

# Norse Care (Services) Limited

# Munhaven

## Inspection report

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Date of inspection visit:  
12 June 2019

Date of publication:  
06 August 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Munhaven is a residential care home providing personal and nursing care to 20 people aged 65 and over who are living with dementia. The home accommodates people in one adapted building. At the time of the inspection 20 people were living there.

### People's experience of using this service and what we found

Since the last inspection the registered manager has continued to drive improvements in the service, promoting and achieving exceptionally positive outcomes for people.

Staff ensured people were always provided with care that kept them safe. Relatives had full confidence in the staff managing any potential risks to people using the service. Medication was managed very effectively and where possible, people were supported to reduce the amount of medicine they were taking.

Staff training was excellent and leads in designated care areas ensured people continuously received highly personalised standards of care. This included nutritional and hydration support with input from health care professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us about, and we saw staff delivering extremely sensitive and compassionate care. Staff developed open and highly trusting relationships with people and their relatives and this maximised the benefit of the care provided. People were encouraged to live their lives as independently as possible and staff ensured people's dignity was upheld. People were encouraged to have a voice.

Every aspect of the service was person-centred and staff were passionate about promoting people's wellbeing. Staff responded exceptionally well to any changes in people's needs. We observed engaging and empowering relationships between staff and people. The service actively helped people avoid social isolation. People and relatives had confidence that if there were any issues these would be quickly resolved. End of Life care and support was extremely good.

The registered manager demonstrated exceptional leadership. The service was extremely well managed and governed. Staff and the registered manager embraced a culture of placing people at the heart of everything at Munhaven. Equality and diversity was promoted and there was a desire at all levels for continuous improvement. Engagement with the community and other stakeholders involved in care provision was extremely good.

The service met the characteristics of outstanding in effective, caring, responsive and well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Munhaven

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

Munhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and eight relatives about their experience of the care provided. We also undertook observations of people receiving care. We spoke with six members of staff

including the registered manager, deputy manager, one team leader, two care workers and the cook.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at two staff files in relation to recruitment and staff supervision. Correspondence from health care professionals and a variety of records relating to the management and governance of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and spoke with a care worker.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to keep people safe from the risk of abuse. They understood the importance of safeguarding people and knew how to report safeguarding concerns. Staff told us they received relevant training and discussed the topic in team meetings and supervisions.
- Staff understood their responsibility to report any poor practice and they were aware of the service safeguarding and whistleblowing policies.

Assessing risk, safety monitoring and management

- There were reliable systems in place to identify, assess and reduce the risk of people coming to harm. People and relatives all told us that staff closely monitored people's wellbeing and they had no concerns about their safety. One relative told us, "They are very alert to safety issues, if [relative] had an accident, it won't be anyone's fault here."
- People were assessed to establish if they were at risk of factors such as falling, choking or declining to take their medication. Assessments were undertaken, reviewed and updated appropriately. People's care records clearly informed staff how to minimise the likelihood of harm from any identified risks.
- Staff knew people's needs very well and could describe how to keep people safe from potential risks without hesitation. They were able to spot signs of an illness or deterioration in a person's condition and respond to it quickly. The service had purchased a specialist bed for people requiring continual bed care. This provided staff with the ability to turn the person with minimal moving and handling and we heard that people at the service very rarely had any problems with their skin integrity.
- Risks associated with the premises and equipment were routinely assessed, monitored and managed. Regular audits ensured that people were kept safe from any potential environmental health and safety risks.
- The service was prepared for an unforeseen emergency. There was a clear evacuation plan including personalised information to ensure each person could be safely moved from the service. The plan also detailed how ongoing support and care would be provided to people.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Permanent care staff usually covered for another member of staff if they were on leave. Otherwise, employed bank staff were used and as they were familiar with the people using the service, this supported continuity of care. A relative told us, "I don't worry about [relative] at all because there is consistent staffing and levels of care."
- There was a safe approach to recruiting new staff. The service ensured that staff did not commence employment until appropriate background checks had been undertaken.

