Spring Mount Specialist Care Home Limited

Spring Mount

Inspection report

4 Parsons Road
Heaton
Bradford
West Yorkshire
BD9 4DW

Tel: 01274541239
Website: www.springmount.org

Date of inspection visit:
21 September 2016

Date of publication:
03 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 21 September 2016. The service was last inspected in August 2014 and was meeting the regulations in force at that time.

Spring Mount provides accommodation and personal care for 25 people who have a dementia related condition. Spring Mount supports people of working and retirement ages. 25 people were living there at time of inspection.

The service had a registered manager. 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.

People were supported to have freedom of movement about the service and grounds, but staff had assessed any risk to their safety and wellbeing. Staff knew how to keep people safe and were aware of vulnerabilities people using the service may have had due to their dementia related condition or other individual needs. Any risks identified had clear plans drafted to ensure staff knew how to keep people safe, these plans afforded people as much freedom as possible and staff avoided unnecessary restrictions.

Any concerns or issues that arose were reviewed by the registered manager who took clear action to reduce future risk or adapted how the service was delivered to each individual to ensure that people were safe. Staff had been trained to support people with a dementia and felt able to raise any concerns and felt they would be acted upon. Relatives told us the service was a safe place and that staff supported people as distinct individuals, wrapping care around their needs. There was staffing deployed over the day and night to ensure that people's needs were met in a timely fashion. Staff told us they felt they had the time, training, skills and knowledge to support people with a dementia related condition well.

The service was proactive in reviewing the use of sedative and anti-psychotic medicines to ensure they were effective, did not further disable people and were used only when required to support people's wellbeing. Relatives told us this reduction in medicines had a positive impact on people and that the service adapted how it was delivered to meet people's individual behavioural needs rather than using "the chemical cosh" as relatives described it to us.

The staff team had been trained to meet the needs of people living with a dementia related condition and they were supervised and appraised regularly to ensure their skills were current and they shared good practice. Staff supported people who lacked capacity to be as involved in their care as much as possible. Staff had the skills and knowledge to communicate with each person as an individual, staff learnt new skills such as sign language when this was needed. Where necessary the service sought family and external professional advice and support when making decisions about peoples care. People's rights and choices were respected and staff always sought the least restrictive intervention when making decisions. People

were encouraged to live as they wished with as much freedom and choice as possible.

People were supported to eat a healthy and nutritious diet. Staff supported people to eat well and they were able to evidence where interventions around weight loss had led to improved health outcomes for people. We saw that staff had developed personalised menus to suit people's needs for finger food, or support was in place where required. Staff support at mealtimes was discreet and sought to support people's dignity, whilst ensuring they ate and drank enough to maintain their wellbeing.

Relative's feedback, our observations and discussion with staff showed us that the staff team truly cared for people using the service as distinct individuals. Staff knew people very well and there was consistent evidence from all the relatives we spoke with that they also felt the service supported them to maintain their familial relationships. Staff had the skills and practical knowledge to communicate with people using the service, and staff learnt new skills, or tried new way to communicate as required to meet individual's communication needs. Relative's felt informed and updated on their family members lives at Spring Mount and felt able to raise any queries and that they would be responded to positively and quickly. Relatives told us they felt the staff team were caring and compassionate in their work.

Care records described how best to support each person and staff notes were used to check on people's wellbeing and make changes to any future care interventions. The staff and registered manager regularly changed how care was delivered as people's needs changed, and in response to planned changes in care. Reviews of care involved people and relatives as much as possible and always sought the least restrictive option when making decisions in people's best interests.

The service had a number of communal areas where people could access music, television or quiet relaxation. We saw that staff encouraged people to take part in any activity in the service, or spent time with them one to one throughout the day. The service had secure, accessible grounds which people could enjoy safely. We saw this had a positive impact on people's emotional and physical wellbeing. We did not observe any negative interactions between staff and people.

Relatives and external professionals told us the registered manager and owners were hands on in the service and were approachable, knowledgeable and empathic about the needs of people using the service. We saw they led by example and reflected the philosophy of the service in their actions and approach to people. The service had productive relationships with local and national external professionals, and accessed good practice via these relationships and through questioning their own practice. The service had a culture of continuous improvement, learning and change, recognising new ways of working and used practical changes or innovation to keep people safe.

