

Majesticare (The Mount) Limited

The Mount Care 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?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Mount Care Home is a residential care home providing care and accommodation with nursing for up to 37 people. At the time of the inspection there were 34 people living at the service.

There was a registered manager in the home. 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.

At the last inspection the service was rated Good in all five domains. At this inspection we found the service had strengthened their practice in Responsive and is therefore now rated outstanding in this areas. Safe, Effective, Caring and Well-led domains remain rated as Good. The service is rated Good overall.

This was a comprehensive inspection carried out on 6 and 7 September 2017. It was unannounced on the first day and announced on the second.

People were safe at The Mount Care Home. They were protected from harm and abuse by staff who had been trained and had knowledge of how to safeguard people. Staff understood their responsibilities to report and act on issues if they arose. Individual risks and those related to the environment were assessed, managed and reviewed to keep people safe. There were sufficient staff who had been recruited using effective procedures to ensure their suitability. Medicines were managed and administered safely. Routine health and safety checks were completed in accordance with legislation and guidance.

People received effective support. Staff were trained in areas relevant to their job role and their skills were assessed and monitored. They were supported by the management to develop and gain appropriate qualifications with an emphasis on improving the service for people. Staff told us the opportunities to enhance their skills had created a sense of commitment and they felt valued.

Staff were supported and received regular supervision and appraisal of their work. The service met the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Consent to care and support was sought in line with legislation and guidance. 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.

A flexible approach to meals ensured people maintained a healthy weight. Where concerns had arisen relating to people's nutrition, professional advice had been sought and acted on.

People's psychological wellbeing was monitored carefully and specific care plans were developed when required to facilitate improvements and improve their quality of life. Attention had been paid to following national guidance in making the service as suitable as possible for people living with dementia. Staff paid attention to detail and understood the effect the environment had on people.

Staff were caring and knew people's individual needs very well. People were comfortable and relaxed with staff, demonstrating that trusting relationships had been established. Relatives praised the care provided. People were respected and shown compassion by the staff supporting them. Privacy and dignity were maintained and people were encouraged to be as independent as they could or wished to be. People were enabled to have dignified and pain free end of life care and relatives were supported at this difficult time.

The service was extremely responsive. People's care plans were comprehensive and provided detailed guidance to staff on how to meet their personal preferences and routines. The provider and registered manager had introduced a number of innovative ideas to provide responsive care. These included 'Our Organisation Makes People Happy' which promoted the enhancement of the mental, physical and emotional wellbeing of people. The life enrichment team enthusiastically embraced the development of new ideas and spoke passionately about initiatives such as 'Ladder to the Moon' which provided creative approaches to person centred activities.

A full and varied programme of activities was provided and took into account people's life history, their interests and focused on enjoyment, fun and humour. Many of the activities were captured by photograph to share with relatives and promote further conversation and engagement.

The registered manager received praise and positive feedback from people and their relatives. We found an open and positive culture in the service and the staff team was supported to bring forward suggestions to better the service. There was a strong emphasis on team working and staff confirmed they worked well together. Standards of care were high as a result of the example set by the registered manager and the deputy. They had high expectations which staff were aware of and committed to achieving. The staff took pride in achieving positive outcomes for people. There were strong links built with the community which benefitted people. The provider valued and developed staff. They involved people in contributing to all aspects of the service and sought views and feedback in order to improve and develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was extremely responsive.</p> <p>A clear and unwavering person centred approach was used to support people. Staff knew people and their individual wishes extremely well.</p> <p>Life enrichment was used enthusiastically to enhance people's lives, providing meaningful and enjoyable activities for all.</p> <p>A number of innovative ideas were used to include people living with dementia and support them when they were distressed or anxious.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service remains good.</p>	<p>Good ●</p>

The Mount Care 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.

This was a comprehensive inspection which took place on 6 and 7 September 2017 and was unannounced on the first day. The inspection was carried out by one 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. The expert who attended this inspection was experienced in caring for older people and had personal knowledge of using services.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals, commissioners and the local authority safeguarding team for feedback.

We reviewed the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We 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.

During the inspection we spoke with eight people who live at the service and four visitors. We also spoke with the registered manager, the deputy manager, a registered nurse, five care staff, the life enrichment co-ordinator, a cook, the maintenance team and the administrator. We looked at records relating to the management of the service including five people's care plans and associated records including medicines administration sheets. We looked at eight staff files including staff training and recruitment records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also inspected.