### Using medicines safely

- Medicines were managed safely and in line with service policies and procedures. The monthly staff rota included eight hours for a medication lead to update administration records, manage stock control, dispose of unused medications and undertake auditing. Medicines, including controlled drugs and temperature sensitive drugs, were stored appropriately.
- Peoples' records contained relevant and up-to-date medication risk assessments and clearly identified how and when they should take their medication. The Medication Administration Record (MAR) charts we reviewed were completed accurately and showed that people took their medicine as intended by the prescriber. We undertook random stock checks and found the figures on the MAR charts to be accurate each time.
- The medication lead we spoke with showed a good understanding of safe medicine administration. This included when to give medications which were prescribed 'as required' and the importance of minimising people's reliance on medication where possible.
- Medication leads were regularly observed and assessed in practice and all members of staff received training in medicine management.

### Preventing and controlling infection

- There were effective measures in place to prevent and control the spread of infection. A cleaning checklist was completed on a weekly basis and infection control leads were responsible for undertaking quarterly audits. This ensured a safe and hygienic environment was maintained. A relative told us they thought the staff paid, "An above-average attention to cleanliness."
- Staff were trained in infection control and food hygiene. Staff told us they wore gloves and an apron when providing personal care and white coats in the kitchen. They ensured careful hand-washing at meal times.

### Learning lessons when things go wrong

- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.
- Any falls, accidents and incidents were routinely recorded, assessed and outcomes were promptly relayed to staff. This resulted in staff making timely changes to a person's care plan when needed.
- The registered manager had oversight of accidents, incidents and falls and reported these on a regular basis to the provider. This enabled them to identify any trends or patterns.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service delivered a very high level of care in line with current guidance, standards and legislation. A relative told us, "They are seriously good staff here. I can't believe the standards."
- People's needs and preferences were assessed before they started to receive care from the service. Information relating to people's healthcare, personal care, medicines, diet and communication was recorded. People's care preferences, their background, interests, cultural and religious beliefs and likes and dislikes were fully explored and documented.

Staff support: induction, training, skills and experience

- People using the service were supported by an exceptionally well trained and highly skilled workforce. All staff completed the provider's mandatory training which included safeguarding, end of life care and medication. All staff had also completed training which met recognised care standards and a high percentage of care staff had completed or were undertaking advanced studies in health and social care.
- Staff received excellent support and training to care for the specific needs of people using this service. Staff were actively supported to undertake additional training. For example, two members of staff gained dementia champions status by attending courses at the Alzheimers society. In their role as dementia leads they shared their learning with care staff, kitchen and domestic staff. Staff showed an exceptionally good understanding of the condition and their style of care reflected approaches recommended by dementia experts. The service-wide understanding of dementia influenced care practice extremely positively.
- Staff 'lived in people's reality', providing interaction, reassurance or distraction at whatever time of day or night a person needed it. A relative told us, "People can go to bed and get up when they want and move around... staff just go at people's pace. They made [relative] a cup of tea in the middle of the night. They let people be and people come through it. No sleeping tables or anything." We observed staff regularly undertaking gentle interactions with people, known as 'butterfly moments' and people responding positively to this. A relative also told us, "When a person got very upset and it didn't work with two carers, they melted away and two others came to assist. The carers backed off until the right carers for that moment came." This technique helped to manage the person's anxiety, frustration or confusion.
- The service also had staff leads for medication, malnutrition, infection control, health care and dignity and wellbeing and incontinence and a family and friends champion. We heard about the many positive outcomes achieved by the knowledge and focus of these members of staff. For example, the intervention of the continence lead resulted in a person being able to go out with their family and enjoy life. Their relative told us they were so much happier and confident than before. The medication lead established that a person who regularly screamed was in pain and, with the GP, arranged for them to receive pain relief. They

told us this helped the person's discomfort and reduced their vocalisations.

- Staff told us that their supervisions and appraisals with managers were very constructive and helped them to develop. We heard how they were used to identify and develop staff's areas of special interest. Staff were regularly observed in practice and they were very positive about the feedback, support and motivation they received from managers.

