

St. Catherine's Care Homes Limited

# Monson Retirement Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 January and 3 February 2017 and was unannounced. Monson retirement home provides accommodation and personal care for up to 50 people with and without dementia. On the day of our inspection 34 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received excellent care that was individualised and person centred. Their choices and wishes were promoted and respected. People had formed excellent relationships with staff and were encouraged to maintain relationships with their family and friends.

People were actively supported by staff who promoted their independence, and managed their privacy and dignity in a sensitive manner.

Staff understood their responsibility to protect people from the risk of abuse and appropriate action was taken in response to any incidents. Risks to people's health and safety were regularly assessed and action taken to reduce the risks.

There were sufficient numbers of staff employed and people's needs were met in a timely manner because staff were organised and well deployed. People received their medicines when they needed them and medicines were stored and recorded appropriately.

Staff received regular and appropriate training for their roles and understood their responsibilities in obtaining consent when providing care for people.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition as staff had a good knowledge of people's dietary requirements. Mealtimes were a sociable and supported time with staff working together to ensure it was an enjoyable experience.

People health needs were managed well with staff working with health professionals to ensure all concerns were managed in a co-ordinated and timely way.

People received care from a group of staff who were caring and kind. They promoted people's

independence and worked with people to ensure they achieved the best level of independence they could.

People were supported by staff who treated them in a respectful and inclusive manner and their opinions and views on their care were recognised and acted upon.

People were encouraged to remain socially active and the service provided a wide range of supported activities for people and their families.

People felt they could report any concerns to the management team and they would be taken seriously. The management team were approachable and proactive in developing the quality of the service for the benefit of the people who lived there.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse and risks to their health and safety were well managed.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

### Is the service effective?

Good ●

The service was effective.

People were well supported by staff who were themselves supported with regular and on-going training and supervision. This was over seen by the services care co-ordinator to ensure they could perform their roles and responsibilities effectively.

People were supported and encouraged to make independent decisions, and procedures were in place to protect people who lacked capacity to make decisions.

People's nutritional needs were well managed and they received a varied well balanced diet according to their individual needs. People who required help with their nutritional needs were well supported by staff who had the necessary knowledge to assist them

People's health needs were effectively and pro-actively monitored.

### Is the service caring?

Outstanding ☆

The service was very caring.

People had excellent relationships with the staff. They were supported by staff who were kind, caring and committed to ensuring they received the care they chose, with their likes and dislikes respected

People's independence was actively promoted by all staff.

People's privacy and dignity was well supported and they were treated with a great deal of respect care and kindness by the staff...

### Is the service responsive?

Good ●

The service was responsive

People were involved in planning their care in the way they wished and the service actively involved relatives when appropriate. People's care was individualised and there was an emphasis of improving mobility and independence.

The provider actively promoted social inclusion for people on a daily basis, within the home and the broader community. The range to social activities available meant that people had a choice of what they wished to participate in.

People were aware of whom they could talk to if they had any complaints and felt any complaint would be acted upon.

### Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

# Monson Retirement Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We visited the service on the 30 January and the 3 February 2017 this was an unannounced inspection. The inspection team consisted of one inspector, a specialist advisor who has a background in providing and overseeing care in a social care setting and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider also 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 what improvements they plan to make. We took this into account when we made the judgements in this report. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 12 people who used the service, two relatives, five members of care staff, the cook, the care co-ordinator, the deputy manager, the registered manager and the owner of St Catherine's Care home Ltd. We looked at the care plans of six people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the service, a number of people told us the controlled access to the building gave them peace of mind. One person told us they had faith in the staff to manage their safety. They said, "They (staff) are a trustworthy bunch." Another person told us staff kept their money in the safe and gave it to them if they needed it. They said, "We trust them with that."

Staff we spoke with were aware of their responsibilities in keeping people safe. They showed a good understanding of the different types of abuse people who lived in the service could be exposed to. They told us not only were they given training in safeguarding they discussed safeguarding issues and this had helped their awareness of the subject. One member of staff said, "I would go to my supervisor and from there work my way up if it wasn't sorted. If it wasn't dealt with I would go to CQC or the safeguarding team." Another member of staff echoed these sentiments, and also said they had confidence that if they reported a concern it would be acted upon. The staff we spoke with were able to tell us where they could find the relevant contact details of the appropriate bodies. They told us the details were on the notice board in the office and we saw this was the case.

