

Cornwall Care Limited

Mountford

Inspection report

Cyril Road
Truro
Cornwall
TR1 3TB

Tel: 01872274097

Website: www.cornwallcare.org

Date of inspection visit:
04 July 2017

Date of publication:
05 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 05 July 2017 and was unannounced.

Mountford is a care home providing nursing care for up to 38 people some of whom are living with dementia. The service is set in a residential area of Truro. It is a single storey purpose built service. There were a range of aids and adaptations which were suitable to support people. The service is close to local amenities and a transport network. The garden area has been developed as a sensory area which is suitable for people with mobility needs. At the time of the inspection visit there were 34 people living at the service.

At the last inspection in July 2015 the service was rated overall 'Good'.

Staff demonstrated an exceptionally caring, compassionate and kind attitude towards people who lived at the service. People told us staff were very respectful and spent quality time with them or their relative. There were numerous examples of how caring attitudes of staff had a very positive impact on people's lives. For example, staff were supporting people who were entering the end stages of their life. Staff made sure they knew what people wanted, including experiencing events of their choice, having personal items around them and listening to specific pieces of music. Comments we received included, "Nothing is too much trouble, its 24/7. We were supported as well as (Person)," "Absolutely excellent. Just couldn't have asked for more. The support from staff was exceptional" and "We were encouraged to visit anytime. It was very important especially for the grandchildren."

Systems were in place to help ensure staff had up to date information on how best to support people at this stage of their lives. People received individualised person centred care that was designed to meet both their health needs and their social needs and individual preferences. The management team lead by example when delivering care and support and displayed a commitment and passion for the service they provided. The service had achieved a national award for providing end of life care. Staff told us they were very proud of the support and care they give to people and their families as they are coming to the end of their lives.

Health professionals we spoke with told us how they felt the service provided outstanding care. They were impressed with the knowledge of staff with their attention to end of life care.

There were enough staff to help ensure people's health and social needs were met. Staff were effectively deployed across the service to ensure people's needs were being met. In general call bells were responded to quickly. However we observed one occasion when a call bell was not answered promptly. When informed the management team responded immediately to address the issue.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe.

Staff were aware of their responsibilities to protect people from avoidable harm. Staff had received adult safeguarding training and had information available of the action required to respond to any concerns that may be raised. The management team had taken appropriate action when safeguarding incidents had occurred to reduce further risks.

Recruitment procedures were safe to help ensure staff were of suitable character to work with people who may be vulnerable.

We observed people receiving their medicines as prescribed. The system for storing medicines was safe. There were suitable storage systems for keeping medicines safe and secure. Only staff with responsibility for medicine administration had access to medicines. It was clear from the medicine records that people received them as prescribed. Regular medicines audits were taking place to identify if any errors occurred.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. Any accidents and incidents were recorded and audited to help ensure the risk of re-occurrence was reduced.

The organisation Cornwall Care had a robust training programme in place to ensure staff were appropriately trained to meet the needs of the people using the service. More specialised training specific to the needs of people using the service was being provided, for example, end of life care training. Staff were supervised in their roles to aid their personal development.

People were provided with a healthy and varied menu to meet their nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. This meant the service was effective in meeting people's needs.

People were supported by kind and attentive staff. Staff responded to people's needs in a respectful dignified manner. Staff discussed interventions with people before providing support. Staff understood people's abilities and preferences, and were knowledgeable about how to communicate with people.

People's rights were mostly protected because staff acted in accordance with the Mental Capacity Act 2005. Some consent forms were signed by the person themselves. Where a person was unable to do this, the consent was not always signed by a person with the legal power to sign on behalf of another, such as a lasting power of attorney for care and welfare. The registered manager was aware of the need for this and was taking action to ensure families would inform them who held such legal powers. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with choices and their wishes were respected.

People and relatives said they were highly satisfied with the service and felt able to talk to the registered manager about any concerns or complaints.

There was a broad range of activities available to suit people's needs. An activity co-ordinator arranged regular events for people and had the knowledge and skills to support people living with dementia. These included singing, crafts and visits to the local area. The service had developed a programme to support people to experience activities that they hope to accomplish in their lifetimes. For example, the service had supported a person to watch surfers in the sea and for a person to attend a gliding club.