Is the service safe?

Our findings

The service continued to provide safe care. People were safe living at the service, when asked people and their relatives told us they felt safe. One person said, "Yes very safe, I wouldn't want to be anywhere else." Another confirmed this and said, "Yes. I do feel safe and they look after me and my things. They are very kind". Relatives also commented on how they felt their family members were safe and the comfort this provided for them. One told us, "It's such a relief, now I can relax knowing [name] is Okay." We observed people were relaxed and comfortable with staff and saw consistently positive interactions throughout the inspection visit.

Recruitment practices helped to ensure people were cared for by suitable staff. Appropriate checks were completed prior to staff working with people. One new member of staff told us, "They had my DBS (Disclosure and Barring Service) check and my references before I started." Staffing levels were determined by the needs of the people living at the service. A dependency tool was used to assess each person's individual needs and was reviewed regularly. This informed the registered manager of the required numbers of staff to provide safe care. Staff duty rotas demonstrated the required staffing levels were maintained and staff told us there were enough of them to provide individual, safe care for people. An on call rota of senior staff operated to provide advice and guidance out of hours. The registered manager informed us that agency staff were used only as a last resort with additional shifts to cover staff leave being worked by the regular staff team. This provided stability and continuity for people living at the service.

During the inspection people were responded to promptly and call bells were answered swiftly. We saw staff anticipated people's safety needs, for example, one person stood and looked as if they may walk without their walking frame. A member of staff immediately went to them and reminded them to take their frame and gave reassurance. The care team was supported by a range of ancillary teams including life enrichment, housekeeping, laundry, kitchen, maintenance and administration. Relatives took time to tell us how each of these departments contributed positively to the experience of their family members and were eager they should be praised.

Staff were trained in safeguarding vulnerable adults. They knew the different types of abuse and described what may indicate a person had been abused. They told us how they would report any concerns immediately. Information on safeguarding was readily available in the service for people, their relatives and staff to refer to. This contained relevant contact details for agencies such as the Local Authority and the Police should they be required. The registered manager had reported safeguarding issues appropriately to the necessary authorities when they arose. Staff were familiar with the provider's whistleblowing policy and said they would have no hesitation to report poor practice.

People's individual risks were assessed, these included risks associated with mobility, falls, skin integrity and nutrition. Identified risks were incorporated into people's care plans which provided detailed guidance for staff on minimising and monitoring them. Risks relating to the service had also been assessed. These included those relating to fire, legionella, equipment and hot water. The provider had an emergency contingency plan in place and staff were practiced and familiar with actions to take in an emergency.

Appropriate checks were conducted by the maintenance team to help ensure safety. Contracts with suitably qualified professionals were also in place to assess and monitor such equipment as the fire safety system and lifting equipment.

Medicines were managed safely. Staff had received training and their competency was monitored and regularly tested. Medicines were audited by the service and in addition a pharmacist audit was also completed six monthly. Where areas for improvement were identified an action plan was created and we saw actions had been taken. Appropriate medicines policies were in place and national guidelines were used to promote safe practice.

Is the service effective?

Our findings

The service continued to provide effective care and support to people who benefitted from being cared for by staff who were skilled to meet their individual needs. The provider had a training plan relevant to each role and staff told us their training needs were met. Staff praised the training they had received and confirmed it enabled them to feel confident to deliver effective care. One staff member said, "The training is good, it's a lot to take in at first but then you really learn from being able to work with the experienced staff and actually doing the job". Training was varied and comprised of face to face sessions, eLearning, observation and demonstration. It was provided by both internal and external accredited trainers, as well as health and social care professionals.

The provider supported developments in staff training to improve effectiveness. For example, a recent memory care audit had been completed which suggested further, more in-depth dementia training may be beneficial. We saw dates for this extended training had been organised and staff were eager to attend. Additionally, the audit identified other areas of improvement which would enable the service to work effectively in line with the National Institute for Health and Care Excellence standards. For example, it suggested information was made available for staff and families on dementia related topics. We saw this had been promptly acted upon and literature had been ordered. Following the inspection the registered manager sent us photographs to demonstrate how an appealing display had been set up with information leaflets.