The assistant manager told us they had developed a good relationship with the safeguarding lead at the local authority and they felt able to ring them for advice or to discuss a referral if necessary.

The registered manager showed a good awareness of their responsibilities in safeguarding the people in their care. We saw they had made appropriate referrals to the local authority and the CQC and had followed up on actions related to incidents working with the referral health professionals to keep people safe.

Relatives we spoke with told us they felt the service was a safe environment for their relations. One relative said, "Oh [relative] is definitely safe, the staff watch out for them." Another relative said, "Is (name) safe? Oh my gosh yes. (Name) has a sensor thing in their room if they get up."

Risks to individuals were assessed when they were admitted to the service, however some risk assessments we viewed lacked appropriate detailed information on how to manage some of these risks. We discussed this with the registered manager and the service's care co-ordinator who told us they met the care staff each day at 10.30am to discuss any changes in people's conditions. They told us this highlighted the potential changes to the risks to people's well-being and how to manage them. But they had also recognised the risk assessments lacked useful information on how to manage risks to individuals and they need to have more detailed risk assessments in place.

As a result they had begun reviewing each person's risk assessments to ensure there was a detailed up to date picture on which to build on the daily group discussions about any changes to people's needs. We were able to view some of the new risk assessments and saw the information they contained gave a much clearer picture of how staff should manage these risks.

For example one person suffered from a long term medical condition and the new risk assessment

highlighted the measures staff should take to maintain stability in both the short term and long term for the person. The risk assessment gave staff a full picture of how the person's condition affected different areas of their care and how this should be managed.

Despite the lack of information relating to managing risks to people in some of the care plans, people and their relatives told us the risks to their safety was well managed. People we spoke with told us the staff helped them move safely and we saw one person being assisted to use a stand aid safely. The person was very relaxed with staff as they assisted them, other people told us they were given the right support and help to keep them mobile.

Staff we spoke with were very knowledgeable about the individual risks to the people they cared for and one member of staff was able to give an example of how they had managed a particular risk to one person's mobility. They told us the person had been admitted to the service from hospital where they had been supplied with a walking frame, but had been struggling to use it effectively. The member of staff had discussed this with the person's family; they explained their relative had a different type of walking frame prior to their admission to hospital. The member of staff had asked them to bring this into the service and had the person re-assessed to ensure they were safe to use the frame. As a result the person's confidence improved and their mobility had increased. This showed the member of staff had been continually assessing the person's needs to ensure they were managed effectively and safely.

During our visit we saw the service was in a very good state of repair and the PIR noted that any repairs highlighted by staff were dealt with within 48 hours. Staff we spoke with confirmed they would record any issues in the maintenance book and highlight to the registered manager or provider and the repairs would be undertaken straightaway.

The owner of the service told us they were at the home most days and was able to oversee any issues with building maintenance. They told us they audited the maintenance programme on a regular basis by checking the repair requests had been completed to the standard they expected and ensuring that servicing of equipment was undertaken in a timely way.

Staff we spoke with also told us they had regular fire drills and the owner had a plan in place that gave information to staff on the different roles they were required to undertake should there be a fire in the building. We saw a copy of the plan in the staff office and in the fire folder, the fire folder also contained PEEP's (Personal Emergency Evacuation plans) which gave staff and the fire service information on what assistance people would need during evacuation.

People we spoke with told us that staff were attentive and always available. One person we spoke with told us they were a bit anxious the night before and had pressed their call bell, they said, "They (staff) were there quickly." Another person said, "Enough staff yes, and they are all very capable and well trained." Another person we spoke with told us, "If I'm awake at 5 or 6 am and press the buzzer they will come and help me get dressed and have a shower." Relatives we spoke with told us they were happy with the staff levels and the way staff worked together to assist their relations.

Staff we spoke with told us there were enough staff to meet the needs of the people who lived at the service. One member of staff said, "Yes (The staffing levels) seem to work fine, we have bank staff if people are off sick, and management do try to cover." Staff we spoke with all told us that the management team helped by working on the floor if staff needed support. On the days of our visits we saw the deputy manager, registered manager and care co-ordinator all assisting staff with care and one member of staff said, "This is not done for your benefit this happens every day."



