

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Montrose Barn

Montrose Barn, Rose-in-Vale, Mithian, St Agnes,
TR5 0QE

Tel: 01872553059

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Angela Prakash Salunke
Registered Manager	Mrs. Angie Salunke
Overview of the service	Montrose Barn is a care home providing personal care and accommodation for up to two people who have a learning disability. The home is situated near the village of Mithian, which is between the towns of St Agnes and Perranporth on the north coast of Cornwall.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with both of the people who lived at Montrose Barn to seek their views of the service provided. Some of the people had limited verbal communication skills, but both people were able to tell us they were happy with the care and support they received.

When we inspected the home it was clean and odour free. Accommodation was homely and comfortable. At the time of the inspection staffing levels were satisfactory and there were satisfactory systems in place to ensure people received a good quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

People we spoke with said they were happy with how staff supported them. We observed staff were supportive with the people who lived in the home.

Staff and people who used the service said choice was encouraged and staff facilitated people to make decisions throughout the day. People said they could get up in the morning and go to bed when they wished.

The registered provider told us people had the opportunity to be involved in a wide range of activities throughout each day. People were encouraged to be involved in all aspects of life in the home such as domestic activities such as cooking and cleaning, and helping with the food shopping. People were involved in home baking and jam making. Montrose Barn had five acres of land. If people wanted to, they were involved in cultivating fruit and vegetables, and rearing the animals.

People were involved in a range of artistic activities such as arts and crafts. An external facilitator ran a weekly therapeutic drumming session. One person went to the local authority day centre several times a week. People also helped out at a farm for Llamas run by a registered charity supporting people with special needs.

There were also various social trips organised for example walking and trips out in the home's car. When we visited people said they had recently been visiting the festive lights, all around Cornwall in the various villages and towns.

The registered provider lived in the house next door. Staff said the ethos of the home was to create a relaxed but focused homely atmosphere. This was evident when we visited. We observed staff working in a very person centred manner; for example they involved people according to their needs and wishes in all the household activities. On the evening of the inspection people were involved in cooking the meal and making sausage rolls. The people who we spoke with, said they were very happy living in the home and enjoyed all of the activities that took place.

People said staff respected their privacy and dignity for example if people wanted to be left alone or do their own thing this was respected. We observed that staff knocked on bedroom doors before they entered. We observed positive interactions between staff and people who used the service. Staff communicated with people in a polite and respectful manner.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People who lived at Montrose Barn told us staff were kind and helpful. The registered provider and her family lived in the property adjacent to the home. The registered provider was very involved in the day to day running of the home. There was a very pleasant, relaxed but focused atmosphere in the home. The people we spoke with said they were very happy with the care they received from the staff.

The staff we spoke with said they had a good understanding of individual needs. This was very clearly the case in the discussions we had with people and the practice we observed. People who used the service we met were well dressed, their personal hygiene needs looked well attended to, and their clothing was well cared for. People said they always had enough to eat. People could have a drink or a snack at any time.

We inspected two care files and these included comprehensive records such as a care plan, daily records and risk assessments. Care plans outline the care provided to individuals who use the service and the information we read was comprehensive and informative. Care plans and risk assessments were regularly reviewed, and external professionals such as social workers were involved in the review process.

The registered manager said people could access a general practitioner, dentist, optician and other medical professionals, such as (if necessary) a chiropodist or community nurse. Records were kept of these appointments.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse. This was because the provider had taken reasonable steps to identify the possibility of abuse and took reasonable steps to prevent abuse from happening.

Reasons for our judgement

The staff and people who lived in the home said people were well looked after and we observed positive interactions between staff and the people who lived in the home.

We inspected the home's adult safeguarding policy. This contained satisfactory information regarding what action staff should take if they had any concerns regarding people using the service being subject to abuse.

When we spoke individually with staff members and the registered provider they were clear what action should be taken if they suspected any abuse was occurring. Staff and the registered provider said they had received training regarding what abuse was and actions which should be taken if abuse was suspected, and there was evidence of this on personnel files. The registered provider and staff had received training regarding the Mental Capacity Act 2005, and associated matters such as deprivation of liberty safeguards.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Satisfactory systems were in place to ensure people were protected from the risk of infection.

Reasons for our judgement

We inspected the home, and it was clean and odour free throughout.

