

## Grace and Compassion Benedictines

# Montana Residential Home

### Inspection report

East Barton Road  
Great Barton  
Bury St Edmunds  
Suffolk  
IP31 2RF

Date of inspection visit:  
25 September 2023

Date of publication:  
09 January 2024

Tel: 01284787321

Website: [www.graceandcompassionbenedictines.org.uk](http://www.graceandcompassionbenedictines.org.uk)

### 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?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service.

Montana Residential Home provides accommodation and personal care for up to 19 older people some of whom may be living with dementia. At the time of our inspection there were 16 people using the service. The service is set over one floor and is in the village of Great Barton on the edge of the town of Bury St Edmunds in Suffolk. The service is run by the Benedictine Sisters of our Lady of Grace and Compassion with Nuns residing in the adjoining convent. However, the service provides care to people all faiths.

Montana Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service and what we found

People continued to experience outstanding service, receiving exceptionally personalised care and support which they were in control of. There was a strong ethos within the home of treating people as individuals and with respect. People were at the forefront of their care. A relative explained, "They always treated my [relative] with respect and dignity and did everything that they could to ensure that they were comfortable and had enough mental stimulation. This was particularly important as they were always of sound mind, though their disabilities and frailty limited them physically". Activities were planned by staff and volunteers who worked closely with people to establish their individual and unique preferences.

People's individual religious and spiritual wellbeing were exceptionally well supported. The development of technology within the home had enabled people to partake in the daily catholic mass from their rooms as this was televised from the homes on site chapel.

The care people received at the end of their lives was exemplary. Staff were passionate about providing the best, most compassionate and respectful end of life care to people and demonstrated that all people who lived and died at the home mattered and were important. A relative explained that due to the unique set up on the day their relative died they were able to receive the sacrament of the sick and their wishes were, "Respected and carried out to the letter." This included the requiem mass and wake being held at Montana.

People's medicines were very well managed. This had been enhanced since our last visit with the introduction of an electronic system that had safety systems built in. People received their medicines safely and as prescribed.

People received support and treatment from health professionals when needed. The relationships that had been fostered benefitted people as they received good access and support to healthcare. No one ever attended a health appointment alone.

The consistent presence of staff to meet people's needs in a timely and responsive manner ensured people

were always safe and their needs met. A relative told us that their loved one, "Is in very safe hands where they are treated as one of the family with dignity and respect."

Staff were provided with regular training and were supported by their colleagues and the registered manager to do their jobs effectively. Staff fitness to work at Montana had been thoroughly assessed.

People enjoyed the food provided. A relative said of the food; "Nutritious and freshly prepared by the cook who went to great lengths to ensure that it was to [relatives] liking. Food was specially prepared when they had difficulty swallowing. The care team always provided unhurried support in helping to eat meals".

The registered manager continued to be highly visible and approachable and enabled and empowered staff to deliver high quality care and to seek advice from them if needed. The registered manager had excellent knowledge of the home and the people living there in order to ensure that people had their preferences met.

Staff displayed they delivered exceptional care, compassion and empathy that showed all people mattered and were important. People who used the service commended the outstanding quality of care they received. A health and social care professional fed back; "I wanted to take a moment to express my heartfelt gratitude for the exceptional service you provided to customers. Thank you for going above and beyond to make a difference."

The provider, Grace and Compassion Benedictines, is a Catholic organisation and the home is connected to a convent however all are welcomed regardless of their faith or background. The staff team was made up of Nuns (Sisters with the Grace and Compassion Benedictine) and 'lay' staff. When we refer to care staff in the report, we are referring to both the Nuns and the care staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection and update

The last rating for this service was outstanding (published 07 July 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide an outstanding rated service to people due to the age of the last rating.

