Davack Limited

Mount Pleasant Care Home

Inspection report

Mount Pleasant Care home
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Devon
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14 September 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 13 and 14 September 2016.

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 was spread across two floors. Some bedrooms were located on the ground floor but the majority were situated on the upper floor and accessed via stairs with a stair lift. The home had two double bedrooms. There were communal areas including a dining room and two lounge areas where people could sit. People had access to two pleasant outside decked areas with comfortable furniture in which to relax.

The home had a registered manager that was also the registered provider. 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 and associated Regulations about how the service is run.

We last inspected Mount Pleasant in August 2015. At that inspection we found the home was in breach of its legal requirements with regard to following recruitment processes and ensuring that people received the foods and fluid they needed. During this inspection in September 2016, we found the necessary improvements had been made.

Due to their health conditions and complex needs not all people were able to share their views about the service they received. Those that could speak with us told us care was provided with kindness and we observed that people's privacy and dignity was respected. People enjoyed living at Mount Pleasant and they considered it their home. People received care that enabled them to live their lives as they wished and people were supported to remain as independent as possible. Staff knew the people they were supporting well. Relatives we spoke with described the staff as very good and caring.

The home had a robust recruitment process in place. Appropriate checks were carried out before staff began working at the home to ensure they were fit to work with vulnerable adults. Staff had received appropriate induction, supervision, appraisal and training, which allowed them to fulfil their roles effectively and develop trusting relationships. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. There were sufficient numbers of staff to support people safely and staffing levels were adjusted to meet people's changing needs and wishes.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were systems in place to protect people from abuse. There was an up to date safeguarding policy in place for staff to access with contact details for the local safeguarding adults team.

Staff respected people's rights to make their own decisions and choices about their care and treatment.

People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well. Where people may need restrictions on their liberty and freedom in order to keep them safe applications had been made to the local authority to make sure people were not unlawfully restricted.

Staff were knowledgeable about people's needs and how to meet those needs and care records were detailed and accurately reflected the care people received. The care records showed the personalised care people required to help staff consistently meet people's needs and we saw staff followed these.

We saw care plan documentation contained risks assessments which covered areas such as pressure area care, moving and handling, nutrition and falls/mobility. Each risk assessment had a corresponding 'risk plan' which detailed control measures that were in place to minimise the risk.

Medicines were managed safely and in line with current regulations and guidance. Staff had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered and audited appropriately.

Staff were caring and respectful towards people with consideration for people's interests and life histories when chatting with people. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

People were supported to have interesting and fun things to do. The home ensured staff practices promoted quality of life for all people by offering social opportunities on a daily basis.

People had access to healthcare services and received on-going healthcare support, for example, through their GP, hospital doctors and specialists. Referrals were made to other professionals such as community nurses and dieticians if the need arose.

People's nutritional needs had been assessed and people were supported to eat and drink as and when required. The menus provided a choice of meals and people were able to choose a meal that was different to the menu choices.

Quality assurance systems were in place to assess and monitor the service people received. Families were consulted so that their views could be gained. A survey of people's views was carried out in March 2016 and showed people were very happy with the care delivery at the home. People told us they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable and people were confident they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005.

The home had been adapted to make it more suitable for people living with dementia.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Staff supported people at their own pace and in an

individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information on how staff should support them.

People benefited from meaningful activities which reflected their interests.

People and their relatives felt listened to and were confident in expressing any concerns they had.

Is the service well-led?

Good

The service was well led.

People we spoke with felt the registered manager was supportive and approachable and expressed confidence in the registered manager to address any concerns raised.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

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 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 unannounced inspection took place on the 13 and 14 September 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority's Quality and Improvement Team and Health watch Devon who provided information about the service. We spoke with a visiting GP about their experience of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people. During the inspection we met all of the people living at the home and spoke with seven people. We also spoke with seven relatives visiting the home. In addition, we spoke with the registered manager, deputy manager, the cook, cleaner and four staff members.

We looked at the care plans, records and daily notes for five people with a range of needs to check specific information. We looked at policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at four staff files to check that the home was operating a robust recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

At our last inspection carried out in August 2015 we found the home did not recruit staff in a safe and robust manner. At this inspection in September 2016 we found that improvements had been made.

The home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the home to ensure they were suitable to work with vulnerable adults. We looked at four staff personnel files. Each file we looked at contained application forms, Disclosure Barring Service (DBS) checks and evidence of references being sought from previous employers. These had been obtained before staff started working for the service. A DBS check helps a home ensure the applicant is suitable to work with in care.

