

GrayAreas Limited

# Mount Olivet Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 November 2017. The first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting.

At our last inspection of this service in October 2015, we awarded an overall rating of Good.

At this inspection we found the service had improved and was outstanding overall.

Mount Olivet is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mount Olivet accommodates 30 people who require nursing or personal care in one adapted building set over three floors. Mount Olivet has a range of communal areas for people and their relatives to use, including a conservatory with outstanding views. There were 26 people living at the home at the time of our inspection.

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

Why the service is rated Outstanding:

On entering the home there was an exceptionally welcoming and friendly atmosphere. Staff were extremely compassionate, attentive and caring in their interactions with people. One relative told us, "The care here is top class." Another said, "There is such a feeling of family and warmth here." Mount Olivet's principle aim was to ensure a supportive environment for people where quality of life was paramount.

People benefitted because Mount Olivet was extremely well led by an experienced and exceptionally proactive registered manager who was also a registered nurse and the homes clinical lead. They had an open leadership style, promoted a positive culture, and were committed to high standards of care and continuous improvement. The registered manager had taken the management of care at Mount Olivet to a new level of excellence.

People told us they felt safe at the home and with the staff who supported them, one person said "I feel quite safe here." Relative told us, "It's a safe place for my relative. I truly have peace of mind knowing my relative is here, and when I go away for a weekend or a few days, I do so knowing my relative is safe." There were systems in place to keep people safe. We found staff were aware of safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice.

People told us, and we observed, that staff were kind and patient and respected people's privacy. A visitor

told us "I visit my relative two or three times a week and always find her clean and well dressed. It's obvious to me that she receives the highest level of care."

People, or their representatives, were involved in decisions about the care and support they received.

People were supported by staff to have personalised experiences, maintain relationships and build memories with family and friends who were important to them. People benefitted from staffs enthusiasm and passion to ensure that all social activities were person-centred, fun, and had meaning to each person.

People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. The registered manager used a dependency tool to ascertain staffing levels. The provider had a robust recruitment process in place to ensure only appropriate staff were employed to work at the home to support people safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. The registered manager kept an electronic matrix to monitor staff training. Staff training was either up to date or plans for refresher courses were in place. Staff received regular supervision and an annual appraisal.

People were happy with the food served in the home and one person said "We always have nice food." People's nutritional needs were assessed on admission and regularly thereafter. Staff supported people to eat a healthy varied diet. Records to monitor people's nutritional intake were in place where necessary. Staff ensured people had access to health care professionals to maintain their general health and wellbeing.

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 home supported this practice.

Medicines were managed safely by staff who were appropriately trained and had their competency to administer medicines checked regularly. This meant the provider had systems in place to ensure the people who lived at Mount Olivet were safe.

Care plans were personalised focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected that fire inspections, gas safety checks and portable appliance tests (PAT) had taken place.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective

### Is the service caring?

Outstanding ☆

The service was outstandingly caring.

People told us the staff were extremely caring, compassionate, thoughtful and helpful. People were supported by staff that were committed to providing high quality.

Staff understood how to communicate with people with a different range of needs and used innovative ways in which to reduce and remove barriers. People wherever possible, were consulted and involved in decisions about their care.

Staff knew people well and spent meaningful time with people.

Staff treated people in a respectful way and were aware of people's individual needs around privacy and dignity.

Staff knew and responded to people's diverse personal, cultural and spiritual needs and made sure people's human rights were considered.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Outstanding ☆

The service was outstandingly well led.

The service was extremely well led by an experienced and exceptionally proactive registered manager. They had an open leadership style, promoted a positive culture, and were committed to high standards of care and continuous improvement.

People benefitted from staff who felt valued and appreciated. Staff were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities.

There were effective systems to monitor and review the quality of the home and regular audits were carried out.