Supporting people to eat and drink enough to maintain a balanced diet

- Without exception, people were provided with person-centred diet plans, meal choices and fresh, high-quality homemade food. One person was able to talk to us and said "I like the meals and every day I have a choice. The food is good and it is home cooked." This person was not eating enough when they moved into the home less than a year ago but had since rediscovered their appetite and reached a healthy weight. The positive change was due to their personalised, fortified diet. Their relative told us it was also due to them being served colourful, varied and appetising meals in an environment in which they felt safe and happy.
- The cook was very well trained and knowledgeable about how to cater for different dietary conditions. They knew everybody's dietary needs and preferences well and worked with care staff to support people individually, making prompt changes where needed. It was clear that the importance of eating and drinking and maintaining a balanced diet was firmly embedded in people's care.
- The cook, who won a national 'Our Care Catering' award in 2018, worked creatively to ensure people's food and fluid intake contributed to their overall wellbeing. They told us, "We would rather address bowel problems through food than medication." We heard how one person had been prescribed a laxative but had only required it once since moving into the home because of the high fibre diet at Munhaven. People were served pureed fresh fruit, cooked with its skins on, rather than jam to increase their fibre intake and extra fibre was also incorporated into baking and savoury meals. The cook regularly served live homemade yoghurt, to reintroduce good bacteria into people's systems.
- People were supported to eat regularly by patient staff who created a sociable and non-pressurised atmosphere when food was served. One relative told us, "[Family member] will say she wants something else, so they go and get that and then they will change it back when she changes her mind again. I can't fault the staff or service." Staff and relatives were encouraged to eat with people at meal times, and people were able to eat what, when and wherever they chose.
- The staff were extremely vigilant in ensuring people's hydration levels remained high. The cook served home-made jelly regularly to support people's fluid intake. We saw people regularly being offered a variety of cold drinks from a hydration station in a café themed communal area and hot drinks. Staff regularly reminded and supported people to consume their drinks, providing straws or other drinking aids if necessary. One relative told us their family member's face and skin had become much brighter due to their increased hydration levels whilst living in the home.
- Staff monitored people's weight, food and fluid intake very closely. The service had recently purchased a new set of scales which were adapted to accommodate a wheelchair so everybody could be weighed regularly with minimum difficulty. Where necessary, staff used a recognised screening tool to monitor any changes in people's weight. Staff were alert to signs of possible dehydration and where necessary, staff monitored people's fluid intake every 12 hours to ensure a quick and proactive response. We saw they responded to changes either by discussing with the cook, increasing fluid intake or seeking advice from a healthcare professional.

Staff working with other agencies to provide consistent, effective, timely care ; Supporting people to live healthier lives, access healthcare services and support

- Staff worked extremely effectively with other agencies and healthcare professionals to ensure people received the best possible care outcomes. A relative told us, "My family member had to be taken to the nurse at the medical centre every day for several months and the care has been phenomenal. Their wound

and dressing have been kept clean and dry, no appointment has been missed and as a result, the wound is healing much faster than had been anticipated. In fact, the surgeon warned me it may never heal." The registered and deputy managers met regularly with the surgery to facilitate good communication and support links between the two services.

- The medication lead told us how they worked very well with medical professionals from the surgery. They had contacted the surgery to discuss a person, who they thought no longer required pain relief for an historic injury. They also considered that an associated medication to counteract the effects of the pain relief was no longer required. We were told that the GP promptly saw the person and agreed with the medication lead that neither medication was needed any more.
- Staff also worked very effectively with other healthcare professionals such as district nurses, dementia nurses, speech and learning therapist, and mental health professionals. We heard how a person benefitted from the continuation of a certain treatment, thanks to the registered manager's communication with their consultant. Their relative said, "I can't thank the staff at Munhaven enough for their individual approach, personalised care and tenacity in persuading other service providers to meet the needs of each resident." Another relative told us, "Staff spotted mum's health decline twice very quickly. The people you have got here, I don't see how they can do any better."
- Staff actively supported people to access healthcare services that were appropriate to their needs. We heard that staff sourced an optician who was able to examine a person's eyes whilst standing a distance from them. This enabled more regular monitoring of their eyesight as, unlike with their previous optician, they did not find the experience distressing. We also heard how the cook identified potential issues with a person's dentition due to observing them having difficulties whilst eating. Staff arranged for the person to see a dentist who arranged for them to have a set of dentures. This enabled the person to eat more easily.
- Staff completed health care action sheets for people, which gave a clear record of any emerging or existing health care concerns and professionals involved. These promoted a responsive approach to issues and continuity of care with professionals. The health care leads ensured a further level of monitoring by auditing the health care action sheets every month. The completed audits gave a clear overview of professionals involved with different people and supported close monitoring and follow-ups where needed.
- The service had developed folders for each person to support their safe transfer to hospital. The folders were blue to coincide with the blue bands used at the hospital to signify that the person was living with dementia. The folders contained clear information about the person, their personal details, background, diagnosis, health difficulties and medication list. This information supported continuity of care across services and with other professionals. Most people also had an enhanced summary care record too. A paramedic commended the staff recently, stating, "[Staff member] went out of their way to assist the ambulance crew, the whole staffing team gave us such in-depth and vital hand over notes, which is not a common occurrence!"