The registered manager and senior staff undertook regular checks and audits of the service and its quality, seeking feedback at all times. If these led to any areas for improvement, action was taken quickly to improve the quality of the service offered to people. The service sought feedback and input from people, relatives and external professionals. The service used this to constantly adjust how the service was delivered to ensure that care was bespoke to the person.

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.

Staff knew how to support people's choices, and keep them safe and ensure their wellbeing. People had freedom of movement about the service and were supported to do so.

Staffing levels meant people were supported people in a timely fashion and staff were recruited who were suitable to work with vulnerable people.

The service worked to reduce the use of sedative medicines and developed staff interventions to support people's behavioural needs.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge, experience and support in place to meet the needs of people with a dementia related condition.

People had clear plans on how best to communicate with them and people they were supported to be as involved in decisions about their care as possible. Where decisions had to be made about how best to support a person, the service considered the least restrictive option.

People were supported to eat and drink for their wellbeing, the service adjusted menus and how support was delivered to ensure people maintained good nutrition.

Is the service caring?

Outstanding

The service was very caring.

People's diverse needs were reflected in how their care was planned and delivered. People were seen as distinct and valued individuals. Staff were knowledgeable of peoples backgrounds and lifestyles.

We observed positive staff interactions at all times and relatives

told us they felt the service cared for their family members in a bespoke, personalised and compassionate way. Family members felt cared for by the staff and the registered manager to maintain contact with their relative with a dementia.

People's independence was encouraged and supported, people were able to live as they wished and support was tailored around them. People were afforded as much freedom as possible to move about the building and grounds.

Is the service responsive?

Good

The service was responsive.

Care plans detailed in plain English how best to support each person using the service. These were subject to regular review and adjustment as people's needs changed over time.

The service supported people to continue and enjoy activities they chose and supported people to ensure they did not become isolated and withdrawn as a result of their dementia related condition.

People were supported as individuals, any questions or concerns were responded to quickly by the registered manager.

Is the service well-led?

Good

The service was well led.

The registered manager and owners had a clear philosophy of how dementia care should be delivered and this was in line with best practice and person centred care. This was consistent across how the service responded to issues, and how the service acted to ensure that best practice was used at all times. Staff were consistent in how they delivered care to support the services philosophy.

The service had links with numerous external professionals where they could share best practice and the service questioned itself about how best to support people.

Spring Mount

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 took place on 21 September 2016 and was unannounced. We visited the service on 21 September 2016 and spoke to relatives and professionals via phone on 24 October 2016.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed information we held about the service such as notifications we received from them. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for any feedback. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five staff including the registered manager, as well as two people who used the service and six relatives or visitors. We also spoke with three external professionals who had regular contact with the service.

Four people's care records were reviewed as were the staff training records. Other records reviewed included: policies and procedures and accidents/ incidents. We also reviewed complaints records, three staff recruitment/induction/supervision and training files, and staff meeting minutes. During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

The internal and external communal areas were viewed as were the kitchen, lounges and dining areas, bathrooms and, when invited, some people's bedrooms. We undertook general observations of people and

staff interactions in communal areas and during a mealtime.

Good

Is the service safe?

Our findings

Due to peoples dementia related conditions we were not always able to communicate with them but we observed support throughout the day and spoke with peoples relatives who had regular contact with the service. Relatives all told us they felt the service was a safe environment and supported people the way they would like to be supported. One relative told us, "I have had my first holiday in years knowing [name] was in safe hands. [Name] was always escaping from the first home they were in, but that's all stopped now, they have freedom but the staff constantly keep an eye open for where they are." Another relative said, "[Name] is the safest they have been, I used to always worry 'where are they' and 'what's happened to them today' but at Spring Mount the staff keep [name] safe, clean and warm." External professionals we spoke with told us that the service accepted people's risk taking behaviours and worked with them to keep them safe, rather than creating barriers and conflict. One told us, "Staff here accept they are still adults and not objects to be wrapped in cotton wool. They know what behaviour maybe a risk, then work with them to reduce it."

Staff we spoke with told us they had attended training on safeguarding adults, and we saw this confirmed in records the service training lead held. This training included how to make a referral into the local authority reporting process as well as alerting the CQC. Staff we spoke with were able to tell us what particular vulnerabilities and risks people with dementia related conditions maybe more susceptible to, such as self-neglect. We saw that where alerts had been raised about the service these had been investigated and the response had been robust with any learning taken on board. For example where two people had a confrontation, staff put in additional monitoring and referred to external healthcare professionals for medical checks and advice. Staff we spoke with told us keeping people safe was paramount in their thinking at all times.