# Mount Olivet Nursing 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 checked whether the provider was 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: It took place on the 13 and 14 November 2017 and the first day was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector and an expert by experience who spoke to people and relatives to gain their opinions and views of the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

We spent time in the communal areas of the home to observe how staff supported and responded to people. The people living at the home had very complex needs that limited their ability to communicate and tell us about their experience of being looked after. We spent several periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During the inspection we met with people who lived at the home and spoke with nine people. We spoke with eight visiting relatives. We also spoke with the registered manager, the finance officer, the activities co-ordinator (referred to as a social pioneer), the chef, domestic staff, one registered nurse and three health care assistants. We looked around the home and observed care practices.

We looked at staff rotas to check staffing levels and looked at three staff files including their recruitment and

training records. We looked at records which related to people's individual care and to the running of the home. These included six care and support plans, medication records, records of health and safety checks and provider quality assurance audits.

## Is the service safe?

### Our findings

This question was judged as good at the last inspection. The home continued to provide safe care to people. Without exception, everyone we spoke with described Mount Olivet as safe. People were very relaxed and comfortable with the staff who supported them. One person said, "I feel quite safe here". Relatives also told us how safe the home was, one said, "It's a safe place for my relative. I truly have peace of mind knowing my relative is here, and when I go away for a weekend or a few days, I do so knowing my relative is safe."

The home had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member said, "I understand my duty to report anything I see and wouldn't hesitate to do so. I know my manager would do something." Staff also had awareness about whistleblowing at work and how they could do this. Whistleblowing is about reporting poor practice or abuse outside their own organisation, if they feel this is needed. The registered manager reported concerns over people's welfare appropriately. Notifications had been made when necessary to the Care Quality Commission and the local safeguarding team were informed of any issues if and when required.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are unsuitable to work with people. Staff had obtained proof of identity, employment references and employment histories. Files also contained evidence to show where necessary that staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which was up to date.

People told us there were always staff available when they needed support. One person told us, "If I use the bell to call for help or even just for a cup of tea, they always come very quickly – night or day." Another said, "If I need to use my call bell, the staff are here straight away." Throughout the inspection staff were attentive and ensured people's needs were attended to quickly. The registered manager assessed people's abilities and dependencies to calculate how many staff were needed and to ensure there were enough staff on duty to meet people's needs. Staff told us they were always busy, but said there were enough staff to meet people's needs and to minimise risks to people's safety.

Risks to people's personal health, wellbeing and safety had been assessed. Risk assessments included risks related to falls, skin damage, nutrition, behaviour, mobility and moving and handling. Risk assessments were designed to minimise the risk to people and provided staff with information about the actions to reduce any risk. For example, one person had a specific behaviour management plan which identified incidents which may act as a trigger. The support required from staff was recorded to help manage any incidents and reduce the person's anxiety.

People continued to receive their medicines safely. Nursing staff were trained in the administration of medicines. We looked at medication administration records (MAR) and saw these were accurate. Regular



auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

Incidents and accidents in the home were reviewed. Learning took place to ensure people were safe and action was taken to improve the service. For example, in response to a slip accident on a staircase, the registered manager risk assessed the area, installed a motion activated lighting system, larger signage and applied anti-slip tread to the staircase. Records showed staff recorded what they had done after an incident and occurrence to keep people safe.

The premises was clean, hygienic and free from odour. People were protected from the risk of infection because staff understood their roles and responsibilities in relation to infection control. We observed staff using protective gloves and aprons where needed. Appropriate checks were conducted to ensure the premises were well maintained. Contracts with suitably qualified professionals were in place to monitor and service equipment such as the fire safety system and lifting equipment. Staff had access to clear information to follow in the event of an emergency, including personal emergency evacuation procedures (PEEPs). PEEPs included individual information about people and the actions which need to be considered in the event of an emergency evacuation.

## Is the service effective?

### Our findings

This question was judged good at the last inspection. People continued to receive effective, safe and appropriate care which was meeting their needs and protected their rights. Staff received training and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs.

