Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Mount Pleasant, Camborne
Address:	Pentalek Road Camborne Cornwall TR14 7RQ

The quality rating for this care home is:	two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	**Date:**							
Mandy Norton	2	9	0	4	2	0	0	9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Mount Pleasant, Camborne
Address:	Pentalek Road Camborne Cornwall TR14 7RQ
Telephone number:	01209716424
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mrs Deborah Jane Blight,Mr Alan Herbert Blight
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	19

Additional conditions:

Date of last inspection								

Brief description of the care home

Mount Pleasant provides care for 19 older people. The home is situated near to the centre of Camborne. The registered providers are Mr and Mrs Blight. The registered manager is Mrs J Dart.

The property offers spacious accommodation for residents. Shared rooms include two lounges and a dining room. The majority of bedrooms are en suite and there are no shared bedrooms. Bedrooms are located over three floors, with a stair lift allowing access to the upper levels of the home. There are sufficient bathroom facilities on each floor.

There is a pleasant garden, which includes a summer house. The ground floor of the home and the garden are accessible to wheel chair users. The home also offers a day care service.

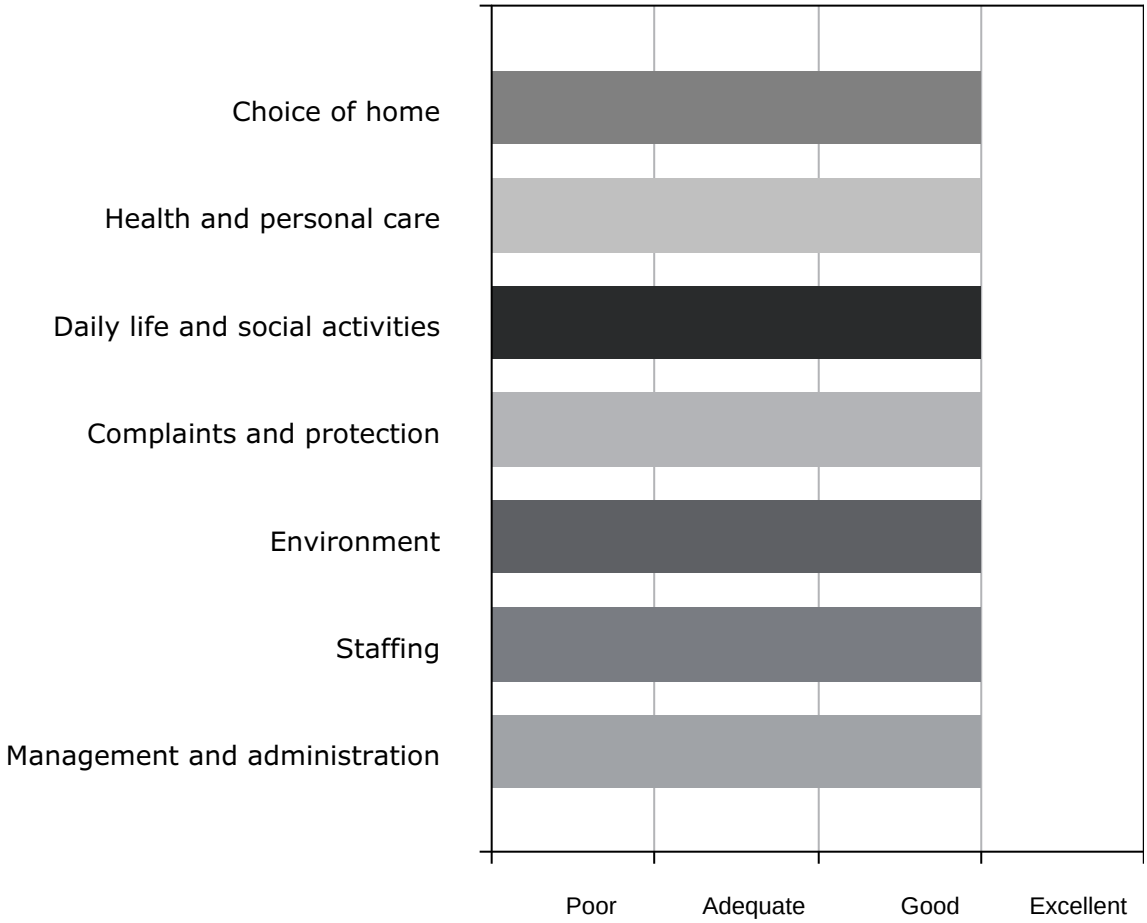
Brief description of the care home
A copy of the inspection report is available on request. The fee at the time of the inspection vary depending on the assessed needs of the individual. There are additional charges for hairdressing, chiropody, and newspapers for example.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced inspection took place from 10.40 am to 2.50 pm on 29th April 2009. The inspection was conducted with the manager.