The registered manager was committed to developing staff, she ensured registered nurses were provided with opportunities to extend their knowledge as well as maintain their skills. One registered nurse told us they were about to embark on a higher education course and would be conducting research specifically to help improve health outcomes for people. They told us these opportunities created a desire to do things better for the people using the service and made them feel "valued". Care staff were also encouraged to undertake recognised qualifications in health and social care. At the time of the inspection two experienced care workers had trained to become nursing associates and now held additional responsibilities in the service. One commented on how this had made their job more interesting and increased their wish to do their job well. Additionally, 15 care staff had either gained or were undertaking a level two, three or five qualification in care.

Staff felt supported, one told us, "[Registered manager] and the nurses are concerned about the staff, they always listen, whether it's about work or not and will help if they possibly can, I feel very supported." Staff received one to one supervisory meetings every four to six weeks. Additionally, group supervision sessions between various groups of staff provided opportunities to discuss best practice and discuss learning. For example, accidents and incidents were examined to look at ways to prevent them recurring. Staff told us they could speak with the registered manager at any time and her door was "always open". Staff received an appraisal of their work each year with an opportunity to discuss their development and training 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. We checked whether the service was working within the principles of the MCA.

People's rights to make decisions and remain in control of their lives were promoted by staff who had received training in the MCA and demonstrated they understood the principles of the Act. We saw that best interest decisions were made in accordance with the Act. For example, one person was often reluctant to take their prescribed medicines. The medicines had been assessed as essential for their wellbeing but the person lacked the capacity to understand the implications of not taking them. Therefore a decision was made in the person's best interests in conjunction with their relatives and a health professional to administer them covertly (disguised in food). We saw a carefully drawn up flow chart ensured that covert administration was used as a last resort each time medicines were administered and always considered the person's preferences.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS appropriately to the supervisory body when necessary.

Staff understood that people living with dementia were at risk of malnutrition and dehydration. These risks were effectively managed by regular monitoring of weight and prompt referral to gain professional advice in the event of sudden or unexplained weight loss. There was a flexible approach to mealtimes. For example, people had their breakfast whenever they got up and chose where they wished to take their meals. We saw the service offered people 'food on the go'. This meant people were enabled to access snacks and finger foods throughout the day and night at times that suited them and their individual needs. For example, the registered manager explained how some people found sleeping at night very difficult. In these circumstances staff would prepare snacks such as popcorn and put on a movie for people to enjoy and relax with. This meant people were meaningfully occupied and engaged in social interaction helping to prevent distress and anxiety if they could not sleep. We saw people slept at times that suited them and one person commented, "I felt like being lazy today, I didn't get up until after 10am." This showed how the service provided effective care for people based on their individual needs.

Staff were observed to remind people to drink throughout the day and offered support and encouragement to people when necessary. We observed the lunchtime meal and saw people were shown food options so they could choose what they wanted. We observed the majority of people enjoyed their meal and heard people say, "Oh this is lovely." and "It's delicious." There was an unhurried atmosphere during the meal with quiet, calming music playing in the background. Staff who were supporting people did so in a calm and kind manner sitting in close proximity and chatted with people about their meal or what they had done during the morning. However, in one of the dining areas the deployment arrangements of staff during a meal time meant some people had to wait for assistance and there was therefore a risk their food may have become chilled. The registered manager agreed to look at these arrangements.

The chef told us all the food was sourced locally and freshly prepared. We saw the service had been awarded the highest possible score following a recent environmental health check of the kitchen. Kitchen staff told us menus were discussed with people and relatives regularly and changes were made to accommodate personal preferences. Some relatives regularly joined their family members in sharing a meal either in the main dining areas or in the 'Sweet Retreat Tea Room'. This is a smaller room replicating a traditional tea room where people and relatives often spent time together. One relative said, "The food here is very nice, my husband loves the food. I eat here almost every day together with my husband."

People's emotional and psychological wellbeing was monitored and reviewed on a monthly basis. An assessment tool was used and a rating awarded which indicated the person's current state of wellbeing. Based on this an individual care plan to improve or sustain a person's wellbeing was formulated. We saw an example of how life enrichment activities had been increased and carefully planned for one person who was new to the service. This had produced a positive result and helped them settle into their new environment. A relative told us they were now settling well and records indicated their wellbeing had improved.