The service had a clear philosophy of supporting people to live their life in the way they chose, respecting previous lifestyles and the changes in a person due to their dementia related condition. For example people were supported to maintain family contact, to smoke safely if they chose to do so, as well as have freedom of movement within the service and its gardens.

At initial assessment the registered manager would assess people's behaviour and support needs, and identify possible risk factors, for example the need for hoisting to use a bath. These initial assessments led to clear care plans that would either reduce the risk or create checks and balances to ensure any harm was minimised. For example, people were able to access the garden throughout the day so steps had been taken to ensure this environment was free from hazards, secure and staff regularly checked on people who were outside. Relatives we spoke with confirmed this happened, for example one relative told us, "My [relative] is usually outside at some point in the day, but if it starts raining staff are straight out with raincoats."

We toured around the building and the gardens with the registered manager to check the premises were safe and suitable for people's needs. The registered manager and caretaker undertook regular checks about the service and grounds to ensure that possible repairs were identified and action taken. A maintenance log was kept that demonstrated fire safety and other safety checks had taken place. There was a well-equipped 'grab bag' in place to support staff if an evacuation was ever required, this contained details of peoples care

and contact details staff may need in an emergency. Staff we spoke with told us they reported any issues with maintenance and health and safety and these were quickly rectified. Fire doors were kept closed throughout the day and window restrictors were in place to keep people safe. We did find a skylight that did not have an appropriate restrictor in place and brought this to the registered manager's attention who agreed to take immediate action. We checked after the inspection and this was resolved.

We talked with staff about how they raised any concerns or issues they may have about the service or how they might whistleblow. Staff told us they felt able to speak to the registered manager about any issues and they would resolve them, they also told us the owners were visible and available in the service, or via the phone. Staff told us they felt supported to be their best and that the leadership in the service supported that by listening to any concerns they may have. Staff knew how to contact external agencies such as local authorities if they had concerns.

The registered manager showed us how they logged and reviewed accident and incidents. The process of recording each incident, taking any immediate action, then reviewing and learning from incidents was clear and robust. We saw that where risk had been identified that action was taken, care plans updated and changes communicated to the staff team. For example one person who spent a lot of time in the garden was picking up stones and placing them in their mouth. Staff now checked this person's mouth frequently throughout the day and had taken steps to remove obvious stones from the garden.

The registered manager told us how they calculated staffing throughout the day and night based on assessments of people's needs, and we saw these were regularly reviewed as people's needs changed over time. The registered manager told us how they had adjusted the day shift so there was now four carers and a senior on shift, and how they personally supported mealtimes so that people had full support. Throughout the day we saw people received support promptly and that staff had time to talk to people as they went about their work. Staff we spoke with felt the service had enough staff, and that some ancillary staff had been suitably trained so that they could provide care and support if required.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Application forms included full employment histories and previous employer references had been checked. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed annually. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. The registered manager and owners explained to us the service always aimed to reduce the use of sedative or anti-psychotic medicines where they were being used to manage people's behaviour. Staff told us how they worked alongside their local GP to reduce or remove medicines that were not effective or sedated people unnecessarily. Family members we spoke with told us this was one of the major reasons the service was good for their relative. One relative told us, "Spring Mount saved my [relative] from being destroyed by anti-psychotic medicines. They were taking five different kinds and I was losing them, they couldn't speak and hardly walked anymore as they were so unsteady on their feet. Within a month they had reduced or stopped them all and I have my [relative] back again". A number of people at Spring Mount had used other care services before, but due to increasing behaviour support needs around their dementia a move to Spring Mount had been required. Relatives of those people we spoke with told us the move and the transformation in their relative had been marked. One relative told us, "My [relative] was always trying to escape, aggressive and angry. The doctors put them on so

many medicines I thought this was the end. But I heard about Spring Mount and now I have my [relative] back again, they go out in the garden; they have their life and personality back again."