A tour of the home was carried out and people who live at the home were spoken to and observed. Care staff were also observed during the inspection.

This report also contains information taken from the completed Annual Quality Assessment (AQAA) document (a self assessment document that is submitted to the Commission annually, it focusses on outcomes for people using the service and provides some numerical information about the home) and Service User and staff surveys submitted to the Commission prior to the inspection.

There were 15 people living at the home on the day of the inspection.Mount Pleasant presents as homely and comfortable with a welcoming staff group.

What the care home does well:

Residents and their family have good information about the home and are welcomed to look around the home and meet some of the staff. This helps them to make a decision if Mount Pleasant is the right home for them to move into. The pre admission assessment carried out shows that the manager can be sure they can meet a persons needs before they move in.

People receive a good standard of personal care and support and communication with health care professionals in the local community is good. Management of medicines is safe and consistent.

The care plans and other documents in use are good and mean that care staff know how to care for people and can meet their individual needs and preferences.

People have access to regular activities and remain part of the local community as well as maintaining contact with family and friends.

People tell us that the meals at the home are good. Comments included 'all our food is done by our own cooks, here in the home,and it is varied and enjoyable'.

Residents or their relatives can be confident that any complaints or concerns will be listened to and acted upon. Any complaints are used as a way to improve standards.

Mount Pleasant is a safe place to live and work. There are maintenance systems in place and the home and there is a good level of furnishings and decor.

The manager and staff group have suitable qualifications to care for the current group of residents. The home is well managed and the staff group feel well supported.

What has improved since the last inspection?

There has been some improvement in the environment and it is safe to live and work in.

Care plans are reviewed once a month with the resident if possible and risk assessments are reviewed every 6 months.

The safeguarding policy is up to date and a lot of staff have attended the local authority safeguarding training.

There are photographs of staff displayed near the main entrance.

What they could do better:

There were no requirements or recommendations made following this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service currently have some information about the home in order to make an informed decision about whether the service is right for them.

The personalised needs assessment means that peoples diverse needs are identified and planned for before they move to the home.

Evidence:

The manager said that people are always assessed prior to moving into the home to ensure their needs can be met. A completed pre admission assessment was seen and included detailed information about a persons needs, current medication and mobility. If people are to be admitted they and their representatives are given up to date information about the service including a Service Users Guide and are invited to look around and spend some time at the home and ask any questions they may have. Each room also has an up to date Service Users Guide in it. If people are admitted as an

Evidence:

emergency a social services care plan (completed before admission) is used to make an initial assessment and form the basis of the care plan.

The current fees range from .....per week (correct April 2009)

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The practice regarding the planning and delivery of care means that people can be sure that their health and personal care needs will always be fully met.

Evidence:

The manager said that all of the care plans are updated and reviewed regularly (care plans seen during the inspection confirmed this) so that care staff can use them to refer to when caring for people and document their ongoing progress. The care plans seen contained a lot of relevant information about the person and their health, personal and social care needs and personal risk assessments. The care staff complete daily records about a persons welfare and detail what care has been provided. Information was included about visits made by health care professionals such as GP's, district nurses, opticians and dentists. A summary of care needs and a manual handling plan is kept in each persons wardrobe (with their permission) for quick reference for staff when providing care to ensure they have up to date information available quickly.

Evidence:

A tour of the home showed that equipment necessary for the promotion of tissue viability and prevention of pressure sores is available to meet peoples current needs. The manager said that they have enough equipment and that most specialist equipment is provided by the community nursing services as required.