People were supported to access a variety of health and social care professionals when required. They were assisted to attend routine appointments and had regular visits from allied health professionals such as chiropodists and opticians. We observed the chiropodist visiting people during the inspection.

Staff had worked hard to make the service as dementia friendly as possible. Due to the age and layout of the building it was not ideal, however, staff had been creative in their approach and with the use of signage, colour, murals and pictures had created an appealing environment for people. There was a continuous programme of decoration and while in parts it looked tired, we saw plans for repainting these areas were in place. Defined handrails enabled people to move around independently whenever possible. A particularly popular place which gave a pleasant and cosy area for people to use was the 'Sweet Retreat Tea Room'. Decorated as a quaint tea shop, relatives could share quiet moments having a cup of tea with cake or a biscuit in the company of their family member just as if they had gone out to a café. Other creative ideas to help people living with dementia included, rummage bags and boxes, a sensory garden, photographs of events and folders of picture/photos to help stimulate conversation. During the inspection we observed all of these used with good effect, for example, the registered manager brought in a sample of mint from the sensory garden and asked people to smell it. One person then began talking about how they had used it in cooking while others appreciated the smell and said, "How lovely, Mint."

The service continuously reviewed how they met the needs of people living with dementia and used recognised national guidance to help them assess themselves. In addition to this the provider employed a dementia and lifestyle lead who had expertise in dementia related matters and had conducted a further assessment of the service. As a result of this assessment a clear action plan had been produced to further improve the experiences of people using the service. The registered manager showed us the progress they had made against the action plan. This included arranging a meeting with the local dementia alliance to discuss a joint project such as a memory café. Dementia champions also took a keen interest in developing the service to meet the needs of people living with dementia. They were available to assist the other members of the team understand and develop their knowledge in supporting people to experience the best quality of life they possibly could.

Is the service caring?

Our findings

People continued to be supported by staff who were caring, compassionate and kind. People told us they liked the staff and described them as "wonderful", and "lovely". One person said, "Yes they are lovely. They hold my hand and we have a chat, when I feel a bit sad they do cheer me up." A relative commented, "They are just so kind and they can't do enough for [name] and me too." While another said, "They have always been so nice. They are very kind to people, some do chat and sit with us, but also help with anything you ask." A family friend visiting told us, "This is one of the best care homes presently here, I have never seen staff and carers so hard working and dedicated to their job and residents. Please tell your boss they are the best. The laundry and cleaning ladies do a good job to keep this place free from bad smells and look after the laundry well."

We observed caring interactions between people and staff. For example, one person who was feeling nauseous was gently reassured by staff. The staff member gently stroked the person's hand and stayed by their side until they felt a little better. People responded positively to the staff by smiling during interactions indicating they felt comfortable with the staff.

Relatives who were visiting the service were very complimentary of the care. One relative said, "[Name] couldn't get better care anywhere." A health and social care professional said, "I have known of patients who had had difficulties with care in previous homes who have settled in well and been well cared for in the Mount".

People were supported to make choices about their care. We observed one person being asked which shirt they would like to change into when their clothes had become soiled and another about which chair they would prefer to sit in for comfort. Staff provided information to people about their care in a manner that reflected their understanding. For example, we saw a nurse asking someone if they would like to take their medication, explaining how it would help them stay well. It was clear staff knew people well and we saw examples of staff asking people things like, "Are you doing your crossword today?" Then stopping to see how the person was getting on and helping with a clue. At other times jokes were shared and we saw people laughing and smiling.

At times when people became anxious or distressed, staff promptly provided comfort and distraction using their knowledge of the person. For example, one person was upset after a relative left and became distressed. A staff member sat beside them and spoke about their relative, reassuring them when the next visit would be, then engaged them in an activity which they enjoyed.

Privacy and dignity were respected, staff knocked on doors before entering and ensured people were aware of their presence. One person told us, "They always knock and there is a key to my door. They are very respectful and offer to wait whilst I'm using the loo". A relative commented, "I believe staff respect the privacy of my husband, and do treat him with dignity."