We looked at how medicines were managed and saw that regular liaison with the local GP had assisted in reducing the use of sedative medicines, but where medicines were effective they were continued and kept under review. The registered manager told us, "We work with the person as they are today, and look at practical ways to support them, rather than using tablets to control them." We saw this viewpoint reflected in the feedback from relatives, as well as in care plans which described how to support people with their mental health needs through distraction or other interventions.

Staff told us how they worked to reduce the risk of infection, for example by supporting people to have clean hands before a meal. We saw the service was cleaned regularly and there was a schedule in place to deep clean all bedrooms. Other regular audits included checking hand-washing, infection control, waste management and use of personal protective equipment.

Good

Is the service effective?

Our findings

Relatives told us they felt the service was effective at meeting their family members complex support needs. One relative told us, "My [relative] has dementia and barriers to communication, the last home couldn't manage this and I thought they would have to come back and live with me. Spring Mount said they would try, and they have done more than try, they have succeeded." Another relative told us, "[Name] had stopped eating and drinking, but the staff here persisted and kept trying until they started to eat. Now they know [name] likes salad and make sure there is staff support at the right time for them to complete the meal now."

We met the staff responsible for organising and delivering much of the staff training; they were able to tell us how they sourced suitable training for staff to meet the complex needs of people using the service. We saw that staff attended core training based on the requirements of local commissioners, and that new training was constantly being sourced to ensure staff had essential skills. Alongside this training, information about developments in dementia care were sourced by senior staff to feedback to the service. We saw articles from newspapers, specialist journals and academic periodicals were all used as sources of information and advice on supporting people living with dementia. Staff we spoke with told us they felt the registered manager and other senior staff helped ensure that training was not just a 'tick box exercise', but that it helped improve their support to people. Much of the training was face to face and involved discussion and sharing of good practice between staff. Relatives also felt the staff had the right skills, attitude and knowledge to support people well.

Staff told us and records confirmed that they received regular supervision and an appraisal annually of their performance and future training needs. We saw that supervision was composed of discussion about individual people, as well as the service as a whole and the staff's personnel issues. We saw that staff were supported to reflect the principles of the service through effective feedback on their performance. Other staff members feedback and compliments were also fed back to staff via supervision. Every staff member also had an annual appraisal, identifying further training or development needs. Where staff performance needed improvement we saw that these processes were used to support staff improvement. One staff member told us, "[Name] the manager is so laid back and doesn't over react to any issues we have. Through my yearly review I set a plan for the year ahead."

Due to people using the service having a dementia related condition, communication was often considered in detail by the staff team. In people's care plans we saw clear guidance on how best to support communication with each person; these were often quite detailed and bespoke to each individual. Family members told us that often staff would seek out their advice or input if they wished to ensure that they had been effective in communicating with the person. One relative told us how staff had learnt sign language to help support their family member's communication and understanding.

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 people lack mental capacity

to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The registered manager had assessed each person to see if DoLS applied and they had then made appropriate applications to commissioners. Some of these had been authorised, others were waiting for assessment. There was a clear review process in place to ensure these remained relevant.

In care records we saw that people's consent had been sought, both for care overall, but also for specific decisions. Where people lacked capacity we saw that the service had sought the advice and input of external professionals as well as families and those who knew the person well. All the families we spoke with told us the service kept them involved and sought their advice and input when making any decisions about a person's care needs. Staff we spoke with told us the service worked within the principle of 'least restrictive', looking for ways to support a person which had the least impact on their wishes and recognised their choices in any final decision.

People's consent was sought before care was delivered and people were still offered choices, for example when to wake up, when to eat, what clothes to wear, what activity to take part in, or not. The service recognised that people could show choice through behaviour as well as through giving verbal consent. Staff always asked consent before carrying out any care task, and we saw staff use patience and time to afford people an opportunity to make a decision.

We ate a meal with people using the service and observed the mealtime, and we talked to staff about how they supported people to eat and drink to maintain their wellbeing. We observed that all staff supported at mealtime, which was informal and suited the needs of people using the service. People had staff support and prompting throughout, with some staff assisting people to eat; other people required the occasional prompt or were offered alternatives. The food was tasty, nutritious and well-presented and we saw that most people were able to make a choice from the food on offer. Some people had personalised meals to reflect their needs, some used adapted cutlery, and others had finger food. Any mess was cleaned away quickly and staff were attentive and visible at all times. The registered manager told us they assisted each lunchtime, and we observed they supported a person to eat their meal.

