Suffolk Mind

# Montrose House

## Inspection report

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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 |

## Overall summary

Montrose House provides accommodation and personal care for up to 10 people, aged 50 and above, living with long term mental health conditions such as Schizophrenia and Bipolar disorder.

There were 10 people living in the service when we inspected over two days, arriving unannounced on 12 August 2015, and announced on the 14 August 2015.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

There were procedures and processes in place to manage risks to people using the service, including safeguarding matters and behaviours that impacted on the welfare of others. Staff understood the various types of abuse and knew who to report any concerns to.

# Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service.

People, and where appropriate their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information to support their mental health needs and their ability to make decisions.

People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff knew people well and had developed good relations with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

A complaints procedure was in place. People's concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

The service ensured people's safety, including safe staffing numbers to meet their needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

**Is the service effective?**
The service was effective.

Staff were trained to identify and meet people's care and support needs. Staff upheld people's rights and understood the legal requirements in relation of The mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

**Is the service caring?**
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People had been consulted regarding their care and support needs. People's independence and autonomy and choices about how they lived their daily lives had been promoted and respected by staff.

Good

**Is the service responsive?**
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social and leisure needs were being met. People were supported to maintain links with the community and access to people who were important to them.

People's care was assessed and reviewed. Changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

**Is the service well-led?**
The service was well-led.

Good

# Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Staff said the working atmosphere was good.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

# Montrose House

**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 is 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 inspection carried out by one Inspector and took place over two days, 12 August (unannounced), and 14 August 2015 (announced).

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and two people's relatives. We also observed the care and support provided to people during lunch and evening meals and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, and four care staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

# Is the service safe?

## Our findings

People's relatives provided examples of how staff worked individually with people trying to get the right balance of ensuring the person's safety without taking away their independence and rights. One relative told us, "I know [person] is in safe hands." Feedback given in the service's quality assurance survey from a relative included, "We feel so lucky that [person] has excellent care and is so happy and safe."

Responses given from seven people in the provider's quality assurance survey which asked, 'Do you feel safe here? [Montrose House]' showed that the majority people did feel safe. Where people had said they were, 'Not sure,' the reason had been explored and was linked to their mental health condition, or about the behaviour of others. For example one response was, "Residents make noise although apart from that I feel safe and I like it here." The service's action plan following the survey reminded staff to be aware of how noise levels within the service affected people's wellbeing and ways to try and ensure a calm and quite environment.

People's records provided guidance to staff on managing people's behaviours which could impact on others living in the service. Staff had a good insight into people's individual behaviours. They told us how they monitored people's verbal and non-verbal body language for early signs that a person could be experiencing negative mental health. Their awareness of people's preferred routines also supported staff in identifying any deviation in behaviours, which could also be another indicator. They provided examples of action they had taken to support individuals as a result of picking up these 'early warning signs'. By taking action to reduce the risk of a person's behaviour escalating, which could put the person and others at risk.

Records of meetings held with the people using the service showed in July 2015 safeguarding of vulnerable adults (SOVA) was a topic of discussion. People said that they had no concerns, but if they did they would report them to any member of staff, or another person who they trusted.

Staff had received training in safeguarding adults from abuse which was regularly updated. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise indicators of abuse and how to report concerns. Records showed that the outcome of a safeguarding investigation was discussed during a staff meeting in June 2015. Staff present had also confirmed that they knew what action to take if they were concerned about a person's welfare.

Safeguarding referrals to the local adult protection team had been made by the registered manager after errors in the administration and storage of medicines had put people at risk. The registered manager told us how they had used the information to reduce the risk of the incidents happening again by making improvements in the management of medicines. This included further staff training to ensure that they were competent to support people in a safe manner. A staff member told us that it also included observation of their practice and the registered manager individually going through medicine policies and procedures to check that they fully understood what was expected of them.

A relative told us they felt medication was being given as prescribed and told us, "Never been any problems there." We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Staff worked flexibly to support people's individual requests. For example, one person who had been out for the morning, on returning, requested their lunch time medicines as they were going straight out again, which staff accommodated. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

Staff supported people to keep safe whilst also promoting their independence. People's care records included risk assessments which provided guidance on how the risks in their daily living, including accessing the community facilities independently were minimised. The registered manager described how they tried to get the right balance of managing risk to people, and supporting people's freedom and choice. For example, staff told us that they were aware of people's routines and places they liked to visit in the local area independently. If there was any deviation to this, such as a person not returning at their normal time, they would contact the places they were known to visit so they could check they were okay. People also carried the service's contact details so staff could be contacted in an emergency.