Relatives told us they were made to feel welcome and they could visit at any time. The registered manager

told us, " This is people's home, if relatives want to come any time of the day or night that's absolutely fine." They went on to explain that they wanted to provide support and reassurance for family members. This was demonstrated by a number of compliments referring to the way staff had offered comfort and reassurance when this was required. For example, one relative wrote to thank the staff for the support given to their mother during the last days of their father's life. "Not only for the care you gave my father, but the care, compassion and kindness you showed my mother."

People were enabled to receive dignified and pain free end of life care. People and their families were given the opportunity to discuss their wishes for end of life care. End of life care plans were in place that outlined preferences, such as where they wished to be cared for and who they wanted to be with them. Anticipatory medicines were requested when a person was identified as nearing the end of their life. These are medicines that are used to manage people's symptoms during the final days of life and help people to remain pain free. They contribute to the person having a dignified death. The life enrichment team continued to visit people nearing the end of their life, providing quiet and suitable activities such as reading poems or hand massages. A member of the life enrichment team described how they had read favourite bible readings for one person. There were facilities for relatives to stay with their family member at the end of their life if they wished and all meals were provided during this period of time. The life enrichment team compiled photo books for people if they wished, so relatives could see what they have participated in and enjoyed while living at The Mount, they were presented to the family when a person passed away. One relative had written to say how touched they had been to receive this and how it provided treasured memories.

People were supported to be as independent as they were able to be. Care plans guided staff in encouraging this and clearly indicated areas in which people remained independent. Staff had a good understanding of people's individual needs, they knew people's personal preferences and routines. Staff we spoke with were able to provide examples of how people liked things done and we observed them using this knowledge when supporting people.

Is the service responsive?

Our findings

People received care and support that was extremely responsive to their needs. People, their relatives and professionals commented consistently that the registered manager and staff team "listened" and "took action".

Each person was assessed prior to moving into the service. This assessment aimed to include as much information as possible about the person's life so that staff were able to understand the individual and their life experiences. The registered manager described how they considered this assessment an essential starting point. They said, "At the Mount we aim to provide a flexible home that is responsive to the needs of our residents and this begins at the pre-admission stage. They added, " Person-centred planning is pivotal in ensuring our residents receive high standards of care." We saw these assessments involved the person, significant family members and clinicians if this was appropriate. The information gathered during the assessment was used to plan individualised care and the care plans contained detailed guidance to inform staff on how a person wished to be supported and their individual needs.

In addition, the life enrichment team which comprised of two staff members focused on not just providing a timetable of activities but in ensuring each individual had a personalised plan of meaningful activities. We saw how time had been taken to find things that were important to the person and linked with their life history and interests. We observed staff supporting people in activities both in group settings and on an individual basis. Examples of one to one activities included, a person being supported to read a favourite book, another to complete a word search puzzle and a third to select music they particularly liked to listen to. Group activities included scrabble during which real competition was demonstrated between people all keen to win. A varied timetable of activities was available across the week and included, craft sessions, musical entertainment, exercise groups, spiritual services, and reminiscence activities. Regular outings were organised and we saw these were also planned to meet people's individual tastes. For example, on the second day of the inspection a trip was organised to a local garden centre that had birds of prey and other interesting animals. Staff were aware of some people who would be particularly interested in this and encouraged them to go along. Other people went as they enjoyed the social interaction and the opportunity for a cup of tea and cake at the garden centre café. Following the outing, people were animated and although some people's memory prevented them from recalling the detail it was clear by their demeanour they had enjoyed the outing and benefitted from the activity.

There was a great emphasis in the service of using life enrichment activities to benefit and enhance people's lives to be as full as possible. The life enrichment coordinator explained how they strove to provide activities that were both fun and meaningful to individuals. They were able to show us how some had made a big difference to people and had made a significant impact on them. For example, one person had written books both about their own life and fictional stories. This had been a very important aspect of their life and although they now had limited memory the staff recognised the importance of them not being forgotten. Staff read from the books and talked about them to keep them alive for the person. Other examples included a person who had refused to go on outings and had been low in mood recently. A short trip was organised on the minibus and with individual gentle persuasion they joined the outing. It was reported that

once out on the road, they began to reminisce about their 'driving job' and was seen chuckling as they remembered what people used to know them as when they did this job. After the trip the person's mood had clearly lifted and they were reported to be happy.

In another example, a person who had a particular love of craft activities was encouraged to make blankets for a charity. Once the blanket had been donated they received a letter of thanks from the charity which they told us meant a great deal to them and made them feel worthwhile.