The home uses a blister pack system for administration of medicines. They are kept in a locked room. The drugs fridge has its temperature measured and recorded daily. All staff who administer medicines have had training in medicines management, the homes policy is for 2 people to carry out drug administration for added safety. The medication administration records (MAR) sheets seen were completed as required. The procedure for receipt, storage and disposal of unwanted medicines was explained and is in accordance with laid down legislation.

Staff were heard and observed interacting with people appropriately and providing care and support in a discreet manner. Staff were knocking on doors before entering and doors remained closed whilst personal care was taking place. The care plans made it clear what people like to be called and staff are aware of this. All seven completed Service User surveys indicated that the staff always listen and act upon what they say.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A range of activities within the home and the local community mean that people have opportunities to participate in stimulating and motivating activities.

Meals and mealtimes are not rushed and staff are available to help make them an enjoyable and social occasion for people.

Evidence:

The manager said that people are encouraged to exercise choice in how they spend their time and activites are offered individually or in groups and are facilitated by the care staff. Outside entertainers are also used and the activities schedule was seen displayed in the dining room. Two of the completed Service User surveys indicate that there are 'always' activities arranged by the home that they can take part in, four indicated that there 'usually' are and one that there 'sometimes' are. One comment was that 'I do not always want to attend' and ' we have bingo once a month, also a musical afternoon quite often, also a monthly communion'. The manager said that she goes to the supermarket weekly and asks people if they would like any shopping, she keeps the receipts and people are billed accordingly. She also said that other activities include a fete in the summer (to which the local community are invited), a Christmas

Evidence:

party with the staff wearing fancy dress, visits to the local shops and sightseeing trips (if able and only one or two people at a time). The care plans are designed so that information about peoples interests and hobbies is recorded and can be used when trying to develop individual care for people. Visitors are welcomed at anytime and some people regularly go out with friends or relatives.
There is a well kept, mature garden, where there is a new sun house and seating for people to use if they want to spend time outside. The garden is accessible to those people who use mobility aids.
Most people have their meals in the dining room, people spoken to were enjoying their meal and enjoyed mixing with other people at mealtimes. People are asked what they would like for their meal and there is always a choice. Drinks and snacks are available 24 hours a day. Records are kept of what people eat to ensure they are receiving a balanced diet. Care staff were seen discreetly giving people any help or support they needed with their meal. Five of the seven completed Service user surveys indicated that they 'always' like the meals at the home and two said they usually did. Comments included ' all our food is done by our own cooks, here in the home,and it is varied and enjoyable' and 'the food is excellent, having a choice of 2 meals and a sweet at lunchtime'.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Formal complaints and safeguarding policies and procedures are in place and are available to staff at all times. All staff undertake safeguarding training. This means that people who live at the home are adequately safeguarded.

Evidence:

The complaints procedure was seen displayed in the home and is included in the up to date Statement of Purpose. It is comprehensive and gives options about who to contact and timescales for responses to be made.

There have been no complaints made to the Commission or the home since the last inspection.
The manager said that people are seen by senior staff daily and hopes that any issues or concerns would be bought up then.
The manager said (and records seen confirmed) that a number of staff have attended the County Council safeguarding training she added that care staff also have information about safeguarding when doing National Vocational Qualification (NVQ) training and during induction training. The AQAA states that one of the improvements they want to make in the next 12 months is to have new staff trained in safeguarding adults more quickly.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Ongoing refurbishment and redecoration means people have a comfortable, homely and safe environment in which to live.

Evidence:

Mount Pleasant is registered to take up to 19 people and on the day of the inspection 15 people were resident at the home. A tour of the home showed that peoples rooms are personalised with furniture and momentos they bought in with them. Each room has a safe box installed and people have their own keys. People spoken to said they were happy with their current accommodation.

Communal space consists of a dining room and two lounges all on the ground floor. The majority of bedrooms are en suite and there are no double rooms. Bedrooms are located over three floors, with a stair lift allowing access to the upper levels of the home. There are suitable assisted bathrooms and toilets throughout the home. Cushion flooring has been laid in some of the bathrooms recently and new carpet has been laid in some individual rooms.