#### Adapting service, design, decoration to meet people's needs

- The internal and external environment was airy, very homely and well suited to the needs of the people living there. We heard that people were very happy in their environment. People's rooms were personalised and easy for people to access. We saw people moving around the home, holding items of significance to them or sitting with them in the communal rooms. They seemed very at ease in their surroundings. There were several comfortable and well-furnished seating areas, a café and restaurant. In one of these areas was an electronic interactive table, which provided stimulation for people and supported hand-eye coordination. In another room, we saw an electronic multi - sensory stimulation device which was particularly suited to the needs of people using the service who received care in bed.
- Staff had clearly given thought to the decoration of the walls as these provided further stimulation and interest for people. They were covered in pictures of people undertaking activities. A relative told us, "The pictures on the wall, this is about the people who live here, not about making it look like something else, it's

about what people here need rather than about style. The photos show they care about making it a happy place." The photos had been placed at different heights so that all people could look at them. We heard how one person liked to take photographs of themselves from the wall and sometimes gave them to their relative. There were displays of other items as well, including fashion scarves which were colourful and tactile. Two people liked to choose and wear one of the scarves for the day and referred to this as 'going shopping' for their scarves. This showed that the decoration was suited and stimulating for people living in the service.

- Certain aspects of the interior had been adapted locally by staff to meet the needs of people living there. We heard this was a staff-led project, which was carried out in advance of a full refurbishment by the provider. Walls and bedroom doors had been painted in different colours, and patterns. This had proven to be particularly helpful to one person with perception difficulties, who had up until then started to walk into walls. This ceased as soon as the staff had painted the walls. The door lintel had also been changed to make it much easier for a person with a degenerative eye condition to walk into their room.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked within the principles of the MCA and DoLS. One person had a current restriction on their liberty in place and staff complied fully with the conditions attached to it.
- Where people lacked mental capacity to consent to a decision, this had been assessed and a best interest decision had been made in consultation with family and health care professionals.
- Staff had all received recent training on the MCA and were very knowledgeable about how to care with people with cognitive impairment. Staff meetings involved group activities to discuss care topics, including application of the MCA legislation. The discussion sheets, which were visible on the walls of the team leader and managers office showed very clear and helpful information. These served as a constant visual reminder and aide for staff.
- Staff were fully aware of the importance of seeking consent before offering care and that some people needed support to make their own decisions. One staff member told us, "It is very important, it's most reassuring for them, it's their right."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives couldn't speak highly enough about the consistently kind and compassionate care provided. A relative told us, "I saw a person at lunchtime who was distressed and a member of staff just put their arms around them and gave them a big cuddle until they calmed down. That person just needed a huge hug – that was all." Another relative told us, "They are very considerate, they are brilliant." We saw caring and tender interactions throughout the day between staff and people.
- We heard examples of staff showing empathy and sensitivity to people's needs. For example, a relative told us, "When [Family member] was so upset and frightened when they first moved here, staff were so kind. I can remember coming in one morning, one of the care staff came in and gave [Family member] a big kiss on their head. Family member knew their voice and responded. I couldn't believe it. That's just kindness and empathy that created that bond."
- People were treated with exceptional care and we heard examples of staff going above and beyond to enrich people's lives. For example, a member of staff took a person to a surprise reunion party with friends held in their honour. The member of staff did this whilst off duty. We heard that the person was very touched and grateful to have seen friends they had not seen for many years. Another member of staff brought their horse to the service for a person, who was passionate about horses, to feed and stroke. We heard that the person was so delighted by this, they spoke about it for months afterwards.
- Staff considered the small things that mattered to people. The registered manager told us they had started to take photographs of a person's hair from behind. This was because the person was proud of their hair and asked what it looked like. Staff printed out the photographs for the person who enjoyed seeing the different hairstyles and showing other people how lovely it looked. We also heard how staff had purchased 'real life' baby dolls for a person who found purpose in looking after their children. They were often seen comforting their 'baby'. For a person who loved cats, they bought a 'purring cat'. The person found it very relaxing to have their 'cat' on their lap or on their bed. A relative told us how their family member found it very uplifting when the registered and deputy managers visited them in hospital following their admission from the home.
- Staff showed exceptional awareness of people's behaviour, health and personalities. We saw staff laughing, dancing and singing with some people who looked happy to be encouraged and stimulated by upbeat interaction. The people enjoyed the company of the staff. Staff also knew that other people wanted to remain quiet. We saw the cook encouraging people to snack. They sat with people, chatted and put them at ease whilst offering home-cooked high fibre scones and cinnamon mini-doughnuts.
- We repeatedly heard that staff developed open and trusting relationships with people and their relatives. A person told us, "I feel very comfortable with the staff." Another relative spoke about how much their