The home had an infection control policy. The registered provider had a copy of 'The Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance' published by the Department of Health. Matters relevant to a small care home had been incorporated into policies and procedures. For example we inspected cleaning schedules which demonstrated there was a satisfactory system in place to identify what parts of the home were cleaned at appropriate intervals.

The home had satisfactory laundry facilities, and protective aprons and gloves were provided. Hand washing facilities with soap were available in the kitchen and bathrooms.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Montrose Barn met the needs of the people who live there.

Reasons for our judgement

Montrose Barn was situated in a small hamlet, near Mithian. This was between the towns of St Agnes and Perranporth. The home was situated in five acres of land and the home was in a rural setting. The care home was attached to the registered provider's home and a door connected the two properties.

The home was well furnished, decorated and maintained to a high standard. There was a well furnished lounge with a television. When we visited the home one person was making Christmas cards in a conservatory at the back of the house. The home had a kitchen where people made and ate their meals. People who lived in the home had spacious bedrooms with an en suite toilet and bath or shower.

Both of the people who lived in the home said they were very happy with their accommodation.

We checked what health and safety precautions were in place to ensure the home was safe. There were records for fire alarm tests, fire extinguishers and emergency lighting were tested at appropriate intervals. A fire safety risk assessment was in place. We were shown that a maintenance contract was in place to service the fire system and fire extinguishers. The fire brigade had visited and judged fire precautions were to a good standard.

The electrical circuit (hardwire) and portable electrical appliances had been tested, and there was a current gas safety certificate. Health and safety risk assessments were in place and were regularly reviewed.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who used the service, who we spoke with, told us they liked the staff and found them kind and helpful. They did not make any comments about the recruitment of staff. The staff we spoke with were very happy with service standards, and said they enjoyed working at Montrose Barn.

We checked if the registered provider operated an effective recruitment procedure in order to ensure the people employed were of good character, suitably qualified, skilled and experienced.

We inspected four personnel files and these contained references and an application form, including a health declaration. According to records, all staff had received a Criminal Records Bureau check (CRB). This check ascertains if people are deemed as suitable to work with vulnerable people for example whether they have any criminal convictions.

The staff we spoke with said they had received a comprehensive induction when they started to work at the home. Staff said prior to working unsupervised with people using the service, they worked with more experienced staff so they could learn the practicalities of working with individuals using the service. There was a completed induction checklist on the files we inspected. This outlined instruction had been given for example about fire procedures, how to work with the people living in the home, and what records needed to be completed each day.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

Staffing levels met the needs of the people who lived in the home.

Reasons for our judgement

The registered provider worked alongside a staff team of five people. The registered provider lived in the adjacent premises.

The registered provider said there was either one or two staff on duty, at any one time, depending on the needs of the people who lived in the home. At night there was one person who completed a waking night duty, and one person who slept in the home (in case of emergencies). We inspected the rota which showed suitable numbers of staff had been on duty for the rostered period.

The people who lived in the home, who we spoke with, were positive about staff attitudes and said staff were always available to help them when they needed assistance. On the date of the inspection there were satisfactory numbers of staff on duty, and staff were observed as being responsive to people's needs.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff received appropriate professional development.

Reasons for our judgement

People who used the service said they were happy with the service they received.

Staff we spoke with said they received regular and comprehensive training. The registered provider told us staff training was delivered by a variety of methods for example in-house training, e-learning or by courses run by an external facilitator.

We inspected the training records of four staff. According to records the staff employed had received a wide variety of training so they could carry out their jobs. This included training regarding person centred thinking; autism awareness; positive behaviour management; administration of medication; moving and handling; infection control; fire safety; food hygiene, first aid, the Mental Capacity Act 2005, and adult safeguarding.

Staff had the opportunity to obtain a National Vocational Qualification (NVQ) in care. On people's files there was evidence people had obtained NVQ's.

All of the staff we spoke with said they received one to one supervision with a manager. The supervision process assists staff receive support and guidance about their roles. There were records of supervision sessions on the staff files we inspected. The staff we spoke with all said they were confident in approaching the registered provider at any time if they required advice and/or guidance. They said management supported them appropriately and would provide them with feedback about their performance as necessary.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home had a comprehensive quality assurance policy and system in place. This included regular audits of organisational systems such as care planning; health and safety; food and training. People who lived in the home told us they were constantly consulted about all aspects of living in the home. People told us if they had any concerns or suggestions for improvement, they would feel confident approaching staff or the management of the home. People said they felt confident action would be taken.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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