

Suffolk Mind

Montrose House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Montrose House is a residential care home that provides care for up to 10 people, living with long term mental health conditions such as schizophrenia and bipolar disorder. At the time of this unannounced inspection of 12 April 2018 there were nine people who used the service.

At our last inspection on 12 and 14 August 2015, we rated the service overall Good. At this inspection 12 April 2018 we found that the service had improved to an overall rating of Outstanding and met all the fundamental standards we inspected against.

The service 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

Montrose House was exceptionally well led. There was visible and highly effective leadership in an open and transparent culture that resulted in an organised and well run service. The registered manager was able to demonstrate how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. They were supported by a management team and care workers that were fully committed to delivering the highest standard of care to each person.

Morale was extremely high, at all levels within the service with employees describing how well supported and appreciated they were by the registered manager. All of the staff were proud of where they worked and told us they felt valued and respected. They shared positive experiences about the leadership of the service, and how they were continually motivated and encouraged to professionally develop by the registered manager.

There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result the quality of the service continued to develop. The registered manager demonstrated an open, reflective leadership style working in partnership with other stakeholders to drive continual improvement within the service and to raise awareness of the needs of people living with mental health conditions within the local community.

Feedback from health and social care professionals cited collaborative and extremely effective working relationships. Montrose House was awarded care home of the year in 2017 at the Suffolk care awards and was highly commended in the food and catering category, for providing food in an interesting way that responds to people's individual needs. In addition the registered manager nominated by the staff at Montrose House, won the award for inspiring leaders and managers.

Care staff were highly skilled and competent to meet people's needs. They demonstrated an enhanced understanding and knowledge of mental health and how to meet people's needs. They were available when people needed assistance and had been recruited safely.

Care staff were exceptional at supporting people with their dietary needs. People enjoyed a positive meal time experience and were enabled to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care staff were confident about using the mental capacity and best interest decisions made were in line with legislation and people's wishes.

People and their relatives were complimentary about the care and support they received and the approach of the registered manager and care staff. People told us that they felt safe and well cared for. The care staff and registered manager had developed good relationships with people and knew them well. Care staff consistently protected people's privacy and dignity and promoted their independence.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, accessing the community and with their medicines. Care staff and the management team fully understood their roles and responsibilities in keeping people safe.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People received care that was personalised and responsive to their needs. They participated in meaningful activities and were supported to pursue their interests. The service listened to people's experiences, concerns and complaints and took action where needed.

The environment met the needs of the people who lived there. All areas of the service were clean and in good state of repair with equipment maintained.

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 Good

Systems were in place to help protect people from the risk of abuse and harm. Care staff knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to care staff on how to manage risks and keep people safe.

There were sufficient numbers of care staff who had been recruited safely and who had the skills to meet people's needs.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

Systems were in place to reduce the risks of cross infection.

Is the service effective?

Outstanding ☆

The service was extremely effective.

People were supported by care staff who had the enhanced skills, knowledge and experience to meet their needs fully.

Care staff acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were fully respected and upheld.

People received exceptional care from care staff who recognised changes in people's health, sought professional advice appropriately and followed that advice.

Care staff through their proactive and enabling approach to nutrition and hydration achieved positive outcomes for people.

Is the service caring?

Good ●

The service remains Good.

People told us the care staff were kind and considerate, respected their preferences and treated them with dignity and

respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service remains Good.

People were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Dynamic leadership was demonstrated at all levels. The registered manager promoted the highest standards of care and support for people; delivered by a passionate and highly motivated workforce.

There was an open and transparent culture at the service. All the staff described being well supported by the registered manager and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The service had established strong community links, worked in partnership with various organisations, including the local authority, community nurses and, GP to benefit the people they cared for and the local community.

Montrose House

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 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 an unannounced comprehensive inspection on 12 April 2018 and 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch and members of the public.

We spoke with eight people who used the service and two relatives. We observed the interactions between staff and people. We spoke with the registered manager, two team leaders, three care staff and two student social workers who were on placement at the service. We also received electronic feedback from five health and social care professionals and one professional who visits the service as part of planned activities.