People and relatives told us staff had the right skills and attitude to support them effectively. Records showed staff attended training and had regular refresher training that was appropriate to people's needs. New staff completed an in depth induction training programme before they began working at the home. This included working alongside experienced staff learning how to provide good care and meet the needs of people who lived at the home. The induction programme also covered learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. This meant people were supported by experienced and trained staff who had up to date knowledge of current guidance and best practice.

People were cared for by a team of staff who were properly supported to meet their needs. There was an effective system of staff supervision and appraisal for monitoring the team's performance and development. This looked at their strengths and how they could improve and develop in their role. This meant people were assisted by staff who were well supervised and motivated in their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions. Records showed that wherever possible people had been encouraged to make their own decisions. More complex decisions that were made in people's best interests had been appropriately taken with external health and social care professionals and relatives. Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities. The policies and systems in the home supported this practice.

People told us they enjoyed the food. Staff at Mount Olivet took people's nutrition and hydration very seriously and promoted a nutritious, healthy and varied diet. We saw that people had a choice of hot meals both at lunch time and in the evening. The catering staff told us menus were produced taking into account people's choices and preferences and they would always try to accommodate and food wishes. One relative told us, "I particularly value the flexibility shown by the kitchen staff when they make the extra effort to produce food my relative prefers."

Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs, including the recording of food and fluid intake. People who were at risk of choking had been assessed by speech and language specialist team. Instructions about their nutritional care were contained in their care plans and had been followed by staff. We spent time in the dining area and saw staff supporting people in a safe manner. People were not rushed and were offered a choice of meal. Fluids were readily available throughout the meal. People were supported with drinks and snacks throughout the day.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and speech and language specialist team. One person told us, "They are very good at sending for the GP if you are not well." Access was also provided to more specialist services, such as a dentists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One health professional told us, "We have always found them to be extremely professional and organised. It comes across to us that the benefit of the client is of the utmost importance to them."

Technology was used to support the effective delivery of care and support. For example, pressure floor and chair mats which alarmed to alert staff when a person was up and about in their room. We saw where these were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the MCA and best interests process had been followed.

Mount Olivet was an elegant Edwardian building set on a hill with panoramic views over a beautiful bay. The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. People had personalised their rooms and they were decorated as they wished. People had access to attractive gardens.

## Is the service caring?

### Our findings

On entering the home there was an exceptionally welcoming and friendly atmosphere. Staff greeted people when they arrived and stopped to talk to visitors and relatives about the people they were visiting. The home was warm, cosy and clean.

People told us the staff were extremely caring, compassionate, thoughtful and helpful. One person said, "I can't fault the level or quality of care I get here." Without exception relatives were extremely complimentary about the care their family member received. One relative told us, "I visit my relative two or three times a week. It's obvious to me that she receives the highest level of care." Other comments we received included, "The care here is top class. Everything from the medicines through to the quality of the food, the laundry and the housekeeping", "There is such a feeling of family and warmth here. The level of care available, made the tough decision of moving my relative here much easier to accept" and "Mount Olivet was recommended to me by several friends. It is so good here that I wouldn't hesitate to choose it for myself if ever I found myself in need of the high standard of care it provides."

Mount Olivet's principle aim was to ensure a supportive environment for people where quality of life was paramount. In their Statement of Purpose the provider stated, "Our objective is to enable residents to live comfortable and enjoyable fulfilled lives as far as they are able, with dignity and privacy in a tranquil and elegant environment." Throughout the inspection we observed these values were promoted and put into practice by the registered manager and staff. The result was that people received outstanding levels of care.

The culture at the home was one of compassion and understanding and staff placed people at the heart of everything they did. Staff demonstrated they cared very much for the people they supported. We observed staff had a genuine interest in the wellbeing of people, engaging them in conversation to check how they were feeling and if there was anything they needed, responding quickly to those needs. For example, one person would get very distressed when the home had fire alarm testing. Staff recognised this and developed a solution whereby the person was included in a tour of the homes fire equipment, and when the fire alarms were being tested the maintenance man ensured that a staff member was sat with the person before testing began. During the alarm staff knew they needed to chat with the person loudly, focusing their attention away from the noise and doors shutting. Staff also gave the person a timetable of the fire checking routine so they would be aware of when fire activities were happening and could prepare themselves. The impact of this was that the person felt reassured, in control and they were calmer as a result.

