration of medicines was carried out safely.

**We have recommended that the home take advice from an appropriate person as to the suitability of the storage systems for some medicines, which are specified by law.**

Requires improvement

# Is the service effective?

## Our findings

The home was not always effective. Staff did not always receive the support and training they needed to do their job. Staff were not always carrying out and recording assessments in accordance with the Mental Capacity Act 2005, or effectively monitoring people who were at risk of not drinking or eating enough to maintain their health.

People received care and support from staff that did not always have the skills and knowledge to meet their needs. Staff files demonstrated the training staff received when starting at the home and on a regular basis throughout the year. However, where training had been delivered, this had not always been effective. For example, we saw two staff members moving people in ways that were not in line with recommended practice. The home's training assessments demonstrated staff were not all up to date with learning.

Staff received supervision and appraisals regularly but we did not see evidence that these included observations of people's competency in the practical delivery of training undertaken. Staff understood their roles, were organised and staff handovers included a review of the day's work and planning to ensure all tasks were covered. The registered manager told us that communicating how they wanted staff to work with people started at their induction, and covered everything from the language people used to describe care needs, to giving honest and open feedback about people's performance.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been made for Deprivation of Liberty Safeguards authorisations for people living at the home where people were not free to leave unaccompanied, and the home were awaiting the outcome.

Capacity assessments had been undertaken of people's ability to consent to small day to day decisions in relation to their care. These had been discussed with family members and GPs where relevant in coming to an agreement where the person lacked capacity. For example one person's plan indicated when they were most likely to be consenting to showering. The plan gave instructions for staff on how to approach and support the person and indicated that if they refused a shower they may consent to a strip wash instead if necessary. However we identified there were some larger issues where the decision making process had not been in line with the two stage process required by the Mental Capacity Act 2005 (MCA), such as for the person to receive covert medicine. For example we saw that a person was refusing to take their prescribed medicines. A record had been made in the person's notes that the GP and nearest relative had agreed that the person could be given the medicines covertly as it was essential to their health. However the decision had not been carried out taking into consideration all the elements required by the Mental Capacity Act 2005. This meant that the person's rights were not being protected.

Staff sought people's consent before carrying out any care tasks Staff told us about how they understood people's consent could be gathered when providing care to people, when they may not be able to share that verbally. One staff member told us that they would speak gently to a person and try and encourage them to participate, but if that was unsuccessful then they would respect their wishes and try again later. They told us that sometimes they might seek support from a colleague to see if "another face" might be better to offer support at that time.

People were assessed using a risk assessment tool to help ensure they were not at risk of poor hydration or nutrition. We could see actions were taken where people were identified as being at risk. For example we saw that one person's records had shown a sudden drop in their weight, and following this the person's weight had increased. The records showed that the weight loss had been assessed as being due to the person having poorly fitting dentures and once that had been resolved the person was eating much better. Staff told us that people had been given drinks throughout the day and we saw this in practice. However, food and fluid balance charts were not always being totalled or completed fully by staff. This meant that the home could not always be confident that people had received the food or fluid they needed to maintain their health.

This is a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Menus showed that people had choices every day. Some people needed their meals pureed or softened, which were presented so that individual flavours and textures could be

Requires improvement

# Is the service effective?

enjoyed. People had a choice of where to eat their meals; The registered manager had recently decided to provide the main lunchtime meal in two sittings, as they had found that some people were becoming frustrated by the length of time that some other people took to eat their meals. This was working well, and meant that people could eat their meal in a leisurely fashion. People were supported to remain independent as possible with regard to eating. For example, we saw one person eating banana custard with their fingers. The person was really enjoying the food. Staff came and gently guided the person to use their spoon, but they refused this and carried on eating with their fingers. The staff member then supported the person to clean their hands and then carry on eating in the way they had chosen.

People had access to healthcare services in the community. This included dentists, podiatrists, speech and language therapists, psychiatric nurses and GPs. District nurses came to the home to review and support the home with people's pressure area care and to manage any wounds.

The home is a period villa set on a steep hill in a residential area of Newton Abbot. The premises have been converted to provide care facilities over two floors, with communal facilities on the ground floor. The premises are homely and comfortable, with rooms being personalised and individual in décor. Although there has been some adaptation for people with memory loss, for example signage, there was scope for more information for people to use in orientating themselves around the home. Work was in progress to improve the communal areas of the home, including making them more dementia friendly. The registered manager told us about how people used the space available and plans they had for increasing opportunities for people to engage with their environment using sensory materials.

Good

# Is the service caring?

## Our findings

The home was caring.

Relatives told us that the staff were very caring towards people living at the home. People told us "I can't speak highly enough of (name of registered manager) and the staff", "They really hit the spot care wise" and "Staff have obviously been 'hand picked' for their skills as they all know how to care for people with dementia. They have a clear understanding and know what to do – you can see from the way they talk to people that they really care about them."

Staff knew people well, and told us they enjoyed working with people who were living with dementia. Staff told us about how they had provided care to people that morning. They could tell us about the people's wishes with regards to their care and how they had met them, for example with helping them to bathe and dress. People's privacy was respected and all personal care was provided in private. Staff knocked on people's doors before entering and supported people in communal areas in a discreet manner, respecting their dignity. For example staff told us they ensured people were dressed and presented well, that their clothing was clean and nails were filed.

We observed staff caring for people during the inspection. We saw that staff were cheerful and positive when talking to people. They knew people's families and could talk with people about things that interested them. In some care files information was available about people's life history prior to their admission to the home. This gave staff invaluable information about people's lifestyle choices and helped them engage with people as well as help provide activities and stimulation that met their interests.