Good

# Is the service safe?

People's risk assessments were reviewed and updated when their needs had changed and risks had increased. Where people were at risk of falling or developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced. This included using pressure relieving aids to ensure the person's comfort and reduce the risk of their skin becoming sore and breaking down.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoist and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. People and staff participated in drills so they knew what to do if a fire occurred.

The service's 'Business Continuity Plan' provided staff with clear guidelines on what action to take to ensure people's safety in the event of a fire or loss of water, electricity, gas. Where, to ensure people's safety, staff were required to evacuate people from Montrose House, a local sheltered housing complex had been designated as a place of safety.

People told us that there was enough staff available to meet their needs. We observed people's call bells and verbal requests for support were acted on quickly. A relative remarked that, "Staff could be stretched at times when someone has gone off sick," but didn't feel that it impacted on people's care or safety.

Staff felt there were enough of them to meet people's needs. One told us there was, "A nice balance," between supporting people with their personal care needs, as well as supporting people with their social needs which was, "Just as important."

Records showed that staffing levels varied from two to five staff during the day to support the routines of the people living in the service. This included during weekdays having an extra member of staff on in the morning to support people to attend appointments. The registered manager told us that they had the autonomy to increase staffing levels if needed. In having this flexibility it enabled them to provide one to one support for people going through a period of mental or physical frailty. This ensured where a person required more staff time, it did not impact on the time and support made available to others.

Records showed that checks were made on new staff before they were allowed to work alone in the service. Which staff confirmed. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Good

# Is the service effective?

## Our findings

People told us that the staff had the skills to meet their needs. A relative spoke about a person's, "Complex needs," and described how staff's skill and knowledge in supporting them, had a positive impact on the person's mental health.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. They spoke positively about the induction process which prepared them to carry out their role. It included completing four to five shifts, "Shadowing," a competent member of staff. A staff member told us that the induction process, "Was very flexible, [registered manager] told me if I needed any more time, it could be extended." They told us that the time spent shadowing had enabled them to get to know people's individual routines, preferences and gain the trust of the people they would be supporting. When they had completed their shadow shifts, the registered manager had checked to ensure they felt confidant to carry out their role.

The registered manger told us, due to the complex needs of the people they supported, when recruiting staff they looked for, "A minimum of 12 months experience," working in care. Although having a knowledge of mental health was seen as beneficial, they said it was more important that potential candidates had experience of providing good, "Person centred," care.

Staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. The registered manager said that the provider, "Had signed up to the new Care Certificate." That staff were going to carry out a self-assessment of their training needs to support them in identifying any further training needs to support their on-going development and career progression.

Staff told us that they felt supported in their role and had regular supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. This included identifying specialist training to support them in gaining further insight into the experiences of people living with mental health conditions.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations, for example before they provided any support or care, including assistance with their meal and with their personal care needs.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the support provided as identified in their care plans. This included what actions people had consented to, as part of their mental health support programme to ensure their safety and wellbeing.

The registered manager and senior staff had attended training and understood the legal requirements in relation of The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Further training was being arranged for all staff. None of the people's freedom was being restricted; therefore no DoLS applications had been made. To keep the training fresh in staff's minds the registered manager said they were going to use scenarios linked to the needs of the people they looked after, to help 'embed' the training.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us they could chose what they wanted to eat and could ask for any additional items to be added to the service's food order. We saw this happening during the inspection, when a person said they had tried a biscuit a visitor had brought in which they had enjoyed, and asked for them to be added to the order. The registered manager said they would, and also informed the person that the previous item they had requested was being delivered. One person told us, they liked that they were able to independently buy food from the local shop and prepare it themselves. This showed the flexibility in the support they were provided with also promoted their independence and choice.

We saw the majority of people choose to eat their meals in the dining room. The layout of the kitchen / dining room supported people to be involved and promote independence. We saw people choosing what they wanted, and assisting in the preparation of meals, including making the Yorkshire puddings to accompany the evening meal.

Good

# Is the service effective?

People served themselves, taking as much as they wanted. One person told us that, “Roast chicken,” was their favourite. Where people needed assistance with their meals this was done by staff in a caring manner. People could help themselves to drinks and snacks when they wanted them.

Where staff identified that a person’s physical health had started to impact on their appetite and ability to eat independently, we saw staff gently encourage and support the person to eat. Trying different foods and textures assisted staff to see which foods the person preferred / found easier to eat, so they could offer more of the same type. To ensure continuity in supporting the person in monitoring their dietary intake, their needs were discussed during the staff handover and recorded in their care records. This included requesting an assessment of the person’s swallowing needs from health professionals. Where the initial request had been turned down, staff were advocating on the person’s behalf to support equality in accessing medical services.