Catering staff explained how they worked closely with care staff and people to develop menus that people liked and that offered a varied diet. We saw that specialist diets were catered for and food was fortified for those at risk of losing weight. People we spoke with over the meal told us they liked the food on offer and that they could access drinks and snacks if needed. We saw that no one in the service at that time appeared malnourished or de-hydrated and that staff supported people to drink regularly throughout the day.

External healthcare professionals we spoke with told us they service was quick to seek out their advice and input if they had any concerns about people's wellbeing. One told us, "People with dementia can't always tell us what's wrong, but Spring Mount staff are quick to note subtle changes in their presentation, and they do routine checks and get in contact with us for advice." We saw that where people had long term conditions, such as diabetics, advice had been sought and care plans developed to help the person reduce the symptoms and maintain their levels of fitness. People had support to attend routine health checks such as dentists and opticians.

The service and its grounds had been adapted to meet the needs of people using the service in order that it was a safe environment for people to be in, without being under constant staff supervision. There were areas for music, for TV and for quiet as people needed. We saw that areas had been themed or decorated, for example the smoking shelter as a bus stop, to aid peoples orientation around the building. These had been based on best practice in dementia care.

Outstanding ☆

Is the service caring?

Our findings

Due to people's dementia related conditions we were not always able to speak with them, instead we observed care and support and spoke with people's relatives and external professionals. All the relatives we spoke with felt the service offered an excellent standard of care to both people, and themselves. A relative told us, "When [name] first moved into Spring Mount I thought I had already lost them, they were angry and ill most of the time. They supported [name] so they started to eat again, stopped the 'chemical cosh' of anti-psychotic medicines and now I have [name] back again". The relative also told us how the staff supported them as a family carer, "And between all that staff asked me 'how are you?' and helped me understand it's not [name] but their condition that I see now, they have helped us have a relationship again." Another relative told us, "Every time I go in the staff ask how I am and check that I am okay as well. They recognise that it's hard for family to visit someone with dementia and they make the contact I do have pleasant." Other comments from relatives showed that they thought the staff team truly cared for the people using the service and knew them as distinct individuals.

External professionals we spoke with also reflected that the service was responsive to meeting the complex behavioural needs of people using the service. One told us, "They (the service) take the ones where others have given up, the ones who don't fit neatly into a box. But they find out who they were, as well as whom they are now and then wrap the service around them. If [the manager] said they can't do it, no one can do it."

The services culture was represented by their philosophy 'A specialist environment is essential to a positive life, where there is a sense of freedom from entrapment and failure' and 'by using a psychotherapeutic approach towards problems associated with dementia, we enable the person to come to terms with, and learn to live with their dementia in a positive way, regaining dignity and self-respect'. This was reflected positively in conversations with the registered manager, the staff team and by relatives and external professionals. Everyone we spoke with gave us examples of how Spring Mount either aimed for, or achieved these principles. Examples included changing menus to suit people's change in diet and staff not placing restrictions on a person's movement about the building and grounds, whilst looking to ensure they were monitored and risks managed.

Staff told us the importance of recognising where the person was with their condition, knowing them as a person, their histories and what worked for them now. This was then reflected in practice by considering how best to support the person by making simple changes to routines or the environment, rather than changing the person. For example, the service always aimed to have about 50% of people using the service under the age of 65 years and for people to be mostly independently mobile. The registered manager explained that this was to make sure it wasn't like most older people's care homes where people had limited movement or choice and so they could get maximum enjoyment the service and grounds. One staff member said this split in ages, "Helped keep the home young at heart." The needs of people who already used the service were considered as part of pre-assessments for people who were looking to move into the service and this allowed the registered manager to ensure that they did not accept people whose needs were not suited towards the service as a whole and the people already living there.

We looked at how the service ensured people's different needs were met and saw that each person's care plans had clearly identified how best to support them and how to assist communication. For example staff learnt sign language to support one person who always used this method of communication, for others they had looked at sourcing advocacy support with financial matters. We observed staff using clear, simple language to communicate with people, offering choices and allowing people time to make decisions for themselves. Staff also told us how they offered new choices to see if people would accept them, for example in meal choices or in activities on offer. For example, staff told us that people's choices changed over time and that by taking their time and returning to ask again, or changing their approach they may get more involvement from people. Whilst observing we saw one staff member polishing or varnishing people's nails. One person initially refused this, but when the staff member returned and asked again they agreed.