The registered provider had a robust quality assurance process in place to drive improvement at Mountford. These included regular audits of the service, annual surveys, resident meetings and staff meetings to seek the views of people about the quality of care at the service. There was also evidence of the service engaging with external quality assurance organisations which showed the service was open and transparent.

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 told us they felt safe using the service.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Robust recruitment procedures were in place to ensure staff were suitable to work with people who required care support.

Is the service effective?

Good ●

The service was effective. Staff received a range of training relevant to their role with additional specialist training to further develop the expertise of the team.

The service was acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards. Best interest processes had been followed where people lacked capacity.

People's healthcare needs were assessed and the service worked with a team of health professionals to meet people's individual needs.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. People were empowered to make decisions for themselves and be involved in planning their own care especially during the final stages of their lives.

We observed people were supported by excellent caring and attentive staff who showed patience and respect to the people in their care.

Staff undertaking their daily duties were extremely sensitive and caring to people's needs.

The owner and registered manager had multiple systems in

place to maintain high standards of personalised care. This was evidenced by the award the service had achieved in caring for people.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and detailed and person centred plans of care put in place for staff to follow. People and relatives said people's needs were met by the service.

People were supported to participate in activities, interests and hobbies important to them.

People and relatives were very happy with the service and said they had no cause to complain. They said they felt able to raise issues and complaints and the registered manager was very approachable.

Is the service well-led?

Good ●

The service was well led. People, relatives and staff all spoke positively about the registered manager and provider and said they were dedicated and approachable.

We found a positive and inclusive culture within the service. The home was well organised and focused on continuous improvement of the service.

A range of audits and checks were undertaken which were used to make further improvements within the service.

People's feedback was used to improve their care experiences.

Mountford

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.

The inspection took place on 4 and 11 July 2017 and was unannounced. The inspection team consisted of an adult social care inspector 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.

Before our inspection visit we reviewed the information we held on Mountford. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home.

We used a number of different methods to help us understand the experiences of people who used the service. This included speaking with nine people who used the service and four relatives. We spoke with eight staff members. We also engaged with members of the management team including the registered and deputy manager, senior nurse and an organisational assistant director of operations. During and following the inspection we received information from four professionals involved with the service.

We looked at elements of three people's care records and other records which related to the management of the service including, audits and quality assurance systems. We observed care and support and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We viewed three staff recruitment, training and supervision records.

Is the service safe?

Our findings

People told us they felt safe living at Mountford. Relatives confirmed they felt their family member was supported appropriately to remain safe. Two relatives told us, "I am never worried about (Person) here" " Another relative told us "Always plenty of staff around when we come here. No worries at all."

People were protected from risk because risk assessments were in place in relation to people's health, independence and wellbeing. There were assessments in place which considered the potential and real risks to people. For example, choking, nutrition and hydration, skin, mobility and personal care. Where a person had been identified at 'high risk' from fall the assessment took into account factors which might aggravate the risk. This included other medical conditions the person was affected by. The person's mobility assessment included a risk reduction plan including the best type of mobility aids. Risks associated with skin and pressure sores were assessed. There were a number of people requiring specialist pressure relief including air mattresses. In order to ensure they were operating safely to reduce risk, the pressure was checked and recorded daily. This demonstrated risks were identified and recorded and appropriate action was taken to protect people

People were protected from abuse and avoidable harm because staff recognised the signs of potential abuse and knew how to protect people from harm. One staff member said, "We are very aware of how to protect residents and we have the training and details to report any concerns we might have." Staff demonstrated a clear understanding of their role in regard to safeguarding people in their care.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were regularly audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Medicines were administered to people by nursing staff or senior care staff who were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were using current pharmaceutical guidance and legislation. Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised. Medicine fridge temperatures were taken daily and recorded.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Each person prescribed cream applications had body maps in place which supported staff when applying the creams. A staff member said, "The maps are really clear and it helps us, especially new staff."

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained the relevant recruitment

checks to be made before staff were employed to work in a care environment.

The staff team had an appropriate mix of skills and experience to meet people's needs. The service had reviewed staffing levels since the previous inspection In July 2015. Each shift had a calculated number of staff at levels appropriate to meet people's individual needs. Staff members told us, "Yes, the staffing levels are good. We have the time to do what we need," and "There are more of us now so we have more time to spend on a one to one." We observed throughout the day of the inspection visit that staff were sitting and talking with people and were supporting them to engage in activities. Staff told us they felt they were a good team, morale was good and all staff worked well together.