All of the people we spoke with enjoyed living at Mount Pleasant and felt safe. One person said, "This is my home, it is safe." Another said, "The girls will make sure I am safe." A relative told us, "Yes I would say [name] is very, very safe here. I give it top marks every time". People who had limited verbal communication said "yes" when asked if they felt safe and showed signs such as a smile or thumbs up to let us know they were safe.

People were protected from abuse as there were systems in place to guide staff on how to deal with any safeguarding concerns. There was an up to date safeguarding policy in place for staff to access with contact details for the local safeguarding adults team. Staff demonstrated an understanding about safeguarding, whistleblowing and how they would report any concerns. One member of staff said, "Physical, mental and verbal are all types of abuse. Changes in personality could also mean something isn't right. I would speak to my manager if I had concerns". Training records showed that all members of the staff team had attended training about safeguarding.

Staff understood what actions they needed to take to keep people safe. Risks to people's safety had been assessed, such as risks associated with poor eating and drinking, from falls and from developing pressure ulcers. Each risk assessment set out the specific concerns and how these were to be managed. For example, whether people needed to be repositioned at set times throughout the day to prevent pressure sores, or whether they needed two members of staff to assist them with mobilising. We saw actions had been taken to reduce these risks. For example, we saw detailed information for one person who was unsteady of their feet, particularly walking downstairs and standing up from low chairs. The risk assessment gave staff specific instruction on how staff should support them on the stairs by ensuring they were accompanied and encouraging them to sit on higher chairs. We observed this person walking with staff during the inspection. Assessments of risks to people were detailed and reviewed regularly, changes were made when required. Staff told us they did not feel that the management of risks impinged on people's lives.

The registered manager had oversight of any accidents and incidents within the home. The registered manager told us they monitored incidents and accidents to identify any trends which may indicate a change in people's needs or medical condition. For example, it was noted that one person had become more unsteady when walking down stairs and had stumbled on occasions. This prompted a medication review by

their GP and the care plan was altered to reflect that the person should be supported when walking down stairs.

People who lived at the home and relatives we spoke with did not have any concerns about staff not meeting their needs in a timely way. People told us they did not feel rushed. One relative told us "There always seems to be staff around to help people, I have no concerns about care not being provided when [name] needs it". Another told us they thought there was always a good ratio of staff to residents. Staff told us they felt there were enough on staff duty to support people safely. During our inspection we saw there were sufficient staff to respond to people's needs. For example, where people needed support from two members of staff to help them mobilise, this was provided. We saw that staff had time to spend with people, both in terms of sitting with them and chatting, as well as assisting them with their support needs without rushing them. During the inspection, there were three members of care staff on duty, a cook, cleaner and staff were supported by the registered manager and deputy manager. The registered manager told us this was the typical amount for day shifts and rotas confirmed this. We saw the registered manager determined staffing levels through the use of a dependency tool. The tool was used to assess the support needs of people living at the home and the necessary staffing levels required to keep people safe. The registered manager told us they always tried to cover vacant shifts using existing staff members in the first instance to ensure continuity with people's care.

People's medicines were stored, administered and disposed of appropriately and securely. We looked at the Medicine Administration Records (MARs) for people. The MARs we looked at had been completed and no omissions had been noted. Where people had 'as required' (PRN) medicines, protocols were in place which contained information on the PRN medicines they required, what may trigger the need for it and the maximum dosage they could take.

We observed a medicine administration round. Staff asked people if they were ready for their medicines. They explained to people what their medicines were for and stayed with them until they had swallowed their medicines. The MARs were signed by the member of staff after the medicines had been taken. The staff member was knowledgeable about the medicines being administered and knew how people liked to be supported when taking their medicine. However, during the medicine administration round we saw that the staff member left the drug trolley unlocked whilst administering medicine in the next room. This was immediately brought to their attention where they instantly responded by locking the trolley and followed correct procedure for the remainder of the medicines round. We discussed this with the deputy manager who said that this was an oversight by that staff member and was not normal practice and would not happen again. Since we carried out the inspection, the registered manager informed us that the deputy manager had carried out competency assessments and supervised the member of staff for one week during medicines administration. In addition, all staff who administer medicines would now receive competency assessments.