To help us assess how people's care needs were being met, we reviewed three people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection of 12 and 14 August 2015, the key question Safe was rated as Good. At this inspection of 12 April 2018, we found the same level of protection from harm and risks. Staffing numbers remain consistent to meet people's needs and the rating continues to be Good.

People told us that they continued to feel safe living at the service. One person told us, "I feel safe living here, the staff are very reassuring and the building is secure." Another person said, "I feel safe here, we have procedures where we can talk to staff if we don't feel safe. The staff will reassure you." A third person commented, "I am very safe here. The staff are very good." A relative commented about the staff approach, "I think the place is marvellous. [Person] would have fallen through the cracks if they were not living at Montrose House. Being there means they are safe with a roof over their head and get the proper care they need to keep well. [Registered manager] has reassured me that even if [person] becomes unwell and needs to go to hospital this will always be their home."

Care staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A member of care staff said, "I have no problems raising any issues or concerns. I have reported bad practice in the past; it was acted on by the management."

We saw that people were safe in the service and comfortable with the care staff who supported them. Care staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls. One person said, "I use my frame to get about and to not fall over."

Risks to individuals were well managed. People had up to date risk assessments to guide care staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable as a result of specific mental health needs such as bi-polar, and schizophrenia as well as other medical conditions such as diabetes, types of cancer and dementia had clear plans in place. This guided care staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Feedback from a professional described how the service was working with them when risks had been identified to keep a person at risk safe stating, "Risk assessments are effective and plans are in place for one of my patients who is currently refusing all medication and physical examinations."

Safe systems were in place to minimise the risks to people because electrical, fire safety and the water system were regularly checked to ensure they were safe.

The service continued to maintain robust recruitment procedures to check that prospective care staff were of good character and suitable to work in the service. Care staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

The majority of people felt that there was enough care staff to meet their needs. One person said, "I can usually find someone if I need to." Another person commented, "I feel there is enough staff on duty and if they need more staff they [management team] try to get the same personnel from the agency so that we are at least familiar with the faces." A third person said, "There is always enough staff on duty and night staff are very kind." A fourth person told us how they felt there could be more care staff on duty at some times during the day as they were busy. They confirmed they had not actually been prevented from going out because of staff shortages but felt that the care staff were too busy most of the time. A relative shared with us. "The care staff work very hard, always on the go. Never stop, busy busy busy but I have never seen anyone go without though."

We found the staffing turnover was low and staffing levels were appropriate to ensure that there were enough care staff to meet people's needs safely. People's requests for assistance were responded to in timely manner. The registered manager used a dependency tool to work out the required number of care staff and this was adjusted regularly to accommodate people's assessed level of need as this varied. Records showed how staffing levels were increased to support people to access the community and attend healthcare appointments.

Medicines were safely managed. One person told us that the care staff, "Give me medication at regular times each day and they always ask if I'm ready. My GP made a mistake in my tablets last week but the staff here soon noticed and put it right the same day." Another person said, "My medication is given at regular times each day and they [care staff] make sure I actually swallow my tablets." Care staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed two members of staff administering medicines appropriately and told us they were confident that people received medicines as they were intended.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "I feel the home is clean enough but sometimes the toilet floor gets wet, but the staff clean it up straight away." Several people shared with us that the care staff helped them to clean their bedroom. One person said, "I like my [bed] room to be neat and tidy and smell fresh. They [care staff] keep the home nice and help me to look after my [bed] room. Care staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection. The service had achieved the highest rating in a food hygiene inspection in 2017.

The registered manager made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors, for example with medicines had been identified. The management team followed this up with competency checks to ensure best practice. The registered manager had also made changes after a review of the risk assessment documentation, implementing a new template designed to be clearer for care staff to follow.

Is the service effective?

Our findings

At our last inspection of 12 and 14 August 2015, the key question Effective was rated as Good. At this inspection of 12 April 2018, the service had continued to develop. Care staff were provided with the necessary training, ongoing support and the opportunity to meet people's needs effectively. People continued to have freedom of choice and were fully supported with their dietary and health needs. The rating has been changed to Outstanding.