The building was clean and free from offensive odours. People told us they thought the service was kept clean and fresh. A staff member told us, "We have everything we need to keep the home clean." There were hand sanitising gels and hand washing facilities available around the service. We observed staff making appropriate use of personal protective equipment such as disposable aprons and gloves and paper towels.

Equipment and services including gas and electricity and fire systems were being maintained as required.

Is the service effective?

Our findings

People using the service and relatives told us they were confident in the competency of the staff supporting them. One relative told us, "Staff appeared to know what (Person) needs and how to provide it. I have every confidence with them." Staff told us the training and support they received gave them the skills needed to undertake their role. Staff comments included, "Training some is in-house, some in a classroom set up and some by an external assessor" and "We have really good support with training and some of us are champions in some areas, like dignity champion and end of life. It means we can take the lead and support other staff in the team."

Staff members told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills. A staff member told us, "I really like the opportunities given to us (staff). It's really given me more confidence." Where staff had received specific training, for example end of life care and dignity, they were now recognised as 'champions'. This meant they were the lead for staff in those areas for support and guidance and helped ensure expert skills and knowledge were developed within the service. A visiting health professional told us they thought the staff were 'very' competent in what they did and how they approached their role.

New staff without previous experience completed the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also received had a local induction to the home, ways of working and undertook a period of shadowing so they understood about people and their individual needs.

All members of staff met with the managers or senior staff regularly to discuss their performance and training needs. A staff member told us they liked the fact they were given the opportunity to make their own comments during these sessions. This demonstrated staff comments were valued and supervision was a two way process. We observed the frequency of supervision meetings were greater in the early part of staff's employment when they needed the most support. There were systems in place to review staff performance if concerns were raised in certain areas of practice. Records showed this was formally discussed with an action plan in place which was monitored by senior staff.

People had access to a range of healthcare professionals. For example, GPs, hospital consultants, community nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. Care records gave examples of the staff working with the range of external healthcare professionals and responded to their advice and guidance. This demonstrated staff worked with external healthcare professionals to provide effective care and support. Staff had the necessary contact details to respond effectively in cases of emergency, or when people's needs had changed. A health professional told us the staff were proactive when identifying any change in a person's health care needs.

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's capacity was assessed and considered in decision making processes. Best interest meetings were held to share decision making with family and healthcare professionals.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for a DoLS authorisation for all people living at Mountford due to restrictions in movement with key pad locks to the building and the use of pressure mat alarms for some people. There were however, no authorisations in place at the time of this inspection.

Staff had all received training in the MCA and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, some consent to care forms had been signed by family members who did not have the legal power to do this. They did not always hold a lasting power of attorney for care and welfare. The senior nurse showed us revised documentation which had been implemented to address this issue. The service was contacting all the families of people living at the service to ask for evidence of any powers of attorney held and this would be transferred to the care plan files for information and support in consent to care and decision making in the future.

Some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians. There was evidence of involving family members in the decision. Nursing staff had an accurate knowledge of which people had DNACPR arrangements in place.

People told us they were satisfied with the food and choice of meals. Two people said "The staff always ensure I have a choice of food" and "It's a wonderful place and I'm treated well, the food is very good I'm not bothered about choice I'm not too fussy" People had access to a range of suitably nutritious food. Meals were rotated on a four weekly menu to ensure variety and a balanced diet. The chef told us they took pride in the way food was prepared and presented. For example, some people required food in a soft texture. The meal was presented with the ingredients being set out separately and looked appetising. The chef told us they used fresh ingredients on a daily basis and that there was plenty of provision for individual choices. The service was rated by the food standards agency with five stars at the last inspection. This is the highest rating which can be achieved. The chef and kitchen staff were very proud of the way the kitchen was run. They said, "We are very proud of our achievement and make sure the standards remain high."

People had access to cereals, toast, porridge and a hot option at breakfast. People told us they liked the choice available to them especially in the morning. They said, "I always have a cooked breakfast which wasn't on regularly in the previous homes" and "I have a cooked breakfast every day, porridge then egg and bacon." At lunchtime the kitchen provided people with two choices each day. If people did not like any of the choices, alternatives could be prepared. There were lighter options available to people at tea time. Fresh fruit was available to people and kept in the small kitchen adjacent to the dining room so easily accessible.