People lived in a safe, well-maintained environment. The communal areas and corridors were free from obstacles, which may cause harm to people and enabled them to move freely around the home. Handrails were placed throughout the home to support and aid people's mobility. Fire, electrical, and safety equipment was inspected on a regular basis. Well maintained records showed frequent monitoring and servicing of various systems and equipment. Contracts were in place with specialist service providers and maintenance companies. Arrangements were in place for the security of the home and people who lived there. Each person had a personal emergency evacuation plan that gave clear guidance about how to safely evacuate people in the case of an emergency. Regular fire drills took place at the service. The effects on people in the event of an emergency would be minimised as staff would know how to respond.

Good

Is the service effective?

Our findings

At our last inspection carried out in August 2015 we found the home did not ensure that people received the food and fluid they needed to maintain their health. At this inspection in September 2016 we found that improvements had been made.

People at risk of poor nutrition or hydration had their food and drinks monitored and recorded each day on an electronic hand held recording system. These records were easy to maintain and were up to date. The system alerted staff and the registered manager, if people had not had enough to drink or had refused meals or snacks. Staff told us that they thought the new electronic recording system helped them give effective care and prompted them to complete care tasks such as encouraging and supporting people with their hydration. This ensured that people's food and fluid intake was being constantly monitored to reduce the risk of dehydration and malnutrition. Where people were identified as being underweight or having difficulties swallowing referrals were made to the appropriate health professional such as Speech And Language Therapy (SALT) or a dietician. We saw some people were on high calorie meals and drinks due to concerns with their weight, and staff were aware of who ate well and who required prompting or assistance.

People were supported to have enough to eat and drink. All the people we spoke with told us they enjoyed the food and there was always plenty of choice. We noted throughout the day people had hot and cold drinks of their choice and there was always a selection of snacks and finger food available for people to help themselves to. Relatives confirmed that there was always food available and meals looked and smelled appetising. One relative said "[name] loves the food and there is always plenty of it. There is always snacks available for them".

Mealtimes were a calm relaxed time when people received the support they required to enjoy their meal. Staff were very attentive to people's needs and supported people when it was required without hurrying them or reducing their independence. For example, we observed staff assisting one person with their meal. Initially they were giving them full assistance but noticed that the person was indicating they wanted to do this for themselves. Staff gave them lots of encouragement and held the plate nearer to the person so they could reach the food themselves, despite it being an awkward position for the staff member to maintain. The staff member continuously gave them praise and encouragement. Equipment such as plate guards and beaker cups were provided for people to encourage them to be independent with their meals. We heard people being offered alternatives, should they not like what was offered on the menu. Where people required assistance with eating their meals, staff provided support in a patient and helpful manner. Staff took time to sit with people and gave them appropriate prompts and encouragement.

We spoke with the home's cook who told us the menus were carefully planned to ensure the meals were well balanced and nutritious. The menus were discussed with people and their relatives to ensure people were able to choose what they liked to eat. The cook told us they were planning to review the menus for seasonal choices and add more variety. Information was available in the kitchen about the textures needed for specific people's meals, allergies, people's preferences and food choices.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff told us they were supported by the registered manager to gain further qualifications and training. The registered manager told us that all staff had been offered National Vocational Training (NVQ) with the new appointment, one day a week, of an in house trainer to assist with staff's training needs. Staff told us, "I think the training is good. The last training we had was about dementia, it helped to confirm what I already knew, which was good". Another staff member was also enthusiastic about the training they had received, "We had dementia awareness and challenging behaviour training. It was really good, it helped me see what they are going through, made me aware".

Training records we looked at showed staff undertook training in topics and areas that were relevant to their work such as; safeguarding adults, caring for people living with dementia, managing challenging behaviour, nutrition and hydration and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were being supported to complete the Care Certificate. This certificate is an identified set of standards that care staff adhere to in their daily working life. This ensures staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager and deputy manager monitored training and arranged refresher training as and when required so that staff's knowledge and skills remained up to date.

New staff were required to complete an induction programme and shadow experienced members of staff before supporting people independently. A new member of staff told us they had undertaken induction training that included reading relevant work place policies and procedures and talking to people before shadowing a more experienced member of the team. They said "The first week or two you sit down and talk to the residents, getting to know them and what they do or do not like".

Staff were provided opportunities to talk about their practice and how this contributed to people's needs being met. Records showed they were supported to discuss their working practices, any issues or concerns they had and their learning and development needs through regular supervision meetings. They also had an annual appraisal of their work performance. Staff told us that they thought supervision was useful as it helped them improve their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and that DoLS applications were made where appropriate. We found the home was taking appropriate actions to protect people's rights. Staff were aware of people's right to refuse support and how they made or communicated decisions. Staff could tell us what they would do if people refused support. One said "I always give people choice, they do what they want to do. You can't make people do something they don't want to do. I would just try again later". Staff were clear about seeking people's consent for care and activities and we saw this happening throughout the day.