People told us the care staff were extremely competent and well trained. One person said, "I feel the staff have the correct skills to care for me including my physical health." A second person told us, "Staff are very busy but they have good training and are able to look after me." A relative commented, "The staff are very well trained and know what they are doing. They don't judge people or write them off just because they have mental health problems. They are very tolerant and extremely understanding."

Care staff were competent and highly skilled with enhanced understanding of how to support people's mental health needs. They told us they had received in-depth training which provided them with the insight into the daily challenges people living with mental health faced and how best to care and support them and their families. The provider's training also included training associated with people's specific and diverse needs such as pressure area care, managing behaviours that challenge, falls prevention, nutrition and hydration and diabetes awareness. Records showed that upcoming training to support care staff included end of life care, and developing communication skills to work with people experiencing mental distress to meet their emotional needs.

A proactive support and appraisal system had been established to assist care staff with their continual professional development. Records and discussions with care staff showed that they continued to receive regular supervision, competency observations and yearly appraisal meetings. These provided care staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Care staff were positive about the training and development opportunities. One member of care staff said, "Training has been great, with a thorough online based 'top-up' and refreshers in certain areas, along with mandatory and extra training that will be beneficial to the home." Another member of care staff said, "The training is comprehensive, involved and can be intense but it provides you with the necessary skills to deliver a high standard of care."

There was a significant emphasis within the service on the importance of people being supported to eat and drink well. Care staff adopted a flexible and practical approach to meet people's individual needs. For example there was no set time for breakfast as people chose to eat at different times. Care staff were aware of this and were available to support people to eat when required. The lunch time and evening meals in agreement with people were seen as an opportunity to get together, but if people wanted to eat on their own or at different times this was accommodated.

Care staff were knowledgeable of people's food choices and this was incorporated into the daily menu alongside nutritional advice where required. They shared with us examples of how they proactively enabled

people to participate at meal times with food preparation and cooking to maintain their daily living skills. A member of care staff said "We try to encourage people to get together at meal times. Support them to get involved with food preparation and cooking if they wish. It can boost their self-confidence and [for those at risk of malnutrition and self-neglect] may encourage them to try the food that they helped to make." Feedback from a healthcare professional confirmed this stating, "[People can] choose to help in the kitchen with food preparation. The food is cooked by staff and residents can help if they want to."

There was a lively and upbeat atmosphere during the lunch time meal. Two people were being supported by the care staff to participate with various food preparation tasks. They were laughing and smiling with the care staff and told us they were having fun. One person jokingly said, "I am only helping to make sure they do it right." A second person told us, "If I am in the mood I like to help at lunch time it can be good fun." They received vocal support and encouragement from several of the people who lived in the service who had chosen to come down and watch rather than get involved. One of them shared with us how they enjoyed being supported and encouraged by the care staff to be involved in making snacks as it made them happy and improved their mood. They said, "I like to bake cakes and I do this whenever it takes my fancy."

People were complimentary of the food. One person told us, "You can have what you want when you want. I like to come down [at meal times] see everyone and then go back to my room." Another person said, "I get enough to eat and drink and for the most part the food is good with a choice of two main evening meals and they [care staff] will cook an alternative if I wanted it." A third person commented, "I get sufficient food and drink including fish pie every Monday but generally I'll eat whatever is on the menu." Where people required assistance with their meal this was provided sensitively.

Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback about people's specific dietary needs. For example, by supporting people to follow a healthier diet to support them to lose weight and introducing food that was fortified with cream and extra calories to enable people identified as at risk of malnutrition to maintain a healthy weight. Professional feedback about nutritional advice being acted on was positive. In addition the service was highly commended in the Suffolk Care Awards 2017 for providing food in an interesting way that responds well to people's needs and preferences whilst encouraging people to maintain a balanced diet.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked collaboratively with other professionals involved in people's care to ensure that their individual needs were consistently met.

Feedback from healthcare professionals cited positive and highly effective working relationships with the service. They confirmed that appropriate referrals were made and guidance was acted on. One health care professional said, "When responding to concerns re a service user's mental or physical health they [management team] are keen to involve me asap." Another health care professional stated, "They welcome my adhoc visits any time to see my patients, and I am happy with their collaborative support plans for my patients."