Nutritional risk assessments were regularly updated and used to formulate detailed nutritional plans. People were weighed at weekly or monthly intervals dependant on the individual risk. Weights were subject to regular audit and review. Where weight loss was identified appropriate measures were taken such as increased weight monitoring, monitoring food intake and referral to dietician for advice and/or the prescription of nutritional supplements. The chef was aware of people's special dietary needs. For example one person was diabetic so care was taken to ensure they had a healthy diet and with low sugar options.

Other people required their food of differing consistencies and the cook was aware so that food could be prepared in a safe and appropriate way.

Most of the windows had been replaced and this was on-going as part of the external refurbishment programme. The premises were in good order and people's rooms were personalised. Bathrooms, toilets and people's bedrooms were clearly marked with pictures to assist people who needed additional support to recognise their surroundings.

Is the service caring?

Our findings

The management and staff took end of life care very seriously and recognised the importance of providing an extremely high quality service to people nearing the end of their lives. The service had achieved an accredited award for meeting the criteria for the 'Gold Standards Framework' in care homes (GSF). It is aimed at optimising and delivering personalised care and support as a person enters the final stages of their life. It includes working closely with the family, reducing the need for avoidable hospital admissions and providing the right care at the right time. Staff told us the management team set very high standards and were 'totally' dedicated in ensuring the standards of care were outstanding. Comments included, "Totally committed. We are really encouraged to give a very high standard of care and I think we do that so well" and "Because of the support we get from the managers it motivates us and it makes such a difference to residents and their families. Families still come in now because they feel part of the home still, even after their relatives have passed on." A relative said, "They're marvellous, the staff are outstanding". "I wouldn't want (Person) to live anywhere else". "I can't speak highly enough of people here, everyone is so kind".

Staff had received specialist training in end of life care and there was an end of life champion who provided advice and support for staff and ensured there was a close monitoring of people's health needs. Very effective systems were in place to help ensure people continued to be cared for at Mountford if this is what they wanted.

Two people shared their experience of the excellent support they had received during the final days of their loved ones. They said, "Nothing was too much trouble for anyone. We could not have asked for more. They (staff) all went over and above what we would have expected," "They (staff) tried everything possible to encourage food. But accepted it was (Person's) wishes," "For us it was about the way the team cared and supported not just (Person) but us as a family. It was outstanding" and "We were blessed when (Person) went there (Mountford). The kindness the whole experience. We felt part of another family." This demonstrated the service was extremely caring.

The registered and deputy manager, as well as the senior nurse and staff were passionate in telling us how successful the end of life programme was at Mountford. For example, there was a reference library covering the domains safe, effective, caring, responsive and well led. Each domain had information demonstrating how the service supported people approaching the end of their life. For example ensuring one person who lacked mental capacity and without any known family had the support of an Independent Mental Capacity Advocate (IMCA). This demonstrated staff had access to information to help ensure they were able to support people in all areas of their lives.

Arrangements had been made for one person to have an IMCA who had supported them to have what they wanted as they approached the end of their life. This included massage therapy and having their choice of music played. The person's room was set up with sensory lighting to achieve a tranquil and peaceful atmosphere. There was a dedicated member of staff supporting the person as they approached the end of their life. This meant the person knew who was there with them and supporting them and allowed for consistency in care. A relative told us knowing their relative was not entering the end of their life alone at any

time was one of the most important things to them. This demonstrated an exceptional understanding of the importance of providing person centred care at this period in a person's life.

Records were in place to identify the level of care and support people received at any one time. This was particularly important to people receiving end of life care as their needs could fluctuate and change very rapidly. The aim of the service was to be totally inclusive and it involved everybody who worked at the service. Staff we spoke with told us they felt extremely valued and were passionate and proud to be part of the programme in supporting people at the end of their life. This was reflected in the examples and stories they shared with us about their experiences. For example, "I feel I've supported not just the resident but the family as well. Just offering a shoulder to cry on or having a chat can make all the difference" and "When (Person) fancied something to eat when it wasn't mealtime it wasn't a problem we just get them what they wanted. It makes such a huge difference when you can do that."