Some people living at Mount Pleasant were living with dementia. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been undertaken of their capacity to do so. If it was decided the person lacked capacity, decisions were made on the person's behalf in their

'best interests'. We saw that when decisions had been made in people's best interests they were carried out with the person's relatives, general practitioner and the registered manager to ensure that it was in the person's best interests and the least restrictive as possible. For example, one person had been falling out of bed at night when they rolled over. This was discussed with the person's family and a decision made in their best interests to have a soft mattress and alarm mat placed next to their bed at night to avoid injury.

We saw that DoLS applications to deprive people of their liberty had been made to the local authority with regard to people remaining at the home or leaving the home unescorted. At the time of the inspection decisions had not been made about these by the local authority due to a backlog in applications. The applications had been made correctly to ensure people's rights were protected.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals, for example opticians, GP's, district nurses and chiropodists. We saw that these appointments were recorded in the person's care plan with the outcomes. The registered manager told us they had a very good relationship with their GP and district nurse team and felt well supported. The home was supported by one GP practice who visited monthly or as and when they were needed. This ensured continuity of care for people and people were treated by a GP that knew them well and they recognised. People were, however, given the opportunity to choose their own GP's if they wished. Feedback we received from health and social care professionals showed they had a high regard for the staff at the home and felt they provided safe and effective care for people. During our inspection we spoke with the GP who was visiting that day. They told us that they were very happy with the standard of care their patients received at Mount Pleasant. Adding "All staff are responsive to my assessments and advice and inform me about any health concerns promptly. There is clear care planning and excellent communication between staff and outside professionals".

The home had been adapted to make it more suitable for people living with dementia to help them lead a fulfilling life. The home was decorated in a way which would be appropriate to the age of the people living at the home. Picture signage had been put up to help people locate areas they might need such as bathrooms and toilets. Different coloured handrails, doors and corridors were also in place to support people with identifying different parts of the home. We were told by the activities co-ordinator that they were working on a project with people in arts and crafts, where people could design and make their own room signs to help people locate their rooms. People were able and encouraged to personalise their own rooms with ornaments and pictures familiar to them, and some people had chosen to do so. This had helped the person to settle with familiar objects around them. There was a large communal area and dining room for people to spend quiet time or join in activities being provided. Both the lounge and the dining room had access to pleasant safe decked outside space to enjoy. And we saw people enjoying the garden during our visit.

Good

Is the service caring?

Our findings

Staff were caring and supportive towards the people who lived at the home. One person told us, "The staff are very nice". Another said "They are all very kind. All the staff go above and beyond here they really care". One relative we spoke with said, "The total care and the atmosphere is 100%". Another relative told us, "Amazing they really are superb". One relative said when talking about the staff "I have often watched them through the window and they are so caring with them " Another relative added, "They are the most amazing caring people and I am so in awe them".

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "I really like working here. It feels very much like a home, there is a family atmosphere. Everyone here really cares about the people". Another staff member told us "It's busy but definitely rewarding. Just to see that they are happy and they are taken care of".

Staff knew people very well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. The atmosphere in the home was calm and very friendly. Staff were caring and unhurried in responding to people's needs at all times. Relatives told us staff were always kind and responsive to the needs of their loved ones. They noted that during the regular visits they made to the home staff were always friendly and approachable and that their loved ones responded well to their caring attitude.

People told us they were treated with dignity and respect. One person said, "Staff treat me with dignity and my privacy is respected." Staff described how they treated people with dignity and respected their wishes. One staff member said, "I always cover people with a towel and close the doors and curtains to make it private." We observed people being treated respectfully and with Dignity. Doors remained closed to people's rooms when they were being supported with personal care and staff knocked and waited for a response before entering people's rooms. The home had two shared rooms, we saw that where people shared a room they were able to have privacy through the use of curtains which allowed them to have personal care in private. For people who remained in their rooms, staff observed them at regular intervals and recorded this interaction on the electronic care record.

People were encouraged to be as independent as possible and were able to move around the home as they chose. Where ever possible, people and their relatives, were supported to be involved in planning their care. People's care plans prompted staff to encourage people to do as much as they wished to and could for themselves and give them choices. We observed instances where staff encouraged people to undertake tasks and activities and only stepped in when people couldn't manage these. For example, at lunchtime one person needed staff's help to cut up their food so they could eat their meal independently.