Staff told us that they enjoyed caring for people at the home. One told us that to them caring was about "Giving the care that you would want yourself or for your own family".

The home had identified visiting hours on display in the home's hallway. We queried this with the registered manager who told us that this was a recent introduction as the home was so busy with visitors that people who lived there were not able to spend enough time quietly. People we spoke with who were visiting the home told us that they understood that if there was a specific need they would be able to visit at any time and we saw this in practice with the relatives of one person who was unwell. A staff member told us that people had spent long periods of time at the home when their relation was nearing the end of their life, including overnight if they wished.

Staff had received training in end of life care delivered by the local hospice. We discussed with a family member the care their relation was receiving who was thought to be near the end of their life. They told us they were very happy with the care and support both they and their family were receiving. Staff we spoke with were aware of known wishes in relation to people's end of life care. Files recorded where people or their families had made decisions about whether they wished to receive emergency treatment such as cardio-pulmonary resuscitation, or had made advanced directives.

Private information about people was stored securely and kept confidential. Records demonstrated respect for the people being cared for. For example we saw in one person's file a record that indicated the person was "distressed and unable to be comforted for long". The registered manager took action where there were comments that could be deemed to not reflect a good understanding of the effects of dementia on the individual.

Good

# Is the service responsive?

## Our findings

The home was responsive to meet people's needs.

Care files showed that each person had had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. Assessments included information from previous placements, relatives and the person themselves, as well as information about people's life history. Care plans were then written based on the assessments undertaken. They reflected areas of support people needed as well as areas of strengths and skills that people retained.

Plans were being reviewed to reflect people's changing needs; however some plans had not been reviewed very regularly. Plans reflected people's choices and wishes where known, as well as information on the impact of their dementia. Plans also included some guidance on how to manage behaviours that challenged. Daily records reflected the care plans, and showed that support had been delivered in accordance with the plan.

Staff were able to tell us about how they would understand and interpret people's behaviours if they were unable to communicate verbally about their health or care needs. For example one file clearly indicated the behaviours that the person may exhibit before needing to go to the toilet.

Relatives told us that they had been consulted about their relations care plans and wishes if the person was not able to share wishes about their care themselves. One relative told us about how much they valued still being able to come to the home and participate in some elements of their relation's care in partnership with care staff. They told us this gave them much comfort.

Care files contained some information on people's preferences for activities, hobbies and interests. Where these had been identified efforts had been made to engage people with them. For example one person's file showed they enjoyed reading particular books on an interest and we saw they were doing this on the inspection. This person's file also identified that they did not enjoy group activities and needed encouragement to join in. They also enjoyed taking part in household activities such as washing up. The cook told us that this person was able to do this although they were supervised and dishes may need to be re-washed after. Formal group activities as well as 1:1 sessions were provided, and objects for people to interact with were available in communal areas. For example we heard that one person regularly re-arranged artificial flowers on display.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. Relatives said they would speak with the senior staff on duty or the registered manager if they had any concerns. Where concerns had been received the registered manager ensured that a full investigation as carried out and feedback given to the person who raised the concerns.

Requires improvement

# Is the service well-led?

## Our findings

The home was not always being well led. Records that we saw were not all well maintained or up to date, and some audits had not taken place. This meant it was not always clear that the home was monitoring their performance to ensure standards were being maintained and people had positive care outcomes.

Mount Pleasant is a small family run home, operated to provide a homely and comfortable environment for people with dementia. The registered manager lived on the premises and was very involved in the day to day operation of the home, including supporting people and liaising with relatives. They told us they had a "very hands on approach" to managing the home. People knew them well. Relatives told us they had chosen the home because it was small and homely, comfortable and informal. One relative said "I chose this place because it isn't one of those large impersonal places. I come in here and I know everyone. I know (my relation) is well looked after because I can see the care they get every day".

The registered manager was not always carrying out some regular audits of practice at the home. For example, there was no formal system for assessing the home against best practice in dementia care, or defined philosophy or ethos of dementia care. Despite this, we saw the registered manager modelling good practice throughout the inspection. We saw them working to support people and we saw how people appreciated their intervention. One person said the registered manager had "looked after me many a time". They were enthusiastic to develop the home further based on evidence based practice and learning more about the needs and wishes of the people who lived there. During the inspection the registered manager discussed several developments that they had considered but not yet implemented, as improvements to the environment were not yet complete. These had included sensory areas and areas to help people to engage further with their environment. Audits that had been carried out included medicines and care plans.

Staff were involved in decision making, and encouraged to put forward ideas for making improvements to the home. For example, a senior carer presented information to the registered manager during the inspection about new care planning and recording systems they had seen. Staff had also been consulted about their uniforms, and had chosen styles they felt suited them and they would be comfortable wearing.

Mount Pleasant had regular quality assurance questionnaires that were sent out to relatives and other stakeholders six monthly. The results of these were audited and showed a high level of satisfaction with the home. Where there were any concerns identified feedback was given to people on the actions taken. There were regular staff meetings, where staff were encouraged to be open about any improvements that could be made.

On the inspection it was seen that the service had a condition on their registration that was not appropriate to the care being delivered. The registered manager agreed to make an application to have this removed.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>How the regulation was not being met:<br>People were not being protected because the provider had not carried out a full recruitment process when employing staff. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>How the regulation was not being met:<br>Food and fluid balance charts were not being completed in sufficient detail to ensure that people received the food and fluids they needed |