The standards laid out in the end of life framework had benefitted people because the whole process was centred on the individual. It specifically focused on whom and what was important to the person, their beliefs, wishes and choices. For example, meeting spiritual needs, contacting people who had been important to the person, bringing pets into the service and involving family was according to the person's wishes. The registered and deputy managers said the list was 'endless' and there were no boundaries to the efforts they were prepared to make for people. This was supported by a relative who said, "Staff made every effort to make it personal and possible."

The service demonstrated an extremely compassionate awareness and understanding to care. For example it had introduced a 'bucket list'. This was aimed at supporting people to attend events or take part in activities which they wanted to do again or for the first time, as they were approaching the final stages of their life. There were many examples of people being supported by staff to achieve their goals. For example, one person had always enjoyed surfing and had participated in the sport until they were eighty- two years old. When they asked, 'Will I ever see the sea again?'. Staff arranged for the person to visit a surfing beach. Staff were exceptionally proud they were able to help the person to achieve one of their last wishes. The family expressed their gratitude saying, "The respect and care given could not be any better. (Person) will never forget the smile on (Person's) face when the staff supported (Person) to Perranporth beach to watch the surfers ride the waves. It was above and beyond anything (family) could have wished for at the end of (Person's) life." Another family said the care given at Mountford for their relative was extraordinary and they were forever grateful to the service. The service had arranged to support this person to attend the 50th celebrations of a glider club which had been extremely important in the person life. These examples demonstrated the compassion and determination of the managers and staff to support people to achieve their last wishes.

Family members or close associates were able to stay with their loved one during the final stages of their life. The service provided a bed in circumstances where it was required. A family member told us, "That was such a help. We were made to feel welcome and that nothing was too much trouble for the staff at any time. We will be forever grateful."

The registered and deputy manager and staff were extremely familiar with the standards laid out in end of life framework and how this had benefitted people. For example a person admitted as end of life who was very ill, had, since commencing on the end of life programme shown a huge improvement in their health and quality of life. A staff member said, "It was just amazing. We were able to support them for much longer than expected and were able to get the right things in place for when the final days came. They had all the sensory equipment in place to make things calm and tranquil. The right equipment was in place for them and a named member of staff to support them. It was overwhelming for us all."

Relatives and people who lived at the service told us the registered and deputy managers and staff were extremely respected. People told us they were deeply supportive and dedicated to achieving high standards of care. A relative said, "(Person) is looked after very well, excellent staff very caring and capable." Staff spoke with people in a respectful, caring manner and demonstrated an excellent awareness of their support and care requirements. People who lived at the service were the centre of everything the staff did. Nothing was too much trouble. Our observations confirmed managers and staff at all levels were focused and compassionate in how they delivered care and support. For example, staff always spoke with people as they moved through lounge and dining areas. There was never a time when a member of staff did not either stop or sit with a person, or at the very least stop and have a conversation with someone. It was very clear the staff did not feel restricted in any way to do this. A staff member said, "It's drilled into us (staff) that the residents come first and we always make time for them." Throughout the day there was laughter and impromptu singing going on. Where people were in their own rooms, staff were observed making regular checks and spending time with the person. One person was in bed and staff had a radio on for them with background music. A staff member said "We (staff) don't like think a resident feels alone so the background music helps."

The registered and deputy managers took an active participation in people's care and demonstrated a deep understanding of people's needs. In conversations with us the registered manager had a knowledge and depth of understanding of people's care needs, preferences and personality. Comments from relatives included, "Couldn't ask for better care here. They (staff) know how to care and what it's all about." A person who living at Mountford said, "The carers, they are good."

We observed care and support and witnessed people being treated with exceptional dignity and respect. For example a person struggled to eat their meal independently. A staff member recognised this and discreetly supported the person by kneeling beside them to establish eye contact. They spoke with them in soft tones, and were gentle and caring in their approach. The person responded positively to this and with a few adjustments the member of staff left them to carry on independently. This approach was typical of many interactions we observed throughout the day. Staff engaged positively with people and took the time to speak with people in a friendly and approachable manner. Staff took prompt action to calm anyone who became distressed and used a mixture of verbal and non-verbal communication techniques to comfort people.

People looked clean, appropriately dressed and well cared for. This showed staff recognised the importance of people being supported to maintain their own personal standards.