People told us about the different health and social care professionals that supported them with their individual physical and mental health needs. Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. This included psychiatrist, GP and mental health care co-ordinators.

The recent introduction of hospital passports supported healthcare professionals to have an insight into people’s needs, choices and preferences, when moving between health providers. The registered manager provided us with an example of jointly working with their local hospital‘s learning disability, “Link nurse,” whose role was to support co-ordinated care, between the two care providers. This had included attending people’s out patient’s appointment.

Good

# Is the service caring?

## Our findings

People told us that the staff were caring and treated them with respect. One relative described all the staff as being, "Kind," and, "Very helpful." Another told us staff, "Give above and beyond," what is expected of them. They had been informed by the person, that they never wanted to move again, "I want to stay here until I die," because they felt so settled.

Staff told us that they enjoyed their work and one staff member said, "I really love doing this sort of work." Another told us, "People who work here, want to work here, you can tell by the relationship they have with people."

We sat in on two staff handovers and heard staff talking about people in a caring and compassionate manner. Discussions included what they had done to support people's wellbeing. For example, one staff member, aware that a person was having problems using a drink container, without being asked, had brought another type for them to try.

During the inspection we saw several examples of staff being compassionate and kind. For example, when a person walking to their chair became unsteady, staff quickly offered support, assisted them to a chair, and looked concerned over the person's welfare. A member of staff sat with them, holding their hand. The person smiled back at the member of staff providing the reassurance. Staff took time gently speaking to the person, to support them in identifying how they were feeling, and what the staff member could do to support them.

As part of their induction, staff told us they were given plenty of time to read through everyone's care plans. This supported them in getting to know about people's personal histories, especially how their mental health had impacted on their lives and behaviours.

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

Throughout our inspection we saw staff provided people with information and explanations they needed at the time they needed. It showed that it was the normal culture of the service to empower people, by involving them in any decisions which affected them. We saw it supported people to make informed decisions about their care and treatment. One person's relative told us how this was normal practice.

The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon. For example people were informed during the August 2015 meeting people were asked to think about the, "Colour schemes and stencilling ideas," they wanted for the lounge staff were decorating. The registered manager pointed out different furnishings and colour systems that had previously been chosen by people.

A staff member told us how people had been involved in their recruitment process. The registered manager told us that potential applicants were invited to meet people who wanted to be involved in selecting new staff, to join in with an activity. This supported people to get to know the potential staff member and feedback their views if they felt they were suitable or not. One person's feedback in the provider's quality assurance survey, spoke of their involvement in recruiting new staff, "Show staff around, make a hot drink and get to know them." A member of staff said a person often joked that they had got the person the job, as they had put in a good word for them. This was later confirmed by the person themselves, who felt that they had made a good choice.

Minutes of the August 2015 'residents meeting' showed as part of equality and diversity discussions people were reminded that, "It means everyone being treated with an equal level of respect." People attending had not raised this as a concern. People told us that they felt that their choices, independence, privacy and dignity was promoted and respected.

We saw that staff respected people's privacy and dignity. For example, we saw staff knocked on a person's bedroom door, and did not enter until the person invited them in. Bedroom doors were closed when people were being assisted with their personal care needs.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as providing information and assistance to enable a person to book their own public transport.

Good

# Is the service responsive?

## Our findings

People told us that they received consistently good personalised care, which was responsive to their needs and that their views were listened to and acted on. One person told us, "I like it here," because they were supported to live the way they wanted.

People's care and support plans were completed with the involvement of the person and their support network, including relatives, social and mental health professionals. They were tailored to the individual and the level of support they wanted from staff. It provided information on people's life history, hobbies and interests. Information was kept updated through reviews and regular one to one discussions with their key worker about their health and welfare. Records showed what had been discussed, and where the person / staff had identified any adjustments needed. Where changes had been identified, action had been taken to ensure that the information provided in the person's care records reflected their current needs and preferences.

The registered manager spoke about the importance of striking the right balance of involving people's family and advocates in developing a person's care and support plan, whilst ensuring the views of the person were heard and acted on. Where at times, it had led to family member's expectations not being met, a relative said that staff had fully discussed the reasons why, and respected the fact that staff were supporting the person's choices and preferences.

Where applicable, people's relatives told us that they were kept updated on important matters affecting their relative's welfare. One relative told us that staff were, "Good," at keeping them updated, and provided us with examples where this had happened.