It was clear staff had taken time to find out about people's particular preferences and personal routines. While they recognised some people preferred their own company and liked to stay in their rooms they also understood the risk of social isolation and the detrimental effect it can have. For example, one person completely refused to leave their room and staff initially struggled to find something they would engage with. However, through perseverance they found the person liked music and when a visiting musician came, introduced them on a one to one basis. Although at first reticent, once a song was sung, they nodded their head and afterwards smiling said, "That was lovely." This demonstrated how staff were willing to keep trying to find ways of engaging people and protect their psychological wellbeing.

The registered manager had embraced a number of initiatives to further enhance the lives of people and respond to their individual needs. One such initiative was Doll Therapy, which was used to good effect with one particular person who regularly became distressed and anxious. A staff member described it as "transforming" and said "It unlocks the door for [name]." For other people distraction boxes provided items from their past lives that would engage them in conversation and reduce distressed behaviour. For example, hair rollers provided a conversation starter for a person who had been a hairdresser. We saw how these boxes helped to de-escalate situations and assisted in both calming and engaging people with something that meant a great deal to them.

Another initiative called 'Ladder to the Moon' had been introduced and was aimed at enabling staff to use creative and innovative approaches to person centred activities. It recognised the importance of working with people who may be isolated and encouraged an approach which involved the whole service. Staff had received training in using this initiative and they were passionate about making a success of it. They showed us some of the work that has been undertaken. For example, a recent project involved a 60's barbeque. This had been a great success with people, relatives and staff all joining in and dressing up in 60's clothing, playing 60's music and enjoying a barbeque. Photographs of the event demonstrated how people had engaged and their smile told a clear story of the enjoyment that had been shared. Staff described how they looked forward to future projects and shared ideas with us of how they planned to involve community members such as the local school children.

Our Organisation Makes People Happy (OOMPH) sessions were another initiative introduced to improve people's lives. We saw how this had been used to make exercises fun for a person who had a weakness of their arm following a stroke. Through the use of these fun exercise sessions they had regained the ability to reach over their head. The registered manager believed they would not have engaged with exercises if they had not been made fun in this way.

The enthusiastic manner in which the activities were provided was evident in all parts of the service. A nurse commented on how they felt this was an area where great improvement had taken place and they clearly felt very proud of what had been achieved. A weekly timetable was displayed throughout the service and we saw all staff supported people in taking part in activities when they wished to do so.

Some people who were able to, told us there was always plenty to do and they could make suggestions. For

example, one said, "I like singing and I like the garden. I've just got here so I'm trying things. There is something every day. They made sure I have my TV and everything I need in my room." Relatives also praised the variety of activities provided, one added they were included if they wished and said, "There are various programmes for the residents and visitors." Relatives were encouraged to join in with outings as well as the home based activities and we saw from photographs how this was clearly important to the people using the service. Photographs were also used to show relatives what their family member had been taking part in when they had not been present. This provided an aid to conversation and helped to keep them in touch with each other's lives.

The nursing staff were committed to providing positive interventions to help people manage distressed and anxious behaviours. They believed in only using clinical interventions when absolutely necessary. To achieve this they designed detailed flow charts which directed staff to assess each time a person showed distressed or anxious behaviour and follow individualised interventions to minimise and these and return a person to a better mood state. Only as a last resort was a clinical intervention considered such as using medicines.

Feedback was sought from people, their relatives and other stakeholders in a variety of ways. We saw people and their relatives were encouraged to rate the service and leave comments on a specifically designed website as well as completing quality assurance surveys. Feedback was consistently positive and comments included, "A dedicated team from top to bottom, committed to the residents, interested in their wellbeing." "The care he received was fantastic. Which was so lovely for us as a family to feel confident that this was the perfect place for Dad." and "The staff were extremely helpful and friendly, nothing too much trouble and were willing to make you feel very welcome, whatever time of day you came. It was very clean and tidy."

The provider had a clear complaints procedure which people and their relatives were aware of. We saw there were copies displayed around the service for people to refer to. We reviewed the complaint log and saw there had been three complaints since January 2017. These had been investigated and actions taken to resolve them appropriately.