The registered manager explained to us they used a dependency tool to assist them to maintain the right levels of staff throughout the day and night. They also spent a lot of time supporting staff and observing so they could establish quickly if the staffing levels met the needs of the people they cared for. We saw that as well as staff working two 12 hour shifts the registered manager had some staff work a twilight shift during the evening to ensure that people's needs were met in a timely way. The registered manager also told us the staff worked in teams and had particular shift patterns. They felt this aided team working and staff supporting each other.

The registered manager had taken steps to ensure that people were cared for by staff who had undergone the necessary pre-employment checks and were fit and safe to support them. We examined four staff files that showed before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we spoke with told us they received their medicines on time. One person told us they were prescribed 'quite a few tablets.' They said, "They deal with everything. I get them (medicines) on time, regularly at the table after my meals."

We observed a medicines round and saw that the staff member followed safe practices and ensured each person took their medicines. We saw that medicines were stored correctly and records relating to administration and ordering were up to date. There were protocols in place giving staff clear information about 'as required' (known as PRN) medicines and staff we spoke with showed a good understanding of ensuring people who required medicines at particular times received them correctly.

## Is the service effective?

### Our findings

People felt that they received care from sufficiently skilled and competent staff. One person told us, "They are all very capable and well trained. Another person said, "They know how to do things, they are well trained. The carers know when to call a doctor." Relatives we spoke with felt staff were competent in their roles. One relative discussed the way staff dealt with different people's behaviours, they said, "They (staff) are very relaxed, see it (managing people's behaviours) as part of their job – they know what people are like, they seem to be well trained. They handle people really well, seem calm about it." Other people who lived in the service echoed this statement, one person said that if anyone did display challenging behaviour staff would, "Stop with you and move the other person away in a caring way. They are always very calm."

Staff we spoke with told us they felt they had the knowledge and skills required for their job role. One member of staff we spoke with told us they received regular training, they said, "It is useful face to face training." The member of staff told us that as well as the mandatory training they had undertaken training on managing challenging behaviour, dementia care and they were undertaking a nationally recognised qualification in care. The member of staff told us they had undergone a supportive induction and the care co-ordinator worked with them to ensure they had their competency assessed in the different areas of care.

We discussed the training programme with the care co-ordinator who oversaw staff training. They told us they put a lot of effort into ensuring staff met their standards of care. New staff would not have their competencies signed until the care co-ordinator had assessed them. The care co-ordinator explained they tailored the induction to meet the needs of the member of staff. For example someone who was experienced who may be working night duty would be given an intensive induction period with the care co-ordinator who would then go on to night duty to observe their practice and sign off competences.

The chef at the service told us they had completed their food hygiene training and they worked with the care co-ordinator to ensure all staff met their standards for food delivery at meal times. They mentioned areas such as making sure plates were not cleared until all people at the table had finished eating and not rushing mealtimes. The care co-ordinator confirmed to us that the chef was very supportive in relation to ensuring all staff had the knowledge and skills to ensure the mealtime experience was of a high standard for people.

The registered manager told us it was very important to them that staff were given the skills to provide a high standard of care for the people who lived in the service. They told us they had created the care co-ordinator's/trainer's role to ensure staff received regular training. As well as mandatory training the registered manager told us the care co-ordinator had worked with health professionals to provide training for staff on subjects such as diabetes and tissue viability. They told us these sessions had been useful for everyone.

The PIR noted that the service recognised, people had given up a good deal of their independence in entering a group living situation as a result the staff working at the service regarded it all the more important to allow people to think and act for themselves. We saw people were supported to make independent decisions about their care and staff understood the importance of gaining consent when they provided care

for people. One person we spoke with told us, "They cream my legs every day. They always ask if you want it, wouldn't do anything without your consent." Relatives we spoke with told us they saw staff asking people for their consent when they went to assist them. For example one relative told us they witnessed when one person was a little confused a member of staff going to them and asking them if they would take their hand and walk with them. The member of staff waited until the person gave them their hand rather than taking the person's hand.

Staff we spoke with understood the importance of gaining consent when they provided care for people. One member of staff said, "Even if they can't tell you, you can see in their faces whether they like something or not." They told us they would be led by the person and what they wanted. Another member of staff told us (in relation to providing care), "We would always ask people what they want. If people refuse or are dressed inappropriately I would talk to them and if they didn't want to change I wouldn't force them." The member of staff went on to say that someone would usually be able to assist the person. They told us they would wait and go back later or get another member of staff to approach the person in a different way. They said, "We can usually assist people without upsetting them."