Given people's dementia related conditions the service made extra efforts to ensure that people were still involved in decisions about their care wherever possible. Staff told us how they took time and patience to learn how best to communicate with each person in order to get the best out of them. Staff tried various approaches to assist people in improving communication and involvement; these varied from using pictures or personal items, offering choices and closed yes/ no questions, to seeking out relatives' advice to gather further background information about a person. This background information from families and former carers often helped staff gain insight into where a behavioural support need may arise from. For example one person liked to have their bedroom door unlocked, as they did not like living in an institution where doors were usually locked when not in use. Staff adjusted their way of working to accommodate this. This helped the person adjust to communal living and reduced their negative feelings about living in a care setting.

The registered manager told us how they had identified that one person had no family contact and they assisted them in finding and contacting their wider family to prevent their isolation. We spoke with this person's family and they told us how they had been pleased to be contacted after losing contact a number of years before and how the staff and registered manager had supported them to restart contact and understand how to communicate with their relative.

Relatives we spoke with told us the service was prompt and empathetic, keeping them informed and involved in decisions about their family members care. One relative told us, "If anything is happening they ring and let me know, sometimes they call just to say they have had a really good day and went to the ice cream van." Another relative said to us that, "The staff know [name] really well, I can call anytime and speak to any of them and they know what [name] has been doing and who I am. That's so reassuring as the last home was impersonal, more like a business or factory than a home." One relative told us, "I will come to Spring Mount when I need help."

The registered manager told us how they could access advocacy, either general or specialist mental capacity advocacy services in the local area. These advocates had in the past assisted people when making long term decisions about their care where they lacked family support. The service recognised the need to access such advice for people where they may have a conflict of interest in decisions being made.

We saw that staff protected people's confidentiality and privacy in several ways. Records and notes were computerised and only accessible after signing in, these were updated by staff in a private office. If staff wished to prompt people for personal care, for example if their clothes were marked, they did this discreetly, assisting people to their bedrooms to protect their dignity. Staff knocked on doors of bedrooms, toilets and bathrooms before entering. If people were talking, staff waited before interrupting to ask a question. One relative said Spring Mount was, "A home for them, not for visitors or staff", which the relative felt reflected how the staff valued and thought of the people using the service.

The ethos of Spring Mount was very much about people remaining or regaining independence, we saw people accessing all the communal areas, as well as the grounds. People were able to make their own decisions and choices and staff only intervened when necessary for their wellbeing. We saw that this approach worked for the people using the service. For example one person had previously had staff restraint and sedatives used to manage their behaviours in another home, often as a result of them attempting to leave the home. At Spring Mount, with a secure gated entrance and staff supervision people were free to move about as they pleased. We saw this person no longer had any sedative medicines in use and was not restrained by staff. Their mobility had greatly improved and they had lost excess weight, improving their overall health and improving their sleep patterns. One relative told us, "The outside space is a God send; [name] can get away from all the people if they want, when they want."

We saw people had information in their care plans about their preferences for care at the end of their lives or that this had been discussed and declined. Staff told us they were experienced in providing end of life care and they linked in with local GPs and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes and choices were met.

Good

Is the service responsive?

Our findings

People's relatives told us they found the service responded well to people's needs. One family member told us how the service had responded to their parents need to lose weight and regain their mobility. They told us, "In the last home they tried their best but it wasn't the right place. Here [name] has been supported to move about the house, with staff support at first, but now they are almost completely mobile again. They have lost all the weight they put on from sitting in the last home and are much happier. When I go in all I get is smiles now." External professionals also gave us examples of where the registered manager had assessed people and said, "We can try that" then actually changed how the staff worked to suit each individual person using the service. All the relatives and external professionals we spoke with told us the service responded well to people's changing needs.

