

**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

Date of Inspection: 26 October 2013

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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

**Consent to care and treatment** ✓ 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

**Requirements relating to workers** ✓ Met this standard

**Staffing** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Complaints** ✓ 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People we spoke with said they were happy with how staff supported them. We observed staff facilitating people to make choices and participate in a variety of activities. People who used the service told us they enjoyed the activities.

We spoke with two members of staff who confirmed their understanding of people's care needs. During the inspection we saw clear and comprehensive records of people's health care in their care plans. The care plans reflected the needs, preferences and diversity of all the people who lived at Montrose Barn.

It was clear the practice at Montrose Barn was person centred. Throughout the inspection we observed that people who used the service received consistency of care. There was effective communication from those who delivered care and support.

There was evidence that newly employed staff received comprehensive induction and training. This ensured people who used the service were supported by staff who were properly trained, supervised and appraised.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who lived at Montrose Barn were supported to choose their activities. We observed people who used the service express their views. We saw positive response between staff and people who lived at Montrose Barn. There was an amiable atmosphere as staff interacted with people who use the service. The people we spoke with said they were happy with the care they received from staff.

We observed staff supporting people to participate in a variety of activities. Staff and people who used the service said choice was encouraged. Staff told us people who use the service were able to have a drink or snack when they wished to.

People were involved in all aspects of life in the home including domestic activities such as cooking, cleaning and food shopping. Staff and people who lived at Montrose Barn told us people were involved in home baking. People who used the service told us they enjoyed the activities. There was an amiable atmosphere with comments such as "they are good at making pastry" between the people who used the service. This demonstrated staff actively facilitated the independent living skills of people who lived at Montrose Barn.

Staff facilitated people to make decisions. People were encouraged to be responsible and look after their possessions. One person who lived at Montrose Barn told us "I like to keep busy". The person proudly showed us their choice of decor and things they had chosen for their room that was comfortable and tidy. This indicated people were motivated and encouraged to ensure it was their home.

During the inspection staff and people who lived at Montrose Barn told us about the social and leisure activities they were involved in. These included helping at the Llama farm doing creative activities such as arts and craft. An external facilitator visited for a weekly therapeutic drumming session. Social trips were also organised. We saw evidence that

people had taken part in activities in their home and in the community.

We spoke with two members of staff who confirmed their understanding of people's care needs. The staff were able to tell in depth about a persons' needs, likes and dislikes. The registered provider was very involved with the day to day running of the service and was knowledgeable about the people the service supported. It was clear the practice at Montrose Barn was person centred. The care plans and comprehensive records we inspected also evidenced this.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

The registered provider told us that people who used the services were supported with medical appointments. The registered provider and staff liaised with learning disability nurses and other medical professionals to ensure people were supported appropriately. Staff ensured sufficient details about the care and treatment was given to people who lived at Montrose Barn. People were supported to make informed decisions.

When we looked at the care plans we saw people had access to an advocate. Advocates assist people to understand their options.

During the inspection we saw there were clear and comprehensive records regarding people's health care in the care plans.

The registered provider completed health care audit checks. We looked at records of people who lived at Montrose Barn that showed annual health check appointments that included six monthly dental appointments. We saw that people had consented to attending any appointment before they went.

The registered provider had regular contact and meetings with social workers, learning disability nurses, GP and other medical professionals to ensure people's health needs were met. Where necessary best interest meetings were held on a person's behalf. The registered provider had suitable arrangements in place to ensure consent was sought by people who used the service. Professionals who knew and understood people who used the service were involved with decisions regarding capacity.

The registered provider and staff told us that everyone had completed the Mental Capacity Act 2005 training. We saw evidence in the personnel training records of this.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We asked people who used the services what their life was like at Montrose Barn. They told us they had choices. One person told us "I can listen to music and dance in my room or watch a programme if I want to". The person began a conversation with staff regarding a programme they had watched the day before. We saw that people were given individual attention and valued.

People told us they were involved and helped and prepared meals. They gave examples of healthy meals they ate. The registered provider told us they did not have a written menu. People were consulted verbally about the meals.

People who used the services participated in appropriate exercise. People told us they went swimming regularly and enjoyed it. They had planned to go swimming in the afternoon. On the day of the inspection people who used the services were taken swimming.