The registered manager told us they did not use restraint at the service but worked with people, their relatives and health professionals to manage people's care. The registered manager told us because staff had received training and support to manage people's behaviours they had not had a lot of issues with this aspect of care. Throughout our visit we saw staff supporting people calmly and positively. They diverted people and offered positive support such as asking people to assist them with tasks or just talking with them.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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. We saw completed assessments of people's capacity to make decisions were in place, and records made of best interests meetings. For example a best interests meeting for one person who lacked capacity had been held and their previously expressed wishes in relation to an aspect of their care had been taken into account when reaching a decision for the person.

Staff we spoke with showed an understanding of the MCA and how the act affected their role in supporting people. One member of staff said, "Even if people can't always make some decisions for themselves, you still offer them choices, it's about balancing the risk and promoting independence. If they aren't safe to go out on their own they can still go out with assistance." Another member of staff said, "People can be more confused on one day than another." They went on to say, "Use the least restrictive option and act in their best interests."

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). We checked whether the service was working within the principles of the MCA, and saw that any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications had been made to the local authority and, where an outcome had been received, this was recorded in the person's care file.

People were supported to maintain a healthy diet and their nutritional needs were well managed. People we spoke with told us the food provided was good and they were given enough to eat. One person said,

"The food here is beautiful." Other people told us there was always a choice of meals, one person said, "I am not fussy, I'll eat what they give me because it's lovely." Another person said, "(Food) very good, very nice. You get enough, yes. They come round every day and you have a selection of two or three options."

People told us their preferences were catered for, one person said, "I can't eat chocolate so (chef) does something different for me." Another person said, "If you don't like something you never see it again they remember."

Staff we spoke with showed a good understanding of people's nutritional needs and were able to discuss individual's diets with us. The chef was aware of people's dietary requirements, they had a list of all the people's allergies and food to be avoided. They knew who required a diabetic or fortified diet and told us they provided protein shakes every afternoon which were very popular with people who used the service. During the morning of our visit, prior to lunch the chef went round people to establish their choices for lunch. The chef used visual aids when necessary and clearly knew the needs of the people they were addressing.

We observed mealtimes and saw people with given appropriate support when required. The tables were set with condiments, napkins and cups and saucers, some places had adapted cutlery. Meals were well presented and looked appetising. People told us they were hot and enjoyable. Throughout the meal staff encouraged people to eat and when one person had not eaten their meal despite encouragement from a member of staff we saw the member of staff sitting with them and offering alternatives. The person asked for a ham sandwich which was provided and they ate this. The meal time process was not rushed and there was a short delay between the main course and dessert. During this time staff supplied people with extra drinks, the registered manager told us the delay was planned to ensure people digested their meal and drank extra fluids. Throughout the day we saw people had access to regular hot and cold drinks and staff gave encouragement to people to drink regularly.

People's weights were monitored regularly and where necessary people's food and fluid intake was monitored. We saw staff had worked with health professionals such as dieticians or the speech and language therapy team, who provide advice on swallowing and choking issues, for individuals who required this input.

People told us their health needs were well managed and they had access to health care professionals to support them with their health care needs when required. One person told us, "If you want to see a doctor you ask them in the office and they arrange it." Another person told us they had a condition that was affected by scented sprays and staff were aware of this and were careful with the products they used around the person. Relatives we spoke with told us staff was very good at keeping them informed of any changes to their loved one's health. One relative said, "They keep me informed about [family member]. They got a sore on their leg once and they got the doctor and told me."

We spoke to a visiting health professional who visited the service regularly they said, "I have no issues here. I think they are very good." The health professional told us the staff took on board what they told them, and they saw it documented in front of them. They told us the things they asked for were dealt with efficiently. They were always supported by staff when they came to the service. The health professional said, "The deputy manager is very organised and gets everyone ready for us, all the staff are helpful, it's a good place."

Staff we spoke with supported these comments, one member of staff told us senior staff acted on any concerns about people's health. They told us, "Yes (health needs) are managed by us all, if we see anything when we get people up in a morning we report to senior staff and it gets sorted."

Our observations during our visit supported the information we had been given. People's records showed where referrals to health professionals had been made and what the outcomes were. We also witnessed a member of staff come to a person who had complained of pain in their foot. They asked them about the pain and if they wanted the district nurse to look at it, the staff member took the person to the nurse. We later saw the person who told us a chiropodist appointment had been made for them to deal with the issue.