People looked well cared for. People's skin and nails were clean, their hair was neat and tidy and they were dressed in fresh, clean clothes. One relative commented "They keep him clean and active". One health care professional commented on the home's feedback form, "Residents are always clean, well presented and

appropriately dressed".

People's friends and relatives were encouraged to regularly visit them at the home. We observed when visitors arrived at the home they were welcomed by staff. Staff were aware of the friends and family that were important to the people they supported and knew when visits would likely happen.

People's end of life wishes were sought and detailed in full in the person's care file. Staff were able to describe how they support someone on end of life care. All staff underwent training in supporting people and families at this time. The home was supported with end of life care by a local hospice and the community nurse team.

Good

Is the service responsive?

Our findings

People told us staff were available when they needed them and responded to their needs quickly. People, relatives and healthcare professionals were complimentary about the responsiveness of staff. Relative's said, "Staff are really good and keep me well informed about my relative" and "I am always told when [name] is unwell. They discuss it with me in a way that doesn't alarm me".

People had received an initial assessment of their care and support needs before they moved in to Mount Pleasant which ensured their needs could be met at the time of admission and in the future. Since they were last inspected, Mount Pleasant Care Home had introduced an electronic mobile care monitoring system. All care plans were held electronically and staff had individual hand held devices to record all aspects of care. This allowed staff to record care as it was given and alerted the registered manager and staff of any care needs that were required, such as a person requiring their position changing or how much food and fluid they had during that day.

People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance on how to support each person. There was personal information in people's care plans describing how the person wanted to spend their time, their likes and dislikes and other preferences. For example, one person enjoyed their jewellery and liked to wear it. This was put into their care plan so that staff, when supporting them with dressing, would know this was important for them. Another care plan told staff that a person liked to wear two piece pyjamas rather than a nightdress. This meant that people received care that was individualised, person centred and based on how they wanted to be treated and looked after.

Care plan's also included information about what people could do for themselves and the choices they could make. This included how they wanted to spend their time or if they had preferences about how to receive their care, such as, their preferred wake up time and daily routines. Care plans were updated when people's needs changed and we noted that plans included guidance for staff on the level of support each person required. Staff knew people well, who they were and how they liked to be cared for. For example, staff were able to tell us what time each person preferred to get up in the morning and what time they went to bed. They could tell us about people's dietary preferences and what they liked to drink. Staff told us they knew how to look after people because they had consulted their care plans.

Records showed care plans were reviewed regularly including, for example, reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives were involved in reviews according to each person's wishes or best interests decision.

People were supported to follow their interests and take part in activities they enjoyed. Activities at Mount Pleasant were approached from an individual perspective and were tailored to people's hobbies and interests. The home had recently employed an activities co-ordinator who was extremely enthusiastic about their role and how it could be developed. They told us that they tried to engage people in whatever was

meaningful to them and tailored the activities and one to one sessions to what people wanted to do. We saw that each person had an activity record that detailed what the person liked to do and the activities they had taken part in and enjoyed. For example, one person's record said that they had enjoyed a walk in the park and feeding the ducks. Another person's record said they liked to look at books with old photographs. We saw staff sitting with them looking at these books at various times during the inspection. As well as individual activities people were also encouraged to take part in arranged activities in larger groups. Sessions included bingo, ball games, cooking and arts and craft projects. We were told about one project that some people were enjoying that involved people making and decorating their own bedroom signs to aid recognition of their rooms. Another project the activities co-ordinator was planning was to involve people, who were able, in making sensory blankets for people to use with more advanced dementia. Sensory blankets may help alleviate stress and discomfort in people living with Alzheimer's and dementia. All around the home, people's arts and crafts were proudly displayed. The home also arranged for regular entertainers to come into the home and perform these included singers and musicians. Relatives told us how involved their loved ones were and what they enjoyed doing. Comments included "They make sure they are stimulated" , " They engage them with activity" and "They really are hands on and love what they are doing". One relative said that their loved one had "Just thrived" since coming to live at Mount Pleasant.

For people who preferred to remain in bed for their care or could not go into the communal rooms due to their health conditions, the activities coordinator told us they would visit them in their rooms. They told us how they encourage them to participate in activities they chose, such as reading with them and sharing photographs and memories. One relative told us the home made sure that a visiting singer went into their relatives bedroom to sing songs to them as they could not go into the communal lounge to hear them sing.