Staff were exceptionally compassionate and proactive in meeting people's wishes. Staff prioritised developing positive relationships with people and people valued these relationships. For example, information had been gained about people's life histories and staff knew about people's past employment, their families and where they had lived. Conversations took place around issues that interested the person and about what was important to them. People were treated as individuals and staff knew them well. There were lots of smiles and laughter throughout the inspection. It was clear this was the norm for this home and for people living there.

Staff were all highly motivated to provide people with the best care they could. For example, staff went the extra mile to ensure one person could attend a family wedding. The person had extreme difficulties with their health and mobilisation and their family had not expected them to be well enough or physically able to attend. Staff worked together as a team, a staff member accompanied them, arranged transport, the necessary equipment to take with them and made sure they had medicine cover to ease their pain. The social pioneer told us, "We had the most fantastic time and the smile on his face and that of his family was priceless."

Staff understood the importance of ensuring people understood what was going to happen prior to being supported with personal care. During the inspection we saw staff moving people from a chair to a wheelchair, safely and calmly, giving people instructions, encouragement and chatting to them throughout. This meant that people's welfare and care needs were at the forefront of staff thinking when delivering personal care.

People were comfortable and attention had been paid to ensuring they were wearing the clothes they liked and were suitable for the weather. Relatives told us their family member always looked well cared for. One relative said, "The most striking thing about the care here is the way in which my relative so rapidly improved after arriving here from hospital. Within 24hrs they had arranged for my relative to receive a haircut, and I was amazed at how much better my relative's skin and complexion looked within just a few days of moving in."

Staff understood how to communicate with people with a different range of needs and used innovative ways in which to reduce and remove potential barriers to communication. Depending on the person's needs, staff used tools such as, picture boards, writing boards and information boards. One staff member told us how they used a white board to help one person communicate, "I write what I am trying to tell him and he understands better when it is written down. Between us we know what we mean." We saw this person and staff talking this way during the inspection. Another member of staff told us how they used pictures with some people so they could point to the pictures and make choices. Staff also described how they helped people with hearing difficulties. They told us they positioned themselves so they were at the same level and maintained eye contact when speaking with people. Staff used physical touch to reassure them and gave people time to express their wants and needs.

We observed staff in all roles spending meaningful time with people and demonstrating how well staff knew people. For example, we saw housekeeping staff stopping and chatting with people in their rooms and communal areas. The chef personally spoke with people about their likes and dislikes. We also observed the registered manager taking time to speak with each person throughout the day. There was a high level of engagement between people and staff and this had resulted in people feeling empowered to make their own decisions and take aspects of their daily lives back into their own hands. For example, staff spent time with people helping and encouraging them to develop their independence with everyday tasks such as; washing and dressing.

Staff looked for innovative ways in which to provide comfort and companionship to people who spent time in their rooms. For example, staff told us about one person, who spent most of their time in bed. They really loved cats so the home bought the person a robotic cat designed to mimic a real cat that meowed and purred. Staff told us how much the person loved to have the cat in bed with them and it gave them comfort. We saw that this was the case during the inspection. The home's cat also visited their room on a regular basis, which they seemed to enjoy. The person was unable to tell us if they enjoyed the cat but they smiled and petted the cat when we talked to them about it. This showed that staff truly respected and valued the person, understanding the importance of not only meeting the person's physical needs but their social and

emotional needs as well.

People were supported by staff to have personalised experiences, maintain relationships and build memories with family and friends who were important to them.

The registered manager and staff went above and beyond to celebrate people's special events, such as, birthdays and anniversaries. Staff arranged parties with people's families to mark these events and the chef baked celebration cakes and party food. One relative told us, "The manager goes above and beyond her duty, recently making sure my Mother's birthday was not forgotten."