## Is the service caring?

### Our findings

Without exception, people who used the service and their relatives commented positively on the care and support provided in the service. People told us the staff who supported them undertook the different aspects of their care with excellent knowledge and skill. One person told us staff knew them very well and said, "Very nice people (staff), very, very kind." Another person said, "They are all very good, they go out of their way to help you. If they don't know how to deal with something they find someone who can, they never turn you away." One relative we spoke with told us the staff were 'amazing' they said, "I can't praise the place enough." Another relative told us there was a homely atmosphere at the service, and staff interacted with people well. They told us staff had jokes with people and spent time talking with them. On the day of our inspection we witnessed numerous positive interactions between people and staff. For example the chef came out to discuss people's meal preferences and during this time we saw them sitting chatting to people not only about meal preferences but other topics. The owner spent time chatting to people and we saw at one point he had sat with a person showing them pictures on his mobile phone. It was clear these interactions were a regular occurrence as people indulged in friendly banter with staff.

There was a strong person centred culture at the home where people were treated equality and valued as individuals. The PIR stated the philosophy of the service was to treat people with compassion and kindness as a valued individual. Staff provided compassionate care and support for people showing genuine warmth and empathy for all the people living at the service. Throughout the inspection we saw the staff interacting with people positively, taking time to have conversations with people and using gentle, caring and reassuring physical contact when interacting them. Staff tailored their interactions with people to match their needs. It was clear staff had an excellent knowledge of the people they supported. For example, We saw one person who appeared confused, staff quickly picked up on this and gently invited the person to engage in domestic task. This timely and compassionate support reduced the person's confusion and put them at ease. We observed staff supporting another person to who was gradually regaining their mobility. Staff were encouraging and gave the person the time and space they needed. The person was calm throughout and appeared reassured by the approach of the staff member. The registered manager told us they wanted people to feel staff had time to allow them to do things for themselves and retain their independence as much as possible.

Supporting, encouraging and maximising people's independence was central to the ethos of the provider. We saw this in practice during our inspection visit, staff worked to improve and maintain people's self-esteem through supporting their independence. Staff were encouraged to stand back, take time, prompt and assist people to build on their independence. Feedback from the relatives of people who lived at the home supported this finding. They told us that whilst staff catered for their relations' needs they also really encouraged people to retain their independence. One relative told us their relation had seemed to give up prior to going to live temporarily at the service. They said the person had struggled with walking and lacked the care, encouragement and support at home to mobilise resulting in them using a wheelchair. Following the person's admission to the service staff spent time supporting and encouraging the person. As a result their mobility had improved to the extent that they were able to return home with the ability to walk short distances around their house. The relative told us, "It was like a miracle," they told us the staff were 'brilliant'

and couldn't put into words how happy they were with the care their relative had received.

People's friends and relatives were welcomed to the home and staff went over and above what was expected of them to make visits for relatives meaningful and enjoyable for everyone. People's relatives told us they were encouraged to join their family members for meals and we observed that the meal time experience was thoughtfully managed to promote relationships and ensure a homely environment. The staff team had developed a family room which contained games, toys and crafts for the use of younger visitors to enable stimulating interactions between themselves and their relations. We spoke with the relative of one person who told us that this had enabled them and their family to spend a longer period of time with their relation on Christmas day. The caring and considerate approach taken by the provider had enabled relationships to grow and develop.

The staff team had a good understanding of what was important to people and used this to enable people to develop community connections and build new relationships. One person had served as part of a flight crew during their time in the forces and this was still important to them. Staff arranged a visit to a local aviation museum and as a result links had been established with a forces veterans group who were then invited to the home. We saw photographs of the person enjoying lunch with the veterans. Also a small number of people also now attend a Camaraderie club each week run by the veterans group. This thoughtful approach enabled people to develop relationships based upon shared interests and reduced the likelihood of social isolation.

Care was taken to minimise any distress or anxiety when people moved into the home. Relatives we spoke with told us the provider, registered manager and staff spent time with their loved one and themselves when they first came to the service to assist them with the transition of living at the service. We were told this was very helpful and gave reassurance and support at a difficult time. People were encouraged to express their views on their care when they first moved into the service and throughout their stay. One relative we spoke with told us both they and their relation had been involved with their care plan. They told us as their relation had wanted to return to their own home once their health had improved. The staff spent time with the person and discussed the different aspects of care they hoped to assist the person to improve upon and how this could be achieved.