There was an open and positive culture at Mountford. The managers and staff told us people who lived at the service were at the centre of everything they planned and did. During the day our observations and conversations with people who lived at Mountford, a visiting health professional and relatives confirmed this. For example, staff supported people to do the things they wanted to do, when they wanted to do it. This included taking part in group activities or sitting in a room of their choice. A comment from a health professional told us, "My experience is that staff are very caring and attentive to the needs of residents."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. A staff member was updating training in this area on the day of the inspection to ensure they were operating using current good practice guidance. Staff members clearly described the importance of promoting each individual's needs. There was an extremely sensitive and caring approach which reflected the principles of equality and diversity. Additionally, when we discussed this with staff we found they were passionate about providing a non-discriminatory service. One staff member said, "I know everybody has different needs and how they present those needs, but I respect

that."

On the day of the inspection visit people were observed enjoying lunch together. It was a social occasion with friendly conversation and also an impromptu sing- a-long. Some people needed support with eating and there were enough staff to support them on a one to one basis. Staff sat with people they were supporting, telling them about the food on the plate and giving people time to eat at their own pace. This showed staff recognised the importance of supporting people in a caring and respectful way.

Staff recognised the importance of ensuring people had privacy if they required it. We observed staff respected people's privacy for example knocking on doors before entering and respecting people and their relatives need for privacy.

It was clear that staff had developed good, positive relationships with people. Information on people's likes, dislikes and life histories had been obtained by the service and were robustly recorded in people's care and support plans. This supported staff to provide personalised care relevant to people's individual needs. Staff demonstrated an in depth knowledge and understanding of the people they were caring for. For example one person was described as liking listening to the radio. They were bedfast and by staff leaving the radio on as background music had comforted them. Another person had it documented they liked to sit in a specific area each day. Staff understood this and the triggers which might cause the person anxiety or stress. This showed the staff team had the knowledge and skills to deliver care in a person centred way and in the best interests of people using the service.

Where people did not have any support from next of kin the service ensured their rights were supported through the use of advocacy services. Some people had received advocacy support where necessary. This ensured people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

A staff member had been trained in and assigned the role of 'dignity champion' at Mountford. They had responsibility for coordinating and ensuring the memory book was kept up to date. This was a book of remembrance of people who had been supported through their end of life. It contained associations which had been memorable to the person with some comments and pictures of things that had been important to them. A staff member said this was particularly important for bereaved families who said it gave them some comfort. They felt the memory page meant the person was not forgotten and it helped them through the bereavement process.

Is the service responsive?

Our findings

People who lived at Mountford and families told us they felt the level of care provided met their or their relative's individual needs. People were very positive and praised the care given by staff. A professional told us the service was very good at responding to any changing needs that may happen and contacted them if they needed more advice or guidance. This occurred quite frequently due to the nursing needs of the people living at Mountford. Relatives comments included, "Family are kept fully informed and involved in (Person's) care and condition," "Can't fault the staff here. I feel very involved and always kept up to date with things. They (staff) appreciate what I have to say" and "They are very lucky in the staff they have here." A staff member told us, "Families are always welcome and kept fully involved in their relatives care." These examples demonstrated how well the service responded when people were not well or changes occurred in people's care.

Everyone had a care plan in place. The care plans were detailed and included current information about people's nursing care needs as well as their social support needs and wishes. Records included information about how nursing needs would be met. For example, end of life care, positioning charts, monitoring food and fluids and pressure care and dementia care. Care plans were clear where people required additional nursing care, for example with medical interventions. This information was shared with other relevant health professionals to ensure they had information about individual nursing needs.

The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Where relatives or others had been involved this was clearly identified where possible. Some families did not live locally but had commented that they were kept fully informed of their relatives care and support.

Some people required specific monitoring, such as regular repositioning when in bed. There were 'skin bundles' in place. These are records kept by staff of the regular checks they made on different parts of people's bodies during the provision of personal care. This is to ensure any areas which may be affected by pressure, are identified in a timely manner and action is taken to help avoid skin damage. We found staff were consistently completing these records when care was provided. This demonstrated the service was responding to any changes which might be identified so that appropriate resources are made available for them. Pressure reducing equipment such as air mattresses were being used where required and the setting were regularly checked by staff to make sure it remained appropriate for the person.