One relative told us about how staff went out of their way to help them celebrate their diamond wedding anniversary. Staff used all of their knowledge about the person to make a memories book. This contained old photographs from where the couple had met in London and the places they used to go to on dates. This was presented to the couple during their anniversary party held in the home. The relative told us the memories book gave them immense pleasure and helped them reminisce with staff and talk about their life and happy times when they met.

Staff were caring and showed compassion towards people's family members. People were supported to maintain relationships with people that mattered to them and family and friends were welcome to visit at any time. Many visited on a regular basis and had good relationships with the whole staff team. Staff took time to speak with them to check on their well-being and if they could be of further assistance. Relatives told us they valued this support. One relative said, "The care staff all know my relative well, and they know me well too. I have no doubt they would call me if there was ever a need, but they tell me not to worry too much when I leave after visiting, and that means a lot to me. I can trust them."

We saw staff treated people in a respectful way and were aware of people's individual needs around privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us, "We will always ensure that doors are closed and people are given privacy. When helping someone with personal care I ensure they are comfortable and covered up with a towel."

Staff knew and responded to people's diverse personal, cultural and spiritual needs and made sure people's human rights were considered when they provided care and met them in a caring and considerate way. They respected people's right to make choices about their daily life. People said they were involved in choosing the things they wanted to do and this was in their care plans.

We observed staff working proactively to encourage people to take part in activities. Staff demonstrated a 'can do' approach and worked enthusiastically to support people. This approach motivated and empowered people.

People wherever possible, were consulted and involved in decisions about their care. Each person's care plans was reviewed and discussed with them regularly. A range of information for people and relatives was provided all around the home to inform and empower people to be involved in decision making. For example, information about a variety of health conditions, about impartial advisory and advocacy services and how to recognise poor practice or abuse and contact details to report concerns or complaints.

People who wanted, were supported with their spiritual needs. Ministers and religious leaders visited the home regularly and staff supported people to access places of worship.

As part of the inspection process we looked at compliments which had been received by the service. People constantly referred to receiving care which was exemplary. One person, describing the care staff at Mount Olivet gave their mum, said "You gave such an amazing outstanding amount of care and you treated her with such high respect and dignity and we all know mum was very comfortable and happy while she was with you." Other feedback included, "Mount Olivet is an amazing place. My dad has been so happy there and the staff have been wonderful with him", "We know he is safe, loved, so incredibly well looked after and most of all, happy. I cannot state just how much I appreciate this home and the wonderful staff. I would recommend it to all" and "Mount Olivet is an exceptional nursing home and deserves every award they receive and more."

## Is the service responsive?

### Our findings

Without exception people and relatives said they felt staff were very responsive to their needs. One relative told us, "This is a home I would choose for myself. My relative was in another setting before. It was good, but not able to meet fully the increase in my relative's needs. Everything here has been personally designed and tailored to meet the care plan of my relative." Another said, "The hospital gave me a list of the options for my relative. I checked out the options and visited one or two before choosing Mount Olivet. I nearly didn't call here as I thought I'd found a good home from the list elsewhere, but I kept my appointment to check it out and I'm so pleased I did." The registered manager told us that all staff worked hard to continuously improve the home and ensure people were provided with the very best person centred care.

When people moved into the home, their care and support needs were fully assessed and recorded within their care plan. This provided staff with clear and detailed information to guide them on how to ensure people's care needs were met in their preferred way. Additionally, the home put in place equipment and furnishing known to benefit them, before the person arrived. This meant people settled very quickly and had the best possible care from the start. Pre-admission assessments included thorough details of mental capacity, physical and social requirements, medical history, medicines, nutrition, life history and preferences. This information was then used to complete detailed care plans.