The service worked effectively with professionals from other care settings to ensure people's needs were met consistently and effectively. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included care staff or a member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process, care staff took key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment

plans to ensure their needs were effectively and consistently met.

During the inspection we saw that where a person from the service had been admitted to hospital, arrangements were in place to maintain this person's well-being. The management team and care staff had coordinated visiting the person to provide reassurance, and reduce the risk of isolation.

People continued to be supported to maintain good health. Conversations with care staff and records seen demonstrated that the care staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "Staff will make GP appointments for me and accompany me to the appointment." Another person shared with us that they used to see the dietician but now the care staff oversee a weight loss programme to help their physical health. They said, "Even though I am on a diet I still get enough to eat and drink." A relative told us, "They [care staff] are really good at encouraging [person] to eat little and often. [Person] wouldn't bother otherwise and self-neglect."

People were involved with the decoration of the premises. They told us about choosing the colour of their bedroom and that they were consulted on changes to communal areas. The design and layout of the premises and garden was appropriate to meet people's needs. The registered manager advised us that improvement works to the back garden was planned for the summer to make the outdoor space more accessible and therapeutic.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no DoLS in place at the time of the inspection, where required, people had best interest decisions in place to support them. One health care professional commented, "I am happy that, in the areas that my patients lack capacity, we have worked really well together to ensure the best interests of my patients are properly assessed and recorded, and hence the quality of life of my patients has never been impacted."

People's care records identified their capacity to make decisions. Care staff had been trained in the MCA and DoLS and demonstrated a comprehensive understanding of the MCA and how this applied to the people they supported. There was nominated champions in the service to promote best practice with regards to capacity, restraint and consent and this helped to ensure people's rights were respected and appropriate best interests decisions were made. One person said, "They [care staff] always listen to me and respect my choice." Another person shared with us, "My voice is heard and my decisions valued and respected." A member of care staff said, "We try to encourage people to make good decisions wherever possible but ultimately it is their choice, their life and we respect that."

Is the service caring?

Our findings

At our last inspection of 12 and 14 August 2015, the key question Caring was rated as Good. At this inspection of 12 April 2018, we found people remained happy living at the service, they continued to be complimentary of the care staff and management team and felt well cared for. The rating continues to be Good.

People told us the care staff treated them with respect and kindness. One person said that, "I get on well with the staff, they treat me well." Another person told us, "Staff make me feel very cared for, they seem to really care and don't treat it like a job." A third person commented. "The staff are very good; I've got no complaints."

Relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "[Person] is well looked after, staff are marvellous; have the patience of a saint. Really good with [person]. [Person] is not easy at times but they [care staff] are unflappable, really calm and caring. They know exactly what to do to turn the situation around and look after [person] really well." Another relative told us, "There is a calm welcoming feel in the place. It is very homely and people are well cared for."

There was a friendly atmosphere in the service. People were relaxed in the presence of care staff and the management team. Care staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Care staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us that they had lived in the service, "For a long time and I am happy and settled."

People were supported to express their views and be actively involved in decisions about their care. One person said, "I feel involved in my care and I'm quite happy to tell staff what I like and don't like." Information was available to people in formats they understood to assist them in making decisions about their care. This included access to independent advocacy services and healthcare services.

People told us they were encouraged to be independent. One person said, "They [care staff] help me to do things for myself. I like to bake but need a little help with that and [personal care]." A care worker told us, "I love my job, getting to know people, seeing them smile every day, knowing I had a part in that, helping them to achieve things for themselves."

People's right to privacy and dignity was respected and promoted. Care staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us, "Staff treat me with respect and observe my dignity. They always use my first name and knock on my bedroom door before entering." Another person said, "They [care staff] talk respectfully and politely to me, they listen to what I say and do a good job looking after me."

The registered manager shared several examples with us of where the service had worked closely with

people, their relatives and other health and social care professionals, to ensure the person received compassionate care tailored to their individual needs. This included attending meetings to discuss strategies where concerns about had arisen about a person's health and wellbeing. One health care professional fed back to us, "Montrose House have always been proactive and upfront in advising me of concerns relating to my patients' safety, safeguarding, and wellbeing." Another healthcare professional commented, "The staff at Montrose are very caring and respectful of the residents. Personal choice is important in the home and this is respected. Residents are treated as individuals."

