

# Mount Pleasant House Care Home Service

2 Ashtree Court Old Kilpatrick Clydebank West Dunbartonshire G60 5JD

Telephone: 01389 875 301

# Type of inspection:

Unannounced

# Completed on:

4 February 2019

# Service provided by:

West Dunbartonshire Council

### Service no:

CS2003001424

# Service provider number:

SP2003003383



# About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at <a href="https://www.careinspectorate.com">www.careinspectorate.com</a>

The service was registered with the Care Commission since 1 April 2002 and transferred their registration to the Care Inspectorate on 1 April 2011.

Mount Pleasant House is a residential care home registered for 34 older people who have dementia and/or physical disabilities. The provider is West Dunbartonshire Council. At the time of the inspection there were 18 residents and two people on a respite stay. One unit within the home remains empty. The provider had previously reduced the number of beds in use from 34 to 24 in preparation for a move to new modern premises scheduled to be ready April 2020. However, due to the unexpected earlier closure of another nearby council owned residential care home an additional ten residents will shortly move to Mount Pleasant House.

The home is located in a residential area of Old Kilpatrick, in West Dunbartonshire near local amenities including shops, bus routes and railway station.

The home is a purpose built property with accommodation over two floors, divided into three units. Eleven of the single rooms have en-suite facilities, including a shower. There are lounge and dining rooms and adapted bathrooms on both levels. The home has a garden that is easily accessible. There is limited nearby parking.

A stated aim of the service is:

'To provide a warm and friendly environment for residents where each may experience dignity, choice and independence in all aspects of their daily life while retaining their rights as individuals'.

# How we inspected the service

We visited the service over two days 22 January 2019 from 6.45am to 4pm, and 23 January from 9am to 3.45pm. Feedback was given on 4 February 2019 between the hours of 2.30pm and 3.30pm. We undertook a SOFI at this inspection. This was a follow up inspection to the inspection of July 2018.

# Taking the views of people using the service into account

We met five residents during our visit. People mostly seemed content. In particular, those who had taken part in the Vitality class told us how much they enjoyed it but they were always tired out afterwards.

# Taking carers' views into account

We met four relatives during our visit. Mostly feedback was very positive and where there had been issues management were involved seeking to resolve.

One person told us:

'I come in at all different times and staff always welcome me and give me updates on her care. I popped in today when they were in their Vitality class and it was clear everyone was having such fun I didn't like to interrupt'.

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'Staff are fantastic'.

'Staff go that extra mile'.

'There was a problem with one member of staff but it is being dealt with'.

'Staff are great they know her really well and can't do enough'.

'She now thinks of this as her home'.

# What the service has done to meet any requirements we made at or since the last inspection

# Previous requirements

#### Requirement 1

The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident.

This is in order to comply with: SSI 2011/210 regulation 4 (1) A provider must - (a) make proper provision for the health, welfare and safety of service users.

Timescale: 21 May 2018.

This requirement was made on 11 July 2018.

#### Action taken on previous requirement

Examination of care plan documentation found sufficient progress had been made for this requirement to be met.

Met - within timescales

# What the service has done to meet any areas for improvement we made at or since the last inspection

# Areas for improvement

#### Previous area for improvement 1

Where it is recognised that a resident is in need of dietary support, the care plan should include strategies and practice guidance for staff. Systems such as food and fluid intake charts should be in place to enable monitoring and evaluating how the plan is working.

Health and Social Care Standards - My support, my life - Standard 1 - I experience high quality care and support that is right for me - 1.13 - I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 11 July 2018.

#### Action taken since then

Food and fluid intake charts are not always being used properly and we are repeating this Recommendation 1.

#### Previous area for improvement 2

The service should ensure that regular audits are carried out on all key aspects of service delivery and that action plans are devised to address any identified areas for improvement.

Health and Social Care Standards - My support, my life - Standard 4 - I have confidence in the organisation providing my care and support - 4.19 - I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 11 July 2018.

#### Action taken since then

While some aspects of the service's quality assurance systems had improved some areas required further improvement and we are repeating this Recommendation 2.

# Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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