The caring approach extended to the family and friends of people who used the service. The provider had recently set up a family and friends support group. The aim for the group was to discuss their experiences of dealing with the changing needs of their loved one and support each other with their emotions and struggles. The registered manager hoped this would further reassure relatives and friends reduce feelings of isolation at a difficult time.

People told us staff cared for them in the way they wanted to be cared for. People's choices were respected they told us they were not restricted in any way, they chose when they got up and what time they retired for the night. One person said, "I could sit up all night if I wanted." Relatives we spoke with told us their relations were treated with respect by staff and were encouraged to form friendships with each other; one relative told us they had enjoyed visiting their relation whilst they were living at the service. They said, "We got to know other people who lived there, there's a very sociable atmosphere."

People were encouraged to express their views and people felt that they were listened to and that their opinions mattered. People told us they felt the resident meetings that took place at the service had their views and opinions at their heart, and they felt able to talk about the things that mattered to them. One person told us, "Yes I go (to the meetings) occasionally. We can talk about things such as menus and things we would like to do," Another person said of the meetings, "We don't really need them because you can talk



to any of them (staff and managers). If you have any problems you just go to them." Records showed that topics of conversation at the meetings included suggestions people had made for social events and people's suggestions of the different foods they would like on the menu. We saw pictorial evidence of the social events people had requested being made a reality. For example we saw pictures of people playing ten pin bowling, enjoying an interactive religious service and people playing dominoes whilst enjoying a glass of wine.

People were supported and encouraged to maintain relationships and consideration had been given to people's need for privacy. The importance of relationships had been considered in the design of the service. The service had self-contained apartments to enable people to have privacy and independence whilst ensuring they were part of the wider community. This had enabled two people to continue to live together and to maintain their personal relationship in a supportive and inclusive environment.

Upholding and promoting people's dignity was central to the service provided at Monson Retirement home. The staff and management team had an in depth understanding of the impact dignified care and were mindful to ensure that each individual was valued and respected. One person had come to the service after they had become unable to manage at home which had resulted in them neglecting their care needs. The staff had worked with the person to improve their health and build their self-esteem and improve their sense of wellbeing. As a result of this the person had a renewed sense of pride in their appearance and had consequently developed new friendships.

Staff we spoke with were able to describe the steps they took to promote people's privacy and dignity when they were providing care. One member of staff discussed how they maintained a person's dignity when supporting them at mealtimes. Whilst the person struggled to cut food up they were able to eat independently. The member of staff explained how important it was for the person's self-esteem to undertake this, they told us they would ask the person what help they needed make sure everything the person required was in place and be led by them. The member of staff said, "This to me is maintaining someone's dignity." A relative we spoke with told us, "Staff are always very pleasant when speaking to people, respectful." They told us they felt they could see staff considered people's dignity from the appearance of their relative when they visited. They said, "People look well cared for."

Both the registered manager and the owner of the service talked about the importance of ensuring staff treated people with respect and they led by example. Throughout the visit we saw the registered manager and owner of the service interacting with people, it was clear the people who used the service mattered to them and they were treated with care and respect.

People could be assured that their right to privacy would be protected. Staff took maintaining their privacy and upholding their dignity seriously. One person we spoke with told us, "They always knock before coming in. They respect my dignity when they shower me." Another person said, "They knock (before going into their room), yes I wouldn't put up with them barging in."

High quality and individualised end of life support was provided at the service. The staff team worked closely with individuals, their relatives and the wider health professional team to ensure people received their end of life care in the way they wanted it. Relatives we spoke with told us staff spoke inclusively, openly and sensitively with their loved ones about this aspect of their care. The registered manager on the PIR reported they would work with the Marie Curie nurses as well as the district nurses and GP's to ensure people's individual preferences with carried out. The advanced end of life care plans we viewed were detailed and individualised, recording people's spiritual needs and social needs as well as their wishes of where and with whom they wanted to spend the last period of their lives.



## Is the service responsive?

### Our findings

People told us they received the care they needed and felt that staff did all they could to provide person-centred care. One person said, "Yes they do that well, no matter what you ask for they'll try and get it." People felt their individual preferences were known by staff, one person told us, "I like to go to bed about 11pm and get up about 9 am they know my routine and what I like." Some people we spoke with told us they had not seen their care plans but they didn't particularly want to as they preferred their relatives to do this. One person told us, "They (staff) talk to me about what I want." One relative we spoke with told us they had been involved in their relative's care planning They said, "Yes they talked to us and (name) too, because they were trying to help (name) get walking before they went home."