On the day of the inspection the home was clean, tidy and hygienic but homely. Policies and procedures around infection control are up to date and available to staff at all times. In house training on the importance of infection control is routinely offered to

Evidence:

staff. Staff files examined confirmed that a number of people have had infection control training.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staffing levels and skill mix are satisfactory meaning people's needs are being met at all times.

The robust recruitment procedure means that people who live at the home are being looked after by appropriate staff and their welfare is not at risk.

Evidence:

The manager and care staff are supported by catering, domestic and maintenance staff. The manager said and the duty rota seen confirmed that there are sufficient staff on duty at all times to ensure peoples current assessed needs are being met. Overnight there is one waking and one sleeping staff member.

The manager said that new staff observe more experienced staff for one shift and then shadow an experienced carer for 2 shifts. Support from more experienced staff remains available whilst they settle in. Eight of the nine completed staff surveys indicated that their induction covered everything they needed to know when they started 'very well' and one that it 'mostly' did. Information in staff files we examined showed that regular supervision sessions (one to one), appraisals and observed shifts (by the manager) take place. The AQAA states that out of 16 permanent care staff 11 have NVQ 2 or above and the manager added that 4 more staff are now signed up to

Evidence:

do an NVQ. The manager is an NVQ assessor so she is able to support the staff, along with the outside agency they use, through their studies. Training opportunities were seen displayed in the office during the inspection. The manager is trained in lifting and handling and equality and diversity so is able to carry out the training sessions in house. All nine completed staff surveys indicated that they are being given training that is relevant to their role, helps them to understand and meet the individual needs of the residents and is up to date with current good practice guidance.

There is a robust recruitment procedure in place that includes getting 2 written references and a CRB check. Other information seen in staff files we examined included an application form, responses to the initial interview, appraisals, training record, supervised work sheet and any variations to the contract.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The systems and procedures in place are designed to meet the needs of the service as they strive to improve the service the home offers to the people that live there.

The attitude to health and safety shown by the providers, care and ancillary staff means that people generally live in a safe and well maintained environment.

Evidence:

The manager has been in post for 5 years she has an Registered Managers Award and is an NVQ assessor. She also has training in equality and diversity and lifting and handling training that means she can do in house training on these subjects. Up to date certificates confirming this were seen displayed in the home. Any nursing needs are met by the community nursing services, with whom the manager said they have a very good relationship. We were told that the providers visit the home regularly and get the food shopping weekly and deal with ongoing maintenance, servicing and upkeep of the home. Eight out of nine completed staff surveys indicated that the

Evidence:

manager meets with them to give support and discuss how they are working 'regularly' and one indicated that she did 'often'. Comments included ' I feel that I could discuss anything with the manager as she is very approachable' and she 'is also on hand on a day to day basis to answer any questions I may have'.

There is a a formal quality assurance assessment is in place. Feedback to the latest survey from residents, relatives and health care professionals (GP and District Nurse) was positive and encouraging. The completed surveys are available for staff to see at all times. The manager said she also has an open door policy and and is happy to hear any concerns or issues as they arise and is then able to act on them immediately.

The manager told us that they do not deal directly with residents financial affairs and they are encouraged to manage their own finances if possible. Hairdressing, chiropody and newspaper invoices are sent directly to the residents representatives for payment. transactions.

Records seen during the inspection showed that all staff have statutory training that includes health and safety, first aid, lifting and handling and food hygiene. The manager keeps a training record that helps her keep up to date with who is due to have what training. A number of routine servicing and maintenance documents and the fire log book were examined and found to be up to date. The Environmental Health Office carried out a routine assessment of the kitchen in October 2007 and found the kitchen to be satisfactory.

The maintenance man checks the 'faults book' daily and carries out repairs as requested. He also carries out ongoing in house and outdoor routine maintenance tasks.

General risk assessments and the homes policies and procedures are available to staff at all times. Individual risk assessments are kept in residents care plans and were found to be up to date and reviewed as required. The manager said that water temperatures re checked regularly and the temperature of the bath water is taken and recorded before anybody uses it, she added that currently no residents can manage a bath without supervision.
During a tour of the home the manager said that staff check that all windows and doors are locked at night.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161 or
Textphone: or
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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