People's care plans were well organised, person centred and focused on people's strengths and abilities rather than what they were no longer able to do. Care plans contained personalised information about people's needs and wishes and gave direction and guidance for staff to ensure people received their care and support in the way they wanted. Staff told us care plans were informative and gave them enough information and guidance to care for people as they wished. For example, some people living in the home had limited verbal communication. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Staff understood people's individual ways of communicating and had clearly developed a good knowledge of each person's needs. This meant staff could provide care and support for people that was responsive to their needs.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

Care plans identified any requirements relating to disability or sensory loss. This was achieved by gaining people's past histories from people themselves, families, medical professionals and records. Communication plans highlighted people's strengths as well as areas where they needed support and how staff could communicate effectively with them. For example, one person had a severe degeneration of her sight. The home worked extremely hard to ensure they explored all aspects to aid effective communication and enablement for the person. The home helped the person access the local Royal National Institute of Blind People (RNIB), for information and support. Staff made sure they supported the person's on-going eye



health and escorted the person to their eye appointments. Staff helped the person speak to and contact their family, using a smart phone and also printed off e-mails from family members in extra large print so that the person could keep in touch with their loved ones. Staff helped the person to move to a room that had a brighter aspect and staff sought advice about positioning of their chair and furniture. The person's TV was changed to a larger screen and magnifying equipment was purchased alongside a talking clock to help the person orientate themselves to time and day. Information was gathered from the internet, NHS England, NICE and other sources on current best practice and included in the person's care plan, for all staff awareness.

The home responded to people's changing physical conditions and individual needs in an extremely person centred way. For example, staff ensured that one person with a physical disability had an immediate re-assessment and re-evaluation following a health deterioration to look at how they could support the person to return to and maintain their previous independence. The deterioration in their health had completely changed their ability to support themselves and their wheelchair and bathing equipment was no longer suitable. Staff immediately contacted a mobility equipment assessment service who completed an assessment of need and provided appropriate equipment to ensure the person's enablement, independence and quality of life.

Another person had very complex medical and nutritional needs and was unable to eat many foods. The registered manager and staff worked with the person, their family and GP to ensure their dietary needs, choices and preferences were met. Staff ensured the person was provided with the correct diet and the provider purchased gluten free products, such as, gluten free bread and cakes of the person's choice. The registered manager also liaised with the person's GP and pharmacist about supplements they were taking to ensure that none of them were interacting with their prescribed medicines and that they were of benefit to the person.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information. We found records were accurately completed.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs. We observed staff being responsive to people's individual needs throughout the inspection. This included responding to requests for assistance such as support with mobility or personal care, having a drink or if they wanted to go back to their room or the communal area after lunch.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew

about their care plans and managers would regularly talk to them about their care.

People and their relatives spoke very highly of the level of activity and entertainment provided. One person said "There are quite a few things organised to keep us occupied". Another person told us, "They make sure there's plenty to do."

The home employed an extremely enthusiastic and passionate Social Activities Pioneer. They told us their role was to help and support staff to promote activities and social events by using different resources and material to improve the lives people living at Mount Olivet. Their focus and aim was to make sure that all social activities were person-centred, fun, and had meaning to each person.

Throughout the inspection we observed people had opportunities to take part in a number of group and one to one activities. When there was no organised activity staff chatted with people and encouraged them to talk. People were also supported to pursue and take part in their own interests or attend events to enrich their lives. For example, one person received an invitation from their healthcare provider unit to attend their annual Christmas ball at a local hotel. The person was extremely excited to attend. As the person required care support, the social pioneer went with the person and attended the event to care for them. They helped the person plan their outfit and made sure everything was place such as, transport and ensured the person was involved at every stage and their choices and wishes were respected. The social pioneer told us, "We had a great day and it is lovely for me to meet with the staff at the unit to get an overview of [person's name] when she is there, three days a week."

The home held activities and parties to mark calendar events. For example, a recent Halloween party included bingo, karaoke and party food. Staff told us people really enjoyed it and the feedback was very positive. Other examples demonstrated how staff involved people's families, for instance; on Valentine's day staff invited peoples partner's to a candlelit dinner with their loved one. Staff also ensured that families were involved in Mother's day and Father's day celebrations and each person received a gift and card chosen by a staff member that knew them well.