relative liked the care staff said their face 'lit up' when one member of staff was on duty. This member of staff had formed a close bond and the relative said they could undertake personal care activities that they had never thought their family member would agree to. A relative told us, "[family member] has developed quite a rude personality but they laugh at it and cope with them brilliantly."

Supporting people to express their views and be involved in making decisions about their care

- The service had a picture exchange communication system in place. This means that staff had taken photographs of items that were familiar to people in the home, rather than generic visuals and used these to help people communicate. In addition, we saw an information bookcase which was situated in the home and contained material for people to read and discuss. Furthermore, we heard that staff used a recognised pain scale to determine physical pain if a person was unable to express this themselves.
- People's care was not rushed. This enabled staff to spend quality time with people and further supported their involvement in discussions about their care. People could express their views in their own time and at their own pace. A relative told us, "The staff have been attentive, they've listened. They all seem to have lots of time."
- People and their relatives were involved in care planning and the service ensured that people were at the heart of the process. People and relatives told us that they were all supported to be involved in their care decisions. Families and residents were invited to attend regular care plan reviews with management. The registered manager told us they included people and relatives as much as possible. They said, "We ask them how they are, if there is any changes and if we notice anything, we talk to them about it."
- Staff knew and adapted to people's individual communication abilities, Care records clearly indicated people's communication styles and abilities and gave clear information on how to communicate effectively with people. We saw and heard how staff altered their communication styles with different people and that that could interpret people's responses.

Respecting and promoting people's privacy, dignity and independence

- Without exception, staff sought to promote people's independence, as far as was safe and possible. One staff member told us, "It is enable not disable here." People were offered the opportunity to interact with a range of activities and with many different community organisations. For example, positive relationships with local shop owners meant that some people often went to the shops to choose and purchase items, accompanied by staff.
- We heard numerous examples of how people's independence and dignity relating to continence had been promoted. The registered manager told us, and we saw that the continence lead was passionate about making continence management dignified. They were committed to minimising people's reliance on staff and embarrassment associated with this area of care. They strove to support people to become confident enough to be able to go out of the home. A relative stated that the continence lead had advocated a certain approach, which had greatly supported their relative's dignity, confidence and mobility. We were able to speak to the person, who told us, "Yes, they try and let me get dressed myself but come and help me if I've been a while and I go to the toilet on my own. They always knock before entering." Their relative told us, "They took a lot of trouble to help my family member to stay independent." The service purchased a free-standing toilet roll holder to support another person with one-sided weakness, so they could remain independent.
- People were supported to eat independently. When asked about an achievement they were most proud of, another member of staff told us "Encouraging someone to feed themselves. One person, they nearly always do that now...they weren't able to do that when they came into the home." We were told that blue crockery had been purchased for the home. This supported people who were visually impaired to eat well as they were able to see the colour contrast with food on their plate.
- Staff treated people with respect and had a clear understanding of personal boundaries. Staff maintained

people's dignity by ensuring their personal hygiene was maintained and managed discretely. One relative told us, "[Family member] is always clean even if the carers can't shower them." Another relative told us, "They value [Family member]'s dignity and care and look after them as good as [Family member] would."