During our visit we saw that staff provided responsive and person-centred care as well as ensuring that time specific tasks were carried out. When staff gave assistance to people they allowed the person to do as much for themselves as they could, remaining attentive but giving encouragement and praise. The registered manager told us, "We do try to show people their care matters, and treat people as individuals, it's important." They were able to give examples of how they promoted individualised care for people. Explaining how one person did not want to do anything before they had a cup of tea in a morning and how another person always enjoyed a cooked breakfast. The registered manager discussed how the staff in the laundry were very careful with people's clothes and the effect this had had on one person who clearly liked to be smart and well-dressed but had struggled prior to coming to the service to maintain this. They said, "Now we manage their laundry it's meant they can manage their appearance to the standard they want."

Staff we spoke with told us the communication around people's individual needs was excellent. As well as the individual care plans they were able to get information from the daily care records and a computerised priority record which was completed daily to show any significant changes in a person's needs. One member of staff told us they found this particularly helpful if they had a few days off as it gave them a pointer so they could check a person's care plan.

The registered manager told us people's needs were reviewed each day as well as the morning and evening handover between night and day shift there was a 10.30am meeting between staff where any issues of concern were raised. The registered manager, deputy manager and care co-ordinator always attended to ensure they kept up to date with people's needs. Staff we spoke with told us this meeting was very useful and they were encouraged to share any concerns they had regarding the people they care for and issues were addressed.

People who lived at the service were supported to remain as socially active as they could and there were a number of regular activities in place to prevent people from becoming isolated or bored. Everyday a member of staff undertook an exercise session in the main seating area. The session lasted approximately 15 to 20 minutes and people were supported to join in as much as they could. Some people stood with staff and undertook the exercises and other sat and joined in. We saw people enjoyed the session whether they took an active part or just watched, there was a lot of friendly banter and laughter and it was clear this was a regular event. This was followed by morning coffee, this was a very sociable event with staff chatting to

people as they offer snacks around. As the main living area flowed by design from the dining area to the lounge areas to a bar area, some people moved to the bar area for their coffee this gave the feeling of an event and we saw staff supporting people to walk to that area.

People we spoke with told us the social activities were excellent and varied so if one person didn't enjoy one activity there were other things they could do to suit their preference. One person said, "I sit and watch TV and talk. I never get bored, always someone to talk to you. I don't want organised things, at my age I am happy to sit and relax and talk." We saw that a member of staff was talking with this person as part of a small group during the morning which was discussing the news on the TV. The care worker took time to explain the news items and encouraged comments from people.

Other people we spoke with told us they had the chance to go out on different excursions, one person said, "They keep us occupied. They don't make us feel like old people, we were at a pantomime a couple of weeks ago." It was clear from the discussion we had with people the service provided a range of social activities and events to keep people stimulated. However people were not forced to join in with activities if they did not want to. One person told they preferred to spend time in their room, but they enjoyed going out for a walk into town and said, "They (staff) usually find someone to go with you, I walk it's not far."

Relatives we spoke with told us they were happy with the approach the service took to encourage people to remain socially active. One relative said, "They don't leave people 'banged up' in their rooms they do encourage them to get out." Another relative we spoke with told us they were impressed with the facilities available for people. They told us the home had its own cinema with regular showings of films and there was a hairdresser's salon. The relative told us they always enjoyed going in on a Friday as there was a karaoke session in the afternoon and people enjoyed joining in with this. The registered manager told us they had also introduced 'Sherry Friday' and a lot of the residents enjoyed these two events.

Staff we spoke with told us there was always something going on for people. One member of staff said, "We have a really big list of activities we can do so there is plenty of variety." They told us they liked the fact that they could take a person out for a coffee or walk if they wanted to go. The staff member also said if they took a small group of people out one day they would ensure other people had the opportunity to go out on another day.

The registered manager told us they talked to people all the time and a lot of events that had been introduced had been at the request of people who lived at the service. They told us "We are led by the people here, we encourage them to join in but we don't force people."

The PIR noted that the management team had been working with groups in the local community to build links for people who used the service. Two local religious groups came to the home to provide services for people and the home participated in the 'share the chair' scheme offering meals to those in the community who were isolated or lonely.