Is the service responsive?

Our findings

At our last inspection of 12 and 14 August 2015, the key question Responsive was rated as Good. At this inspection of 12 April 2018, we found care staff continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People shared positive experiences of living in the service. One person said, "It is my home. I come and go as I please. It is nice here. I am safe and well looked after. Lots to do if you are interested. I liked the [therapy] dogs that came. Made me smile." Another person told us, "It is a nice place. Clean and safe. People are nice, I have friends here. Staff are friendly and respectful. We have a laugh together and they know me well."

People, relatives and care staff told us and records seen reflected that people's care records were accurate and regularly updated. The records provided guidance to care staff on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the care staff to promote and respect people's dignity.

Where people needed support with behaviours that may be challenging to others, their care records guided care staff in the triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for care staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. One person said, "My key worker talks to me often about my care, checking everything is okay." Another person told us, "I filled in a form once asking what I thought of living here, said it was all right. I speak to [name of key worker] about my care but if something was bothering me I could speak to any of them [care staff]."

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included clear instructions for care staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled care staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

Care staff supported people to pursue their interests and hobbies and to engage in meaningful activities. During the afternoon we saw one person decide to help make cakes for the afternoon's activity of high tea. They told us that they enjoyed baking cakes but it was often impromptu when they wanted to do this activity. They said when they did want to do this the care staff get the ingredients they require, "Just have to ask them."

People told us they enjoyed accessing the community," One person said, "I go to the local shops on my own and I still get out as much as I can." Another person said, "I go out with staff at the weekend to the shops. I like that." A third person said, "I don't like to go out much now. I feel safer indoors."

A complaints process was in place that was accessible and all complaints were dealt with effectively. One person said, "I feel comfortable talking to staff and they respond pretty well when you have concerns." A relative commented, "If I've got any issues I can speak to any of the staff or [registered manager] they are all more than capable of sorting things out." A member of staff told us that they were confident to deal with concerns raised and that any issue was dealt with by the management team.

No one at the time of our visit was receiving end of life care. However, care staff, the registered manager and records showed us that care staff had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care staff were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

At our last inspection of 27 August 2015 the key question Well Led was rated as Good. At this inspection of 14 March 2018 we found there was dynamic leadership in the service. Morale in the service was extremely high. Care staff told us they proud to work in the service and were valued and respected by the registered manager The registered manager was proactive and took action when errors or improvements were identified. They were able to demonstrate how lessons were learned, how they helped to ensure that the service continually improved to provide people with individualised personalised care. Therefore the rating has been changed to Outstanding.

Feedback was extremely positive from people and the relatives we spoke with about the exceptional leadership arrangements in the service. People told us the registered manager actively engaged with them and knew them well. They described how the registered manager was always available and approachable. One person said, "I know that [name of registered manager] is the boss. I see [them] often in the home. I think they are very good because I can speak with them at any time." Another person said, "I know who is in charge. I see them here all the time. We quite often have a laugh and chat. I think the staff are happy with [registered manager] as well." A relative shared with us, "The manager is calm personified. Doesn't flap or get concerned. Great listener, doesn't judge. Very patient and understanding."

The registered manager had established an open and inclusive culture within the service. Staff turnover was low and morale was high. The care staff understood their roles and responsibilities and how they contributed towards the running of the service. This was in line with the provider's vision and values of ensuring people were at the heart of the service and received high quality personalised care. People and relatives described being comfortable sharing ideas or issues they wanted addressing with care staff and management and were confident they would be acted on appropriately. One relative said, "We get asked about what goes on in Montrose House, if we are satisfied with the care, could they do anymore? I can't fault it. They have done wonders. I know because I tried and couldn't cope. What price do you put on safety and peace of mind?"