- Staff were assessed on their ability to treat people with dignity and respect, in actions as well as in their communication. Staff were all fully trained in data protection, ensuring people's personal information was kept confidential.



## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was extremely responsive to people's needs and everyone spoke very positively about the impact of the care received. Correspondence from a visiting healthcare professional stated, "If I hear somebody is struggling with dementia, I always recommend Munhaven."
- People were provided with highly personalised care by staff who knew them exceptionally well. The service made links with the local brownie group because a person using the service used to be a Brown Owl brownie leader. We heard that they had benefitted enormously from interacting with and helping brownies with their activities, games and events. This boosted their self-esteem and had given them a sense of self-worth.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care, treatment and support plans were personalised, thorough and reflected people's needs and choices. The service was very inclusive and staff always consulted and involved people and family members in care decisions. People were provided with information in a way they could understand. This was achieved by using a variety of different books and brochures in formats to assist people with sensory loss. We saw staff adapting their communication styles to good effect with different people.
- Relatives praised the staff for their readiness to respond to changes or any difficulties people encountered. People's changing needs were promptly assessed and information was sought from the person, relatives and other health care professions involved in their care. A relative told us about the quick intervention of staff when their 97 year old family member had a life-threatening emergency. The relative told us, "This has affected their reaction speeds but each time I come along there is an improvement. The strength in [Family member]'s upper body has improved and it is 99% down to these people here."
- We heard further examples of staff responding to people's care needs and achieving good outcomes. A person told us, "The staff help you meet your individual needs, whatever they are. They keep me safe from falling and they also help my continence." Their relative told us that their mum was terrified when they first arrived but that had completely gone now. We heard about the introduction of 'Wellbeing observations' by the managers. The registered manager told us, "This enables us to ensure people's needs are being met and enhanced. For example, a person was being observed and appeared unsettled within a large group of



people. When they were moved to a quieter lounge with soothing music playing, they became settled and calm."

- People were supported to be socially active and access the community. We saw people playing soft ball games and impromptu singing and dancing. Staff had set up a 'Munhaven Choir' for people and staff to participate in and a carol concert was performed when people and relatives had their Christmas lunch last year. We heard how people regularly enjoyed themed afternoon teas and events to mark occasions such as Easter or Valentines Day. Staff created a 'Wish Tree' which supported people to live out their wishes – for example one person was able to achieve his wish which was to ride in a sports car. A member of staff was allocated time each month to accompany people to a local dementia café every month and people went to the theatre and local events.
- People were encouraged and supported to maintain relationships with people that matter to them and to avoid social isolation. The registered manager told us they enabled people to talk to and see their relatives by electronic devices. Relatives told us they were welcomed in to the home to visit their family member at any time and they could eat with them if they wanted to. The cook was happy to include them in meal times. The service created a useful leaflet about living with dementia and dementia leads delivered training sessions to relatives to enhance their ability to interact with their family members.

#### Improving care quality in response to complaints or concerns

- People and relatives were supported to raise complaints if they wished to. The registered manager made sure they were always visible to people in case they wanted to speak to them. A relative told us, "[Registered Manager's] door is always open and if you want to say anything, I picked up vibes from early on they were always available." Another relative said they would feel comfortable raising any issues if they arose.
- The registered manager told us that any complaints and concerns were taken seriously and would be promptly addressed. A person's friend told us, "If I ever had to complain, it would be nothing about the care here." They also said, "I feel confident that any issues would be resolved quickly."
- The person and relatives we spoke with were all extremely happy with the care provided and found it difficult to fault the service.
- We heard that concerns raised by one person's relatives had been addressed promptly and effectively. The registered manager said this had been achieved by spending time with the relatives to develop a good relationship.