There was Wi-Fi within the home and electronic devices were available for people to maintain contact with family and friends who were not able to visit. People were able to keep in touch with their families or people who were important to them via Skype when they wished to. One person's relative lived abroad and would ring weekly. When the relative came over to visit the social pioneer offered to 'befriend' them on a social networking group so their relative could look at their daily posts and photographs of their family abroad. This helped them to maintain relationships that were important to them. People who were not able to use the electronic devices were helped to write cards and letters to loved ones.

To reduce the risk of social isolation staff told us they regularly involved people in activities they enjoyed, encouraging them to join in. For those people who wished to remain in their rooms staff were aware of the risk of social isolation and told us they were able to spend time with them in their room chatting or doing an activity with them such as hand care.

People's preferences and choices for their end of life care were clearly recorded, communicated, kept under review and acted on. The home's end of life pathway was designed on the 'One chance to get it right' approach to ensure people at Mount Olivet received compassionate person centred care at the end of their lives. 'One chance to get it right' sets out the approach staff caring for the dying should adopt. The ethos is based on the needs and wishes of the dying person and those closest to them. The home also accessed support from specialist palliative care professionals when needed. Anticipatory medicine was in place for

people coming to the end of their life. This meant that medicine was available to manage the person's symptoms and pain at the time it was needed. Staff understood the importance of people ending their lives in the way they wanted. Staff described how they had reassured people who were anxious through offering hand massages, managing their pain and playing music the person liked. They also spoke about the importance of supporting the person's family and listening to their needs and emotions.

The provider had a complaints policy and procedure, which was on display and included in the information available to people who lived in the home. Staff were familiar with the actions to take if they received a complaint or concern. The complaints file showed the registered manager had investigated complaints, responded in writing and met with people to resolve issues. People and relatives told us they knew how to raise concerns and would not hesitate to complain if the need arose.

## Is the service well-led?

### Our findings

People, relatives and professionals spoke about the exceptional quality of care and positive culture Mount Olivet had developed to ensure people were at the heart of where they lived. One visitor told us, "I visit my friend on a daily basis, and often at different times of the day. What impresses me is the consistency of the atmosphere and calmness here, at any time of the day. I believe this all down to the quality of [manager's name] management." A relative commented, "I have a nursing background and training, and I am always confident with the appropriateness of the care taken of my relative here at Mount Olivet." Health professionals spoke about the 'can do' attitude of staff at the home. One health care professional told us that staff went out of their way to put people first, they added, "It comes across to us that the benefit of the client is of the utmost importance to them."

People benefitted because Mount Olivet was extremely well led by an experienced and exceptionally proactive registered manager. The registered manager was a registered nurse and the homes clinical lead. They had an open leadership style, promoted a positive culture, and were committed to high standards of care and continuous improvement. The registered manager had taken the management of care at Mount Olivet to a level of excellence. They demonstrated an extensive up to date knowledge of all the people living in the home without referring to records. The registered manager led by example. They provided 'hands on' care and were visible within the home. People and relatives were complimentary about their approach and caring manner. One relative told us, "I can't praise [registered manager's name] enough. She runs a wonderful home and is so quick to reply to any questions I pose by email, or return any phone calls I make."

The registered manager was supported by the provider and operations manager who visited regularly, conducted their own governance checks and were always available for advice and support. The provider information return stated, 'The single influence ensuring a quality service is its leadership; the home has to be inspired by its directors and senior managers who in turn support and listen to its leaders managing a home.' The registered manager told us they felt well supported by the provider and operations manager and their staff team supported them in their role.

There was a friendly, vibrant and welcoming atmosphere within Mount Olivet. People were at the heart of the home underpinned by a caring and considerate ethos, promoted by the management team and provider. Staff at all levels of the home told us they were proud to work in the home and were enthusiastic and committed to providing a high standard of care to people. One member of staff told us, "I've worked here for six years and I absolutely love my job".