People living at the home and their relatives were able to express their views about the home on an on-going basis by having conversations with the staff, the deputy manager and the registered manager and completing satisfaction questionnaires. Resident's meetings were also held on a frequent basis.

People and their relatives told us they knew how to make a complaint and that they had every confidence that it would be addressed to their satisfaction. The complaints policy was displayed in the home and in the statement of purpose brochure that each resident and their families had received. We were told by the registered manager they had an open door policy and everyone was encouraged to discuss any issues or complaints as they occurred. The home had not had a formal complaint since the last inspection. We saw any concerns or suggestions received from people, were investigated and actions from these were implemented. Records showed any concerns or complaints had been addressed in full. For example, some people were unhappy that the music played in the lounge had not been to their taste and people wanted more up to date music. The registered manager responded immediately by speaking to the people at the residents meeting and asked them what they would prefer to listen to, they then changed the music to suit and asked visiting musicians and singers to play music people requested and preferred.

Good

Is the service well-led?

Our findings

Relatives felt the home was very well led and spoke highly of the registered manager, deputy manager and all the staff at the home. One relative when describing the registered manager said "[name's] a caring person". Other comments include "It's all down to the manager, she's a very caring woman" , "the management seem to be quite efficient here" and "I can honestly say that this place is outstanding". External health and social care professionals said the service was very well led and they received a good response from all staff who knew people very well. A visiting GP told us the home had "A very organised and clear management structure". Another healthcare professional said in their feedback "This is a really great care home that the management and staff should be proud to be part of".

The registered manager was committed to a culture of openness and candour within the home. The registered manager encouraged people, relatives and staff to talk to them with any concerns or issues they had. They said they operated an 'open door' policy so anyone could pop in and speak to the management team when they needed to. The home's vision and values were treat everyone with dignity and respect whilst committing to provide a quality service for people by caring, competent and well trained staff. We saw that these values were demonstrated by each and every member of staff throughout the inspection.

All of the staff told us that they felt supported and valued by the registered manager and deputy manager. We observed them regularly walking around the home talking to the people who lived in the home and visiting relatives. It was clear from conversations with them that they knew the people well. They also engaged with staff in a professional way, providing them with reassurance and guidance where necessary. Staff worked well as a team and each understood their own role to enable them to contribute to the care that people received. This was confirmed by some of the relatives we spoke with.

Staff told us morale was good and that they were happy in their roles. One staff member said "It's one of the best homes I've worked in. People are treated better". Another staff member told us that the team worked well together and colleagues were supportive and helpful to one another. One relative said, "I just feel extremely lucky. The staff are fantastic". All staff commented they were happy with the management.

Staff had the opportunity to discuss new ideas and receive information from the management team through regular meetings. Staff were also encouraged to complete staff surveys. The registered manager told us they use that staff survey to gain feedback and measure staff engagement, morale and performance. Following a staff survey in March 2016, staff highlighted that they would like to get more out of supervision and as a result, the management team were working on improving staff supervision.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team. It was clear that they worked very hard to improve care planning processes. And by doing so, ensured that people received care that was totally person centred and tailored to each person's individual needs, wishes and choices.

With the introduction of the electronic care planning system, the registered manager was able to ensure that every aspect of people's care was assessed, reviewed and evaluated on a daily basis. There were systems in place to review the quality of service in the home. Monthly audits were carried out to monitor areas such as care plans, accidents and incidents, and medication. The registered manager also conducted health and safety reviews of the home including for example, workplace safety, health and safety, electrical equipment, infection control and safety in food preparation.

Records relating to aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered manager had put in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices.

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, attending monthly care homes forums, using the intranet and subscribing to Care Times monthly and Alzheimer Society publications. They also ensured that people were encouraged to maintain community links. They had recently arranged for the local primary school choir to come into the home and had arranged for people's spiritual needs to be met by the clergy.

People and their relatives were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in March 2016 and showed people were very happy with the care delivery at the home. A survey of health care professional's views of the home was carried out in March 2016 and responses all gave very good feedback about the response they received from staff on visiting and the care people received.

The home had received many compliments. Comments include "[name] was lucky to end their days with you and we appreciate everything you did", "You loved and cared for [name] on our behalf", The staff are very good and make you feel welcome" and "I have witnessed all staff doing their best in demanding circumstances. Staff are very patient with residents and manage challenging behaviours well".