People who lived at Montrose Barn were supported to make healthy living choices regarding diet and exercise.

People who lived at Montrose Barn received consistency of care and support. There was effective communication between all those who provided the care and support. People who used the service were involved in all aspects of their care and support.

We looked at two care files, the care plans reflected the needs, preferences and diversity of all the people who lived at Montrose Barn. The care plans were detailed and informative.

We saw risk assessments had been completed for people who used the service. The registered provider gave examples of why risk assessments were undertaken. Staff spoken with demonstrated a good understanding of people's individual needs. Risk assessments are a tool to identify any hazards and the action staff must take to reduce the risk. Care plans and risks assessments were reviewed regularly. External professionals such as social workers had been involved in the review process with people

who used the service.

We spoke with staff, they were able to give examples of appropriate delivery of care that preserved people's privacy and dignity. We observed staff speaking to people who lived at Montrose Barn in a respectful manner. The registered provider told us that people who lived at Montrose Barn had access to advocacy support. We saw evidence of advocacy support in the care plans.

There was consistency of care because staff followed the same protocols. We saw evidence of this in our observations of interactions between staff and people who used the service.

We heard and saw a person who used the services was asked if staff could assist them with their personal care. The person was content to be assisted. Our observations were that people who used the service trusted staff. People who lived at Montrose Barn were dressed in appropriate clothes that were well cared for and clean. People told us they were happy.

The registered provider told us that people who lived at Montrose Barn had access to healthcare professionals such as dentist, general practitioner (GP) and other well women/men clinics. We saw evidence of this in people's care files. All aspects of people's health were covered including a detailed sleep pattern programme for a person who had sleep issues.

The registered provider had arrangements in place for foreseeable emergencies. All staff had mobile technology that accessed maps and was linked to other staff mobiles. Staff always took mobiles with them when they did outdoor activities with people who used the service. Montrose Barn had one bank member of staff. They were also encouraged to join the staff training. When staff undertook fire safety training a person who used the service also had training on how to use a fire extinguisher. The person proudly told us this fact.

The registered provider lived in the property adjacent to the home. They were very involved in the day to day running of Montrose Barn. This included covering for staff sickness and holidays. This ensured people's needs continued to be met.

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

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### **Our judgement**

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The provider was meeting this standard.

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

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### **Reasons for our judgement**

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It was evident from our observations that staff and people who lived at Montrose Barn had a comfortable and respectful relationship with each other. Staff interactions with people, and people's response demonstrated they felt safe living at the home.

We looked at the home's safeguarding policy and procedure. This contained satisfactory information regarding what action staff should take if they had concerns regarding people being subject to abuse. The policy made reference to the local social services guidance that was specific to the county. We were informed the staff induction process for new staff included discussion and training about the safeguarding policy. We saw evidence in the staff training records of safeguarding training including the Mental Capacity Act 2005 and details of deprivation of liberty safeguards.

We spoke individually with staff members. They were able to give examples of what constituted abuse and what action they would take if abuse was suspected.

One person who lived at Montrose Barn told us if they felt unhappy about anything they would speak to a member of staff or the registered provider.

There were auditing systems in place to manage risks regarding personal finances of people who lived at Montrose Barn. We saw records of income and expenditure and petty cash records for people who used the service.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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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. We saw the infection control policy.

We looked at cleaning schedules, records of cleaning were signed daily by staff. We saw records of weekly, monthly and quarterly health and safety audit checks. There were good systems in place to identify what parts of the home were cleaned at appropriate intervals. We saw the current Legionella Testing Certificate in the files. This meant people were protected from the risk of infections.

We observed staff used the anti bacterial spray. We saw protective aprons, gloves, hand gel and hand foam. The home had satisfactory laundry facilities. Hand washing facilities with soap were available in the kitchen and bathroom and toilet. This meant that staff and people who lived at Montrose Barn had access to appropriate facilities that reduced risk of infection.

## 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 lived at Montrose Barn told us they liked the staff. Our observations were that there were respectful and relaxed conversations between staff and people who used the service.

We spoke with two members of staff who said they enjoyed their work and were clear about their responsibilities.