People benefitted because staff felt valued and appreciated by the registered manager and provider. We saw staff were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities. Staff morale was exceptionally high and staff told us this was because it was an inclusive and supportive place to work. One said, "I really love working here. It's very organised and open. We work very well together and I can always rely on my colleagues." Another staff member who told us they felt 'very' supported in their role said, "The manager is really easy to get on with. I feel that she leads the home really well. Communication is really good here they are always asking how we are getting on. She [the

registered manager] makes me feel so relaxed and supported." One visitor told us how this staff culture benefitted their relative, ""What I have noticed and value about Mount Olivet is that the staff turnover is really low. This means my relative has been able to strike up effective relationships with the care staff. It also means staff are happy to work here, which says something about the way that [registered manager's name] runs things."

The registered manager recognised positive traits in staff and how these should be used to have the best positive impact for people. Staff members had taken individual lead roles and become champions in end of life care, infection control and wound care. These roles had helped ensure the home was up to date with current best practice and legislation. The champions attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care and ensure better quality and safety. For example, this knowledge and understanding improved skin and pressure care awareness and resulted in no-one at the home having any pressure damage to their skin.

Staff told us and records showed that staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as during daily handovers with any issues arising reflecting the accompanying actions. They said that the meetings and handovers promoted shared learning, understanding and accountability within the staff team.

The registered manager worked in partnership with various organisations, including the local authority, GP services, local hospice and local health services to ensure they were providing a high quality service. The registered manager ensured they kept up to date with best practice by attending local authority provider engagement events, NHS Matrons forums, Intermediate Care Providers' forums and had recently become a member of the Devon Care Kite Mark. This is a peer review group that aims to raise standards in the provision of social care for people through the collaboration of a group of independent care providers. Devon Care Kite Mark constantly strives to ensure they are following best practice within their care homes. Members are invited to participate in peer reviews which enable them to keep up to date with current thinking, share best practice and continuously improve. This demonstrated that the registered manager and provider were committed to inspire, educate and improve care. This ensured that people living at Mount Olivet received care that always demonstrated current best practice.

Mount Olivet demonstrated they were very firmly a part of the local community and were actively involved in building further links. The home had invited the local church to visit and they supplied Bibles for people living in the home with Christian religious beliefs. The home supported a work experience student from a local college, studying Health and Social Care, to work in the home with people. The home welcomed volunteer workers to enhance people's lives by spending time with them. The registered manager invited manager's from other homes in the local area to visit to share best practice.

There were effective systems to monitor and review the quality of the home. The registered manager told us they worked to continuously improve services and provide an increased quality of life for people who lived in the home based on the feedback that they regularly sought from people. This feedback was gathered both informally through chatting with people on a daily basis and more formally through surveys, reviews and meetings.

The home also sought external evaluation of their work and had achieved very good results from reviews gathered by an independent review website. The provider information return showed the provider had received a top 20 small care home award from carehome.co.uk. Carehome.co.uk uses feedback from people

and relatives from online reviews. The review score of 9.8 (maximum of 10) for Mount Olivet was based on 34 reviews over the past twelve months, 32 of whom were 'Extremely likely' to recommend the home to others. On line review feedback included; "Feedback from my father and my own experience of dealing with and visiting the home was the warm and friendly atmosphere and professionalism of the staff and management. I was reassured my father was being cared for when I could no longer support him at home", "The home is wonderfully run and organized and all standards are excellent. Really couldn't wish for a better place for him!" and "Excellent - very well looked after and cared for. This nursing home is very well run with a caring manager and staff. I would highly recommend this nursing home for the care of loved ones."

Regular audits were carried out in the home by staff at all levels, including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required. Recommendations and feedback was documented and followed up by the registered manager.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguard authorisation. Notifications received from the home demonstrated that appropriate action had been taken.