Activities were arranged around the needs of the people using the service. There was a care coordinator who was also a care worker but had dedicated hours to deliver activities. A craft session was being held and well attended; there was an impromptu singing session on the day of the inspection. One lounge had a range of pictures and photographs which were dedicated to movie stars of the forties and fifties era with a range of CD's of films from that time. Where people were not well and in bed, staff spent time with them talking with them. People also had the opportunity for massage therapy. Staff said, "It's important we have the time to spend with people in their own rooms especially when they are not well." As previously stated in the caring section of this report people had the opportunity to take part in memorable activities which they had always wanted to do or to repeat. There was a recently formed Gentleman's and Ladies club which arranged

activities for groups in the community. There was a planned outing for the 'Gentleman's' group in the near future. Many of the outings were to visit garden centres or a local pub. The service had access to a mini bus for staff to support people to access community events.

Since the previous inspection in July 2015 the garden area had been redeveloped and had an accessible garden design with a range of scented plants and flowers. It was designed as a sensory garden with fragrances shapes and sounds which would support people with sensory deprivation. In addition there was a large summer house furnished with a range of tables and chairs where people could sit and look out onto the garden. The registered manager said it was used regularly for afternoon teas and it was also used by visitors where they could sit with residents. The service was growing vegetables in this area and also had chickens which supplied a regular source of eggs. Staff were very proud of the garden and told us it was used a lot now as people enjoyed sitting either in the garden or using the summer house.

Mountford had a compliments, concerns and complaints procedure called 'Have Your Say' which was made available to people on their admission to the home and on in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. A relative was aware of the procedures. There were no current complaints being investigated. There were a large number of compliments. A folder in the entrance of the service displayed many of these. Some of the comments included, "Our family really do appreciate everything you've done. Staff have been wonderful" and "Thank you all for your help and support." A person living at Mountford said, "Concerns, I would talk to the authorities, I've had none."

Is the service well-led?

Our findings

A registered manager was in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Mountford is a location which is part of the larger organisation Cornwall Care. Since the previous inspection there had been some changes to the management structure. The service had an operational director overseeing the running of this and other services within the organisation. In addition an assistant operational director was assigned to this service and regularly visited to support the registered manager. This meant they were more visible at services and it helped them to engage with the service more effectively. The assistant operational director was available throughout the inspection. It was clear there was a positive working relationship between the registered manager and the assistant operational director.

There was a mission statement which outlined the service's commitment to constantly strive to ensure that Mountford was dedicated in 'getting to know what makes people comfortable and happy, tailoring their care to their needs and wishes'. Throughout this inspection we observed that the registered manager and staff acted according to these values when providing support to the people in their care.

In order to ensure continuing development of the service the registered manager was aware of the importance of forward planning. Quality assurance systems were used to measure the effectiveness of the service. They included audits in areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the registered manager and monitored by the assistant operational director as well as clinical leads. Management overview included analysis of information about the quality and safety of the service. The registered manager had monthly updates as to its performance and how it was meeting specific areas. They told us it supported them in measuring their effectiveness and where improvements should be made.

There was a positive culture at the service. Managers and staff repeatedly told us people using the service were at the heart of everything they did. The service endeavoured to involve families wherever possible and we were frequently told throughout the inspection that the service was like a 'big family'. Comments from people included, "The managers door is always open, we can go in there any time," "(Manager) values the staff, all of them" and "The manager is on the ball." It demonstrated the service was inclusive and people, families and friends all felt valued and that their views would be listened to. At a recent resident/family meeting people commented that, "It's wonderful being part of the home" and "Like being involved in decisions."

Staff demonstrated they had a very good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager and deputy manager worked with them and showed clear leadership. A staff member said, "We (staff) have every confidence in the managers and we work well as a team supporting each other. It's a good set up."

People told us they knew all the staff members names and felt they could approach anyone at any time to raise any issues. They said the registered manager and deputy manager as well as the senior nurse were approachable and friendly. Comments included, "I always have a chat with (manager's names) either when I arrive or definitely before I leave. They always have the time for me. Very confident in this nursing home" and "It's a home which makes us all feel involved. I do think it's well managed and everyone seems to be very relaxed."

The staff team were very proud of a recent accreditation for the work they presented to gain a 'Gold Standard Framework'. Staff told us the management team had worked hard with them to put together the necessary evidence to gain the award. Comments included, "The managers got us all on board" and "It really has motivated us." This showed the services dedication and commitment in providing a high quality service to people.

There were systems in place to support all staff. Staff meetings took place regularly for each team such as housekeeping, kitchen and care staff. These were an opportunity to keep staff informed of any operational changes or working practices. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.