Appropriate checks were undertaken before staff began work. We checked if the registered provider had an effective recruitment policy and operated an effective recruitment procedure. This was in order to ensure people employed were of good character, suitably qualified, skilled and experienced.

The registered provider told us staff received a comprehensive induction when they were employed at Montrose Barn. The staff we spoke with confirmed this fact. We saw evidence of this in staff files too.

We inspected four personnel files and saw references and an application form, including a health declaration in each file. The records showed all staff received a Criminal Records Bureau check (CRB). This is a mandatory check for people who apply to work with vulnerable people.

The registered provider said that when staff were newly employed at Montrose Barn they worked alongside experienced staff. There was not a set induction time scale. Newly employed staff worked alongside senior staff until they were confident in fully supporting people who used the service. This ensured appropriate care and support continued to be delivered to people who lived at Montrose Barn.

One member of staff told us the registered provider was very supportive and they had learned a lot.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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At the time of the inspection there were a sufficient number of staff on duty. The registered provider lived in the adjacent premises they worked alongside a staff team of five people.

The registered provider said at night there was a member of staff on waking night duty and a staff member who slept in the home.

We spoke with staff and the registered manager individually, we asked about shift changes to cover for sickness and holidays. Staff told us the registered manager and other staff were flexible. The registered manager told us changes to rotas did not cause discontent and gave examples of when staff responded to changing circumstances. This showed the service was person led rather than staff led.

We spoke with people who used the service; they told us staff were very helpful and friendly. This was evident in our observations. This meant people received care and support from a team of staff that remained consistent and knew their individual needs.

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

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who receive appropriate training, supervision and appraisal.

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## Reasons for our judgement

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People who lived at Montrose Barn had their health and welfare needs met. Staff were competent, they received comprehensive training and were supported to take accredited training.

During the inspection, we spoke with the registered provider and staff individually regarding arrangements for training. The registered provider explained that training was delivered in a variety of ways. These included in-house training, e-learning and courses run by an external facilitator. Staff confirmed these facts and gave us further details.

All staff completed training that included four courses on autism including understanding autism and learning disability awareness. Staff also completed the Mental Capacity Act 2005 course and adult safeguarding. Training also included food hygiene, administration of medication level two and First aid.

We saw the Fire/Risks log with an 'Easy Read' pictorial copy. Staff and the registered manager completed weekly fire drill checks. An external company had provided instructions for signs and extinguishers in pictorial format for people who lived at Montrose Barn. This ensured people who lived at the home were included and encouraged to think about their personal safety too.

Staff training also included vehicle safety, all staff had certificates to show their knowledge. Staff had completed an 'Electrical Safety' course. We saw evidence that staff had completed the training in their training records. Staff told us they had "learned a lot".

The personnel records showed staff received one to one supervision. Staff told us they felt able to talk to the registered provider for advice or guidance. They said they felt supported by the registered provider.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

People were made aware of the complaints system. This was provided in a format that met their needs.

People were supported by the provider to make a comment or complaint.

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**Reasons for our judgement**

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On the day of the inspection we saw that people who used the service had been given information regarding how to make a complaint. The pictorial and easy read information was in their file and in their room.

Montrose Barn had systems in place to support people who lived there to make a comment or complaint. There was evidence of a system in place for advocacy support for people who used the service.

The registered provider told us that they had weekly one to one talks with people who lived at Montrose Barn. This was for people who used the service to have opportunity to talk about any issues they were unhappy about. The registered provider informed us that they recorded the verbal comments in a book that was signed each time. We saw the written record. This was a useful communication tool to ensure the people who lived at Montrose Barn had their views heard and recorded.

The registered provider told us that people who lived in the home were encouraged to talk to staff whenever there were issues they were unhappy about. Staff were approachable and supportive. We observed this fact throughout the inspection.

Some of the people who lived at Montrose Barn had limited verbal communication skills. Others told us if they were unhappy about anything they could speak to staff or the registered provider. They said the staff were kind. Staff demonstrated clear communication skills as they assisted people who used the service to express their opinion.

Throughout the inspection our observations were, there was appropriate, respectful and caring interactions between staff and people who lived at Montrose Barn.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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