Without exception, all the staff we spoke with were proud to work at Montrose House and told us they felt the service was well-led and that the registered manager was accessible and listened to them. One member of care staff told us, "The manager is fantastic, cares about the residents and the staff. They are so supportive and passionate about advocating for people who have mental health. They motivate me to do the best I can." Another member of staff said, "The manager is such a positive influence ever since they were appointed here. I have nothing but praise for how they have turned things around here. When it comes to my own guidance, I always feel that I am able to come to them with any concerns, questions or queries without the feeling that I am not going to be listened to."

Care staff told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. One member of care staff said, "I have regular supervision and the manager and seniors work shifts so they know how you're doing. You don't have to wait for supervision to speak to them. Supervision is good. Its

constructive feedback and they will always talk things through so you understand. We have regular team meetings where we share practical experiences as this develops your knowledge." Another member of staff commented, "We have an away day which is really good. We get together as a team to talk through what's working well at the home, what we think could be better. We throw out ideas and the manager takes it on board." Records seen confirmed that staff feedback was encouraged and being used to shape the agenda of the next away day.

In 2017 at the Suffolk Care awards, the registered manager won the award for inspiring leaders and managers. They had been nominated by the staff at Montrose House in recognition of their enabling and motivational approach and "incredibly calm, can-do manner." Feedback from the staff reflected that the registered manager, "Allows people to make decisions and has a no-blame culture." The judges commented that the registered manager, "Has a clear commitment to supporting and developing their staff and ensuring they are truly involved in the overall strategy and decision-making at the home." A member of care staff we spoke with during the inspection told us, "All the staff love the manager, as they work so hard to get it right. They are so supportive and encouraging. I have learnt so much from them. We [care staff] put [registered manager] forward for an award in our appreciation of what they do. I was really pleased when they won."

Effective governance systems to monitor performance had been fully embedded into the service. The registered manager continued to assess the quality and safety of the service through a regular programme of audits. This included health and safety checks, safe management of medicines and auditing people's care records. We saw that these were capable of identifying shortfalls which needed to be addressed to ensure the service continued to advance. Reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, care staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

In addition information relating to the running of the service was shared with the provider through regular reporting by the registered manager. This covered everything from admissions, safeguarding, maintenance of the building, to falls, care reviews and staff training and ongoing development. This information provided effective governance, accountability and oversight of what was happening within the service and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, workforce development and enhancing internal communication systems.

As part of continual development of the service, people and their relatives were regularly given the opportunity to voice their views and to make suggestions on how the service could improve. This included resident meetings. People told us and the meeting minutes showed the people who lived there truly influenced what happened at the service. Information included updates on agreed actions, staff changes, training and any planned improvements. It also set out the activities planned for the future and encouraged people to get involved in any way they chose. One person said, "We have meetings, talk about what we would like to do. What we think of things." A relative shared their experience, "I have been asked what I think of the place and what suggestions I have. To be honest I don't know what more they can do. How do you improve on perfection?" A healthcare professional commented that the service is, "Stable, consistent and well managed. Residents always seem to be positive about their experiences within the service. I know residents have the opportunity to talk about concerns or issues and have occasionally done so. These generally seem to be reflect minor irritations between residents which as far as I can see staff deal with well."

People received individualised personalised care and support from a competent and committed work force

because the registered manager encouraged and enabled them to learn and develop new skills and ideas. For example, care staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. A member of staff said, "The training is detailed and extremely relevant especially about mental health. I want to learn more. In my recent supervision we discussed this and the different options available."

The service was an active and visible presence within the local community with a proven track record of working collaboratively with other services. Highly effective partnerships with various organisations, including the local authority, community health teams and GP surgeries to ensure they were following correct practice and providing a high quality service had been established. Feedback received from professionals involved with the service was extremely complementary. One healthcare professional commented, "I have no concerns with the service. High quality of care provided." Another professional said, "Residents and staff have a great rapport which is always great to see."

In addition, at the Suffolk Care Awards 2017, Montrose House was awarded care home of the year in recognition of an exceptional service that provided a family feel and individualised personalised care to the people who lived there. The service was commended by the local authority for, "A commitment to continuous improvement which regularly seeks clients' views. The home has created a family feel for the residents and has a warm and friendly person-centered culture where residents are supported to achieve personal goals through the positive management of risk."