People told us that they could have visitors when they wanted them; this was confirmed by people's relatives. People were being supported to build new friendships through a befriending service. During the inspection people were seen going out independently, or with the support of a member of staff, shopping, attending day service or social club. One person, who booked a taxi to visit a social club, told us they enjoyed attending the weekly event. Staff were proactive in supporting people to maintain relationships with people that were important to them, such as family members and community links.

Activities and social events were arranged for people to participate in the service if they wished, that enhanced their well being. This included 'pamper sessions', which one person told us included having their nails varnished and hair styled. Another person commented how they enjoyed the bingo sessions, and during tea, three people told us about the, "You-tube," afternoon, which staff explained involved connecting the television screen up to the internet and people shouted out topics that they wanted to view. This included two favourites of watching old musicals and clips of animals in funny situations which one person said they especially enjoyed.

People told us that they knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. Minutes from the July 2015 people's meeting showed that those present, all knew how to make a complaint, "Talk to the boss," or any of the staff.

There was a complaints procedure in place which was displayed in the service, and leaflets were available for people to keep. We saw it informed people that they had a right to make 'a complaint about anything' which they found unsatisfactory, unjust, offensive or discriminatory. The leaflet included information on how to complain and how their complaint will be dealt with, "To reach a satisfactory outcome for all."

Records showed that no formal complaints had been received; however discussions with people using the service, their relatives and staff showed this was because concerns were dealt with at the time. A relative said if they had any problems," I will go and check," it out with the registered manager first. They felt that the system seemed to be, "Working quite well." They told us about a concern they had raised, and action taken to resolve the situation. It gave them confidence, that if they had any further concerns, that it would be dealt with in the same professional manner.

The registered manager said that they would start keeping a record of the concerns raised and dealt with at the time. This would also support the service in monitoring any emerging themes and take any required action.

Meetings were also used as a forum to remind people about the complaints policy and for people to raise any complaints. Where the complaints raised by people were

Good

# Is the service responsive?

about other people living in the service, staff had responded by saying what actions they were taking to support the rights of those involved, whilst dealing with the concerns raised.

Good

# Is the service well-led?

## Our findings

One person told us, "I like living here." There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. One person told us, "It's very well run." People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. One relative described the registered manager as, "Very good, very understanding, gains trust," through good communication. They provided us with examples of where they had taken time to support the relative and, "Put my mind at rest."

Staff told us that the staff morale was very good and that staff worked well as a team. One staff member told us, "It doesn't feel clicky here, [staff] are very supportive of each other," which they felt contributed to the positive atmosphere and morale.

Staff told us that the registered manager was approachable, supportive and listened to what they said. One told us, "I really, really like her [registered manager], has such a calm aura," when working with people and staff. "Firm but not in an overbearing way… will stop whatever she is doing, will take whatever time is needed to explain a situation until you feel confident," to deal with it. Another member of staff remarked that the registered manager, "Is one of the best and most approachable managers I have known," and that they, "Never have any problem," asking for help, and that they would, "Act on any information given," to ensure people were receiving quality care.

Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where they were kept updated with any changes in the service and people and were advised on how they should be working to improve the service when shortfalls had been identified. For example, spot checking and cleaning of communal toilets to ensure they were maintained in a hygienic state. The meetings also provided a forum for staff to raise ideas and suggestions to drive on-going improvements.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines and falls. Where shortfalls were identified actions were taken to address them and reduce the risk of them re-occurring. For example, the checks identified that not all staff were completing people's medicines records to confirm that they had been given; further controls had been put in place, which included calling staff back to work to complete them. This was confirmed by a member of staff who was, "Double checking," to ensure they had completed the paperwork correctly before they finished their shift, as they didn't want to be called back.

People were involved in developing the service and were provided with the opportunity to share their views in meetings which were attended by people using the service. The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions. Action plans were in place following these meetings and people were updated to the completion of the actions at the next meeting. This included action taken by staff to act on people's suggestions for future outings and social events.

Regular satisfaction questionnaires were provided to people and their representatives to complete and the service were in the process of sending out 2015 surveys. We looked at the summary of the last questionnaires received from June 2014. These identified the outcomes of the questionnaires and action plan of how the service planned to address the comments of concern received. For example, where the survey feedback identified that, "No relatives knew how to access a copy of the inspection report," this had been addressed. The provider had written to the relatives, informing them on how to access the Care Quality Commission's website (CQC), and that printed copies would be, "Offered to relatives after future inspections." It showed how the service acted on the feedback they were given to drive on-going improvement.