Staff received up to date information with regard to people's wellbeing and any changing needs. Flash meetings were held when it was felt necessary to update staff quickly about something, while handover meetings and written communication records documented the care provided and any changes identified. Concerns regarding people's wellbeing were raised and discussed so that all staff were aware of how to monitor and escalate them if the need arose.

Is the service well-led?

Our findings

There was a registered manager in post. They had been registered to manage the service since July 2016. They were present and assisted us throughout this inspection.

We found an open and honest culture within the service. The registered manager was visible in the service and it was clear both people and staff were relaxed in her company. Staff spoke positively of the registered manager and said she was both approachable and supportive. One commented, "[Name] is brilliant." Another said, "I am always listened to and [name of registered manager] really makes you feel valued." A relative had also provided feedback on the responsiveness of the registered manager after they had carried out a request. They said, "You are wonderfully responsive." Staff told us they enjoyed working at The Mount Care Home and felt there was good leadership. Comments included, "We're a good team and definitely well led by [registered manager] and [deputy manager]." Also, "It's a fab team. Everyone does their best, we all want to make a difference. It's good to come to work when you are happy."

Regular meetings were held between staff. These took different formats depending on their function. On a daily basis in addition to handovers, a short mid-morning meeting enabled sharing of information of importance relating to the wellbeing of people on that particular day and highlighted any important appointments or engagements. In addition to this the manager held what were referred to as stand up meetings with heads of departments two or three times a week, again to share and discuss important information. More formal team meetings took place four to six weekly and minutes reflected all staff had the opportunity to put forward their views and make suggestions. The registered manager was committed to making all meetings accessible and engaging. She told us, "We always start and end with laughter." Then explained this relaxed staff and encouraged them to take part, share ideas and feel relaxed as part of the team. Staff confirmed this and said they found the meetings useful. They said they were encouraged to put forward any ideas and we were told no idea was ever too "over the top" to be considered. The registered manager said, "We want as many ideas as possible so we can make the service better." Staff told us some of their ideas had been used such as making donations to a charity and the introduction of different activities related to people's interests.

The registered manager had introduced and developed a system known as Situation, Background, Action, Recommendation (SBAR) at the Mount Care Home. They also assisted other services in the provider's group to develop this practice as part of the provider's programme to drive continuous improvement. This system is a creative and effective tool by which the nursing team works with other multi agency teams and aims to reach the best possible outcome for people. It empowered nurses to use and develop their clinical judgement and allowed them to suggest recommendations which were person centred and based on their knowledge of the people they cared for and supported. Two health professionals provided positive feedback on the impact of this system. One commented "we find the SBAR system particularly helpful in allowing rapid triage of patients' medical problems.... allowing joint working to ensure patients are seen and assessed by the most appropriate healthcare professional". Another said, "[Registered manager] has worked hard since she arrived to upskill the nursing staff to be better able to carry out their roles and responsibilities." However a third professional was not as positive and felt some decisions were not made as

promptly as they should have been.

Community links were promoted and seen as extremely important. The local primary school children were frequent visitors. People looked forward to meeting the children and staff told us, "Their faces light up when the children come." Other links included, cake baking to raise money for a charity, people from the local pub attended events and donated prizes, the garden centre assisted in creating the sensory garden and a nearby sheltered housing scheme joined in some activities.

A system of audits and checks to monitor the quality of the service was in place. This included audits related to health and safety, medicines, infection control and accidents and incidents. We saw that where they had identified any areas of concern, action had been taken to address and improve them.

Learning from shortfalls was seen as crucial and we saw that whenever an incident occurred, an investigation was undertaken and any learning points were discussed with the whole team.

The registered manager told us that the provider was extremely supportive. Regular development days were organised and considered ways to improve services. One such day took place following the inspection and we were sent the details. This included a new innovative recruitment idea which was to be introduced and involved using a "whole home" approach to recruiting new staff. As well as development days for senior staff the provider organised team building days for all staff. A number of staff in various roles were invited from their different services to meet and enjoy time together finding out about each other, the services they worked in and building working relationships to benefit the service. We saw photographs of how the directors joined staff in these days taking part in all the activities such as dressing up, playing games and singing on the beach. Again, staff told us these days made them feel valued and included.

It was clear that the provider recognised their staff team was an asset and provided a scheme for all employees that gave benefits such as free gifts and vouchers. They were also included in planning for new services and their ideas and suggestions were sought.