People we spoke with told us they had had no reason to raise any formal complaints about their care, but all said they felt they could and would if the need arose. One person said, "I could talk to them (staff) if I had a problem but I've never had to." Another person told us, "I know them all, you can talk to them all." A relative we spoke with who told us they never needed to raise any issues said, "But I think I could raise anything, they (staff) are very friendly. I can't think that I've got anything to complain about."

We saw the complaints policy was displayed in the entrance of the service and staff we spoke with knew how to deal with any complaints they may receive. Staff we spoke with told us they tried to sort any small

problems out before they became a complaint and that the management team were responsive if they went to them with any issues people or their relatives had shared with them. One staff member told us, "I always let the senior person know if anyone has a concern and it gets sorted before it becomes a complaint or problem."

We discussed with the registered manager how they dealt with complaints and issues and they also confirmed they dealt with any niggles early to prevent problems. They said, "Because we spend a lot of time with people talking individually we sort out concerns."

## Is the service well-led?

### Our findings

All of the people we spoke with told us that the culture of the service was relaxed and open. One person said, "I know (name) the manager yes. You can talk to her, she is very kind." She works hard, she's like an ordinary carer." Another person we spoke with told us, "I could talk to all of them, the manager, deputy and owner too he will get things moving too." Relatives we spoke with also told us they had a good relationship with the registered manager and her team. One relative said, "(Name) manager is very approachable and (name) deputy manager is very good."

During our visit we saw there was a friendly and relaxed atmosphere across the home. Staff enjoyed working at the service and worked together well as a team. The staff we spoke with told us they found the registered manager and owner to be approachable. Staff felt there was an open culture in the home and they felt comfortable raising concerns or saying if they had made a mistake. A member of staff said, "We are a team collectively. You don't have to make decisions on your own; we discuss things and agree together." They said, "There is a very good level of communication and you see (the owner) working with the maintenance staff." Another member of staff said "I enjoy working here very much."

Staff told us they built relationships with the people they cared for as they were consistently caring for the same people. One member of staff said, "I have built up a rapport with the people I am key worker for." They went on to say, "We do change round so we get a good insight to everyone." There was an emphasis on improving people's mobility and staff were proud of the improvements in mobility which had been achieved for some people. One member of staff said, "The home does a lot with residents to enable them to be as mobile as possible." Staff felt this ethos came from the top and embedded in the culture of the provider.

Staff told us they were aware of the whistle blowing policy and felt they could raise issues of concern in a number of ways. The telephone numbers for the registered manager and owner were in the office and there was a complaints box that could be used to raise anonymous concerns.

The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed the issues we had been notified of since we last inspected had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

Staff told us they saw the registered manager, the deputy manager and the owner regularly on the floor and said the registered manager often came in at a weekend when she should have been off duty. One person said, "Since they (the registered manager and owner) are here every single day you don't have to wait if you have a concern or an issue you want to discuss." Another member of staff said, "They don't stay in the office. They mingle with everyone and hazards are spotted." They said the registered manager, "Helps out with everything regularly. She isn't just doing it because you are here."

One staff member told us the manager was, "Friendly and fair." Another staff member said, "One of the best things about working here is that we have a straight forward relationship with the managers. They are

always here and on the floor." A further member of staff said about the management team, "They treat staff really well here; they are really good with us."

Staff told us about the daily 10.30 am meeting which they found very helpful and told us they also had staff meetings from time to time. Staff told us they felt able to make suggestions and the registered manager listened to their ideas and tried to implement them. We viewed minutes of the meetings and saw there were regular agenda items as well as records of issues staff had raised and what had been done about them.

Staff were supported with regular supervision meetings, although a large number of staff told us they didn't feel they always needed the meetings because they were able to discuss any issues on a daily basis. One member of staff did tell us they found the supervision meeting useful they said, "It helps me know if I am doing my job right, and going forward with things I would like to do."

The registered manager and the owner of the service monitored the quality of the service regularly. They performed unannounced visit in the evenings to satisfy themselves that the standards of care were maintained and there were Internal systems in place to monitor the quality of the service provided. These included analysis of incidents such as falls, audits of the environment, which were undertaken by the service's administrator and over seen by the owner of the service. We saw actions had been taken to address any issues raised from the audits. Care plan and medicines audits were undertaken by senior care workers and over seen by the care co-ordinator to ensure any errors or shortfalls could be identified and actions implemented to maintain the quality of the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.