We looked at how the service assessed people, then managed and recorded their care over time. We saw that the registered manager assessed each person prior to admission, and drafted a care plan based on encouraging independence and safety. These initial care plans were drafted with the involvement of the person and their families' as much as possible, as well as seeking information from external professionals. These were then recorded on the provider's IT system for managing care plans and recording reviews and day to day notes. This IT system was easy to navigate and care plans were designed simply with clear goals and in plain English. We looked at four people's care plans and saw that they were specific about each individual, setting personalised goals that had clear logical steps towards achieving them. We saw that people's physical and mental wellbeing were monitored and reviewed regularly and progress recorded over time. Where possible people and their relatives were involved in care reviews and their input and feedback was clearly recorded as part of this process. Staff kept day to day notes on the same system, using consistent, positive language to describe any activity and care provided to people. By using consistent language and phrases the system was able to gauge the effectiveness of care. For example by monitoring people's bowel movements to detect if people were constipated and as required medicines were needed.

The service had a number of communal areas with a large screen TV, music, pool table and quiet areas for people to access throughout the day. People could also access the garden areas, and there were seats and benches around these areas next to points of interest, such as a water feature and the spring from which the service gained its name. We saw that people were also able to take part in one to one activity, such as nail painting or reading a book. There was a pool table which staff told us was used by people, as the weather was good we saw several people outside in the grounds. The service had a number of group activities, such as arts and crafts suitable for people with a dementia related condition, but a lot of the time people were supported one to one as this was preferable. Some people were not able to engage in much activity due to their condition, but instead listened to music or observed what other activity was taking place. Staff we talked with were aware of people's likes and dislikes and were able to tell us what activities people liked most. They told us of their ability to be spontaneous in response to an opportunity, for example to eat outdoors if the weather was nice and for people to assist in laying tables if able. We did not observe people engaging in any self-injurious or negative behaviour during the inspection and saw that staff responded quickly to people's requests for help.

The service also had a regular newsletter. This was used to update people and relatives on activities that had occurred recently, usually with pictures, but also upcoming events. One staff member told us how they used this to discuss past events with people, as well as to aid discussion about possible activities.

People's choices were respected wherever possible by the staff and service. The services philosophy was very much about accepting the individual's personality and wishes, so staff made changes to how care was delivered to reflect people's choices. For example people who wished to smoke were supported to do so safely. Staff assisted people to do so by holding lighters and making hand rolled cigarettes for those who now lacked the manual dexterity to do so for themselves. One person, who previously lived alone, was assisted to eat alone in a quiet area of the building as this helped them complete a meal and avoid anxiety.

Relatives told us that staff and the registered manager sought their feedback and comments at most visits or contacts, and that if they had any issues these were resolved quickly. External professionals told us the registered manager also sought them out when they visited, to seek any feedback or comments they might have. Staff told us that due to peoples dementia related conditions formal feedback was often impossible, however they looked for behavioural cues and used closed yes/ no questions instead to gain feedback. The service had no formal complaints in the last year, but the registered manager was able to give us examples of low level issues raised by relatives which they had resolved. Relatives we spoke with told us they knew how to complain, but had no concerns or issues.

Good

Is the service well-led?

Our findings

Relatives and external professionals all told us they thought the service at Spring Mount was well led, by the registered manager and the owners. They told us that the service was designed to meet the needs of people using the service, was adaptable over time, but also willing to let people with a dementia related condition live their lives in a manner of their choosing.

We spoke with relatives about the services planned reduction in the use of sedative and anti-psychotic medicines for people in the service. Relative's comments included; "I have [name] back after losing them to their tablets"; "Spring Mount saved their life"; "I thought I would have to take my [relative] home with me as there was nowhere willing to take them. Spring Mount stopped the 'chemical cosh' and I have my [relative] back again". All relatives and external professionals we spoke with told us the services reduction of people's sedative medicines had a positive impact, and that staff worked alongside people's behaviours, rather than controlling or suppressing them. The registered manager told us this was the planned ethos of the service and they worked closely with their local GP to reduce sedatives where possible. The registered manager and staff told us this helped them 'find the person' again, and not deal with secondary issues such as increased falls and confusion.

We talked to staff, relatives and external professionals about the registered manager and how they managed the service. One staff member told us, "[Name] is listening, thinking and working things out all the time." Another staff member told us, "[Name] gets his hands dirty, helps out on the floor, and really does care about the residents." Comments from relatives about the registered manager included; "I love him"; "He's fantastic"; "[Name] is on the same level as my [relative] and treats them like family" and "[Name] is so patient, caring and understanding." External professionals also told us they found the registered manager and owners approachable, knowledgeable and passionate about delivering a quality service. When we spoke with the registered manager and owners they demonstrated a deep knowledge and understanding of the needs of people with a dementia related condition, as well as having an understanding of emerging trends in dementia care. It was evident through this feedback that the service's culture and philosophy was deeply embedded in the leadership and management of the service. A number of relatives we spoke with had experience of their family using more than one care setting, all feedback received stated the leadership at Spring Mount was exceptional and distinctive from these other services. Relatives told us the registered manager and staff were willing to learn, to change and adapt, as well as take new ideas on board and listen to them. They told us they felt their family members were treated as distinct individuals by the service compared to some previous care experiences.