#### End of life care and support

- The service provided excellent support to people and their relatives in respect of end of life care. Four members of staff had completed the Six Steps training programme, which is recognised as a best practice approach in this area of care. They were in the process of gaining accreditation. Four members of staff had also completed end of life and advanced care planning training at the local university. The deputy manager was highly committed to providing an exceptional standard of end of life care.
- Staff took time and care to support and involve people and families when discussing and documenting end of life care plans and preferences. People were supported with empathy and sensitivity.
- Detailed and very clear care records showed that people's individual needs and wishes had been explored. For example, one person's plan indicated they had expressed a wish to listen to piano music and hymns, another person's plan stated that they liked peace and quiet. Information had been gathered relating to communication, spiritual and physical needs to enable the provision of person-centred end of life care. The service worked closely with the local GP practice to ensure that if a person did not wish to be resuscitated, this was formally recorded on file.
- The service took measures to ensure people's passing was pain-free, calm and respectful. Collaborative working with the local surgery ensured anticipatory medicine was available at the correct time. In addition, staff had created 'wellbeing boxes' for use during the final days of life. This comprised mouth, facial, lips,

hair and skin products to provide comfort and dignity. We heard that a multi - sensory piece of equipment had been purchased and this was often particularly comforting in people's final days. The device enabled music to be played, images to be cast on the wall or ceiling and long, coloured optic fibres provided visual and tactile interest. Staff told us that when a person was in their final hours of life, there was always a member of staff with them if families were unable to be present. Staff were happy to do this in their own time, to provide comfort to families and to ensure the person did not pass away alone.

- We heard some examples of staff providing outstanding support. For example, in one case whilst completing an end of life care plan, a person expressed a wish to see their family member who they had lost contact with. The family member also wanted to re-establish contact and this was facilitated by staff liaising with both parties. The registered manager also told us about a person who had a hospital admission as they were not responding to treatment and were assessed as end of life. Following their advanced care plan wishes, the staff liaised extensively with the family, hospital and district nurses, and arranged for the person to return to Munhaven to be cared for.

- Staff showed their respect after people had passed away and went above and beyond to provide emotional support to relatives. When anyone living at the home passed away, management and staff always attend their funeral as a mark of respect. We heard that they routinely compiled a photograph album of the person for the family. In one case, the deputy manager copied four photographs and framed them for the person's grandchildren's Christmas presents.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to delivering exceptionally personalised care and a culture of inclusivity, respect and compassion was embedded within the service. Managers and staff fully understood their roles and their shared responsibilities for ensuring people experienced the best possible quality of life. A relative said about the service, "Marvellous, I can't fault the staff or the service, staff can't do enough for you, it's like one big family." Another relative said, "It felt like home as soon as I walked through the door." When asked to describe how they felt about the care they received, one person told us, "I feel this is my home, I do like it here".
- It was evident that the registered manager fully understood how to manage and lead a team to deliver a high-quality service. They truly set the tone and culture within the home and this created a happy workforce and effectively drove improvement. We found a positive working environment and committed staff who displayed very good care skills. We saw and heard that the service was driven by a desire at all levels to meet the needs of the those being cared for. A member of staff told us, "I really enjoy it, it's a lovely team to work with. I enjoy the whole thing - when you see the residents smile and then join in some of the sing songs and get up and have a dance and if you can make them a bit happier."
- There was a strong organisational commitment to ensuring inclusion in the service. We heard how a person was helped to remember their home country and cultural identity through speaking in their native language with relatives of a member of staff. The service also showed sensitivity in meeting the religious wishes of a member of staff.
- The registered manager and assistant manager led by example, covering shifts and working alongside staff and people. They provided excellent leadership, showing compassion and a real desire to maximise people's wellbeing. The registered manager was extremely motivated to achieve the best possible outcomes and quality of life for the people using the service. Their genuine passion for their work was evident. All the staff we spoke with were full of praise for their managers. One staff member told us, "The registered manager] is top notch, number one". A visiting professional stated, "The staff are super friendly, attentive and they always seem to have a smile on their faces, they are a very positive, professional team of people". We heard from several relatives how grateful they were for the care the service gave their family members. A relative told us, "It's taken the pressure off me, [family member] is in safe hands."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us the managers were always approachable and that they felt very well supported. A member of

staff told us, "You can always go to them if you have any questions, have a chat. They are very helpful." Supervisions, competence checks and appraisals were carried out routinely and to good effect. Staff told us that managers provided help and feedback and encouraged them to pursue their interests and develop professionally. Correspondence from a Dementia Nurse Specialist stated, "They are keen to learn from other care professionals in order to enhance their own skills and knowledge and therefore enhance the care of the residents." The creation of the lead roles clearly drove improvements for people using the service. The Registered Manager told us how happy they were that a staff member wanted to regularly review their work as a lead of a certain care area. They said, "To me that's really good, it shows they are proud of their work. I think I have a phenomenal job, I want my staff to feel valued and supported in their roles. If I can do the best for my staff and get a really good staff team, I will get the best care for my residents." Staff were also supported holistically, with access to telephone or face to face support should they need it. A staff member said, "If you have a problem, emotional or physical or whatever, they look after you."