Staff we spoke with reflected the service's philosophy of supporting people to be as independent as possible; they told us how the registered manager and owners supported them to reflect this in their work with people. For example by encouraging staff to work with people's behaviour support needs with simple measures first, looking at how they could deliver care differently. Staff also told us that the registered manager and owners remained open to new ideas and suggestions, as well as being hands on and supportive.

The service had support through their local GP surgery, district nursing, psychiatry and psychology services, but also had contact with local and national services which supported people with dementia. The service was linked in with leading academics, researchers and other medical professionals who supported local services to develop a therapeutic response to dementia care. The registered manager told us that this support and validation of their work encouraged them and the staff team to continue to use a drug reduction, therapeutic approach to meeting people's needs. We saw the service had featured in local, national and international media and was used as an example of good practice by leading academics and researchers. Again these examples drew on the drug reduction and empowerment aspects of the service, highlighting the positive impact this had on people with dementia. The registered manager showed us numerous media articles and told us how they had been able to discuss and learn from these opportunities to further develop and refine the services approach.

We saw that students, both local and international, worked at the service, often bringing new ideas from their studies into the staff team. For example students from Japan had compared the service at Spring Mount against the large hospital services for people with dementia in Japan. These experiences with students helped reinforce the positives of the service provision at Spring Mount as well as help share their knowledge with other services. The service also had contact with local services. People were supported to attend church if they wished or have support to practice their religious beliefs at Spring Mount. Ancillary services, such as hairdressing and chiropody attended the service to support people.

During the inspection the registered manager was open and transparent with us about the challenges the service had, and was able to gather any information or records we requested quickly to assist the inspection process. They were aware of and knowledgeable about the requirements of registration and had kept us informed, via notifications, of important events.

The registered manager had previous experience managing similar services and had developed, or adapted a series of audit tools to measure the quality of the service and ensure the service was maintained. These were often based around the services electronic recording system, or routine checks that they, or other senior staff, could carry out regularly. For example checklists were used to audit the services catering, record keeping, use of medicines, hygiene and infection control and maintenance. We saw these were completed regularly, and then checked by the registered manager. Any action points resulting from these audits were clearly identified and action taken in a timely manner. The registered manager signed off any actions once completed and ensured future checks and audits were adapted if people's needs or the service changed.

External professionals we spoke with told us that the staff and service always looked for simple, yet imaginative ways to support people. Accepting people's behaviours, and adapting the service around them to meet that person's needs. The service also sought out new ways to support people, for example the service was taking part in a local pilot of 'TeleMeds'. The local NHS trust had supplied a laptop and webcam into the service and the service could access nursing and medical advice through the internet. We looked at how this was used and spoke with one of the nursing staff who was part of the pilot. We saw the registered manager and staff used this new tool to support people to access quick medical advice in their own bedrooms rather than accessing via a GP or A&E. This meant people were supported in a familiar environment and staff could access specialist advice quickly. The nursing staff told us there had been some reluctance in other care services to access this pilot, but that Spring Mount had embraced this new opportunity. The registered manager gave us numerous examples of how this had been used to support people in the service and avoid possible hospital assessment or admission.

The service last conducted a survey of people and relatives in 2015 and had plans to conduct a survey in late 2016. The results from the last survey were all positive and only one area of improvement was identified,

part of the garden area was further improved as a result. The registered manager and staff told us that by constantly talking to people, to families and visiting professionals they were able to seek constant feedback and act on any minor concerns. This was supported by feedback from relatives and external professionals, they told us the registered manager and staff constantly asked them for suggestions or feedback when they had any contact. Relatives and external professionals also confirmed to us that any suggestions or comments they made were acted upon quickly and that they never felt they had to repeat themselves. For example, when making changes to a person's diet to help ensure they ate adequately or how best to support them when a person refused personal care.