- We saw excellent governance in practice. Internal monitoring and audits demonstrated that the service benefitted from robust and effective quality assurance mechanisms, which ensured continual service improvement. Listening, learning and improving was central to the way the service functioned. Information was readily available, easy to follow and actions required to resolve any issues arising were promptly addressed. The service was compliant with regulatory and legislative requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked closely with a relative and promoted the creation of a Relatives and Residents Support Group. This open engagement offered people and their relatives the chance to voice their thoughts in a group forum. The purpose was to encourage interaction and enable people to discuss any ideas or suggestions for the home or activities. With the agreement of the manager, relatives and people using the service could actively be involved in undertaking tasks, helping staff or even trialling new ideas if they wished to. This recently created initiative had already promoted greater access to community events for people using the service. For example, we heard how people went to the pantomime one night at the local theatre in wheelchairs with the assistant of staff and relatives. The relative who set up the group told us, "[Registered Manager] has been brilliant, they have been really encouraging." They said, "The best schools I've ever worked at are those that work well with parents – they have good relationships and they are confident about opening themselves up to the consumer. I thought this approach could work here too."
- The service had gone to great lengths to develop links with local community groups and had won a NorseCare Community Award in 2018 for this. The dementia leads also created an adapted training session for brownies with whom the service had links, thus increasing inter-generational knowledge within the local community. This has included staff providing a successful, tailored dementia friends session for the brownies to help them understand better 'the special grannies and grandads' at Munhaven. Work is being undertaken to develop the links with the brownies and girlguiding groups in Norfolk to benefit other NorseCare schemes in the area. A member of staff volunteered at the local dementia café and secured a £500 Norse community fund grant which was allocated to the café. A member of staff had protected hours in their rota to support people to attend the café. The service participated in community events including the first Norfolk Day celebration.
- Staff told us they could easily speak with managers who were open to and interested by new suggestions and ideas. Staff were actively encouraged to contribute ideas to shape the service through regular staff meetings and open communication with the management team. Staff told us they felt listened to and valued.
- The relatives we spoke with were all happy to give their views individually to the managers as well. They were also able to review the service via the annual survey, which generated very positive feedback.

### Continuous learning and improving care

- The registered manager told us how they had been looking forward to the inspection as they really valued feedback to help them make improvements. They had worked creatively since the last inspection to continue to enhance the experience of people using the service. This showed they were forward-planning, motivated and continuously looking for ways to improve. We saw and heard about these improvements and they have been reported on in the previous sections.
- Since the last inspection, the service had been awarded the Norsecare Community Award 2018, the carehome.co.uk and 'Top 20' award for the East of England for 2017 and their cook won a National 'Our Care Catering' award 2018. The 23 reviews on carehome.co.uk at the time of the inspection generated a score of 9.9/10.
- The results of the annual survey formed the basis of the service's development plan for the following twelve months. We had sight of this plan and it demonstrated there was a structured approach to introducing further improvements

### Working in partnership with others

- The service had created excellent links with local community and support groups for people. In addition to the brownies and the dementia cafe, the service had linked up with Active Norfolk to enable people to participate in The Great British Cycling Challenge later this year. The registered manager told us that people using the service who wanted to could participate would use adapted armchair exercise bikes and staff who would use exercise bikes. The event involved following a virtual route on a tv map, with places of interest to stimulate discussion en route or at the end. The service had also created effective links with the local Parish Council, local shop owners and organisers of a local country fair. The registered manager told us that through working with local councillors, the service had been invited to host a stand at this year's Norfolk Day celebration. This partnership working had created multiple opportunities for people using the service to engage with a range of community events and people.
- The service worked extremely well with the GP surgery and a wide range of health care professionals. Written communications from many of the professionals who work with the service complimented the work of the staff and manager highly.
- The registered manager liaised with local authorities and safeguarding teams. They attended Norsecare meetings, which enabled them to share ideas and experiences with other registered managers.