The overall rating for the service remains outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Montana Residential Home at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good ●

### Is the service effective?

The service was effective

Good ●

### Is the service caring?

The service was exceptionally caring

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive

Outstanding ☆

### Is the service well-led?

The service was exceptionally well led

Outstanding ☆

# Montana Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors 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.

#### Service and service type

Montana Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This comprehensive inspection took place on 25 September 2023 and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at the care records of 5 people in detail to check they were receiving their care as planned. We also looked at other records including 3 staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with 7 people who live at the service, 5 members of care staff, and the registered manager. We spoke with relatives of 2 people currently living in the service. After our visit we were contacted by a further 9 relatives and family members all wanting to share their positive experiences of the home. We also had contact with 1 healthcare professional to seek their feedback.

We also observed how staff interacted with people living in the care home more generally.

Following the inspection visit we requested some documents electronically. These included quality assurance checks, and records relating to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at the service. A person said, "I feel completely safe. I'm diagnosed with Alzheimer's; I was on my own but here I feel really at peace and feel safe here." A relative said, "My [relative] has grown accustomed to the people [staff] who address their every need, and it is quite clear from their reactions in their company that they feel safe and secure in their kind and loving care."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistleblowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work. We could see from the residents meeting minutes that safeguarding was spoken about and where to raise concerns.
- Staff received safeguarding adults training. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. There was information displayed throughout the home for people or visitors to read and explain about how to recognise and respond to any safeguard concern.
- The registered manager understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.
- Staff told us they were confident that if they had any concerns, they would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, mobility and risk of falls, nutrition, skin integrity, and COVID-19 and infection control.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and the risks they faced changed.
- Staff had a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. This included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. They also made sure people could safely move independently around the home and were aware that people who remained in bed, ran a higher risk of developing pressure ulcers. No one had any pressure ulcers.
- One person had a pressure mat next to their bed. So, we stood on it to see what response there would be. A member of staff responded within 3 seconds. The person in the bed said to us, "3 seconds, I cannot grumble about that." They also confirmed they'd had, "No falls."

- A new electronic entrance doorway had been installed. This made it safer for people to leave and enter, especially if they had equipment to support them with walking. We observed people freely move inside and out without hindrance of opening doors.
- The service ensured the building was safe and well maintained through regular health and safety checks. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Each person had a known named member of staff who would support them to evacuate.

#### Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staff were visibly present, providing people with the appropriate care and support they needed. For example, staff were available to spend quality and relaxed time with people. Staff were not task orientated and we observed numerous times throughout our visit where they had time to interact with people.
- People told us that the home had enough staff to meet their care and support needs. One person said, "They certainly have enough staff, they are everywhere, and I can ask anyone of them [for support]." A relative said, "There is staff consistency here, people can bond with the sisters, carers have been here for years and years. It is a family."
- The registered manager told us the care home remained well-staffed and currently they did not have any staff vacancies.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by trained staff, and externally by community pharmacists. The provider now used an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any e-medicines records we looked at.
- Managers and staff all told us the electronic medicine's monitoring system automatically flagged when errors occurred and had helped reduce the risk of medicines errors occurring.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines.
- People told us staff made sure they took their prescribed medicines as and when they should. Others described how their independence was maintained. A person said, "Tablets - I manage my own. They are under lock and key in my room."
- Staff authorised to manage medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed.

#### Preventing and controlling infection

- The care home followed current best practice guidelines regarding the prevention and control of infection



including, those associated with COVID-19.

- The care home no longer insists all staff and visitors to the home must wear appropriate personal protective equipment (PPE) to reflect the governments relatively new risk-based approach to wearing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands and using hand gel.

#### Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence. People, relatives, and staff felt involved in the service and said they felt the registered manager was extremely approachable and acted on issues without fail if things went wrong.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed before people were admitted to the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan of care set out in consultation with the person and described how they wanted to be supported.
- Care plans detailed up to date health guidance for people who needed support with their health conditions.
- Care plans were reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff received a variety of training relevant to their roles. The registered manager told us that to ensure all staff were well trained, regardless of their length of service and qualifications, they all undertook The Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values, and behaviours expected.
- Everyone we spoke with said that the staff had the right skills to support them. People gave many examples of how staff used their skill and knowledge to support them effectively. People's relatives also spoke highly of the skills staff at the home had. One relative told us, "The Sisters are able to deliver high quality care because every one of them treats her position in Montana as a calling and not as a job."
- Staff were complimentary regarding the quality of training. A member of staff said they received ongoing training and support especially with the new electronic care and medicines systems.
- Staff received supervisions and appraisal which looked at their performance, training and development needs. Staff told us they felt valued as part of a cohesive team.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relative's told us how much they enjoyed the food served at Montana. One person said, "The food is very good. We get a good variety, with a different menu every day with 2 options. We're given plenty of fruit and veg." A relative said their family member loved the food as the staff bought things to tempt them to eat. They told us, "They got [family member] kippers and pies."
- The management team were proactive in seeking people's views regarding the quality of meals provided. We noted action taken to make changes in response to feedback received. For example, the varieties of soup offered was extended to provide more choice.
- Where people were at risk of losing weight, fortified foods were provided, and weight monitored with referral to specialists when needed.
- Our observations and records showed people were supported to eat and drink healthily and provided with

a choice of meals according to their preferences and needs. This included a choice of meals provided to people at risk of choking and requiring a soft diet. A relative told us, "Food was specially prepared when my relative had difficulty swallowing. The care team always provided unhurried support in helping them to eat their meals."

Adapting service, design, decoration to meet people's needs

- People lived in a homely, clean and pleasant environment.
- People had access to outside space which was well maintained to ensure ease of access and enjoyment. We saw people move freely in and out of the home to sit and read in the garden or feed the birds,
- The service had suitable equipment such as hoists, stand-aids and profiling beds to mobilise people safely.
- People were encouraged to personalise their bedroom with pictures, photographs and small items of furniture from home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed, and their care and support needs were included in their plan of care.
- Feedback from relatives was consistently positive about medical support. One relative said, "It was clear that Montana had an excellent working relationship with the Guildhall and Barrow Surgery and was in regular contact with the District Nurses and G.Ps as required. My relative always received medical attention without delay."
- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective. One health professional said, "I drop in as often as I can as part of the care homes team, but they will contact me if they have any issues that they think I can help with. We have a very good working relationship." A volunteer told us, "It is always good to see a Sister accompanying them to hospital or to a dental clinic if the family isn't available."
- Care records evidenced appropriate referrals to GPs, dieticians, speech and language therapists, physiotherapists and dementia specialists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Peoples capacity to make decisions for themselves was respected. We saw that when a medical decision was to be made this was asked more than once and in differing circumstances to ensure the persons consent was understood and clear to them.
- People's representatives were included in decisions regarding the person's care. One relative said, "As my relative's healthcare needs increased and they became increasingly immobile the care team responded appropriately with updating the care plan and always kept the family up to date with details of any

interventions required."

- Mental capacity assessments had been completed for each person and regularly reviewed. DoLS applications had been processed where applicable.
- Staff had been trained to understand their roles and responsibilities. They demonstrated a working knowledge of the need to ensure people consented to their care and treatment in line with legislation and guidance.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has remained Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well supported and treated with gentle kindness. People consistently and unanimously told us of the caring support they received that was unconditional. One person told us. "I am looked after with care and attention. You don't feel left alone, and I know there is always someone around. I feel safe, always treated with respect, they are nice tender people." A second person commented, "Often, well every night someone pops in and says good night to me, here it feels like you are in a caring family." A third person said, "The care is first class, the way they present themselves nothing is too much trouble they are busy sometimes when you call but they are there, always there for everybody."
- We observed staff were highly motivated, offering care and support that was exceptionally compassionate and kind. This positive culture was because staff had built trusting and positive relationships with people they cared for and had taken steps to understand people's backgrounds and personal histories and what mattered to them.
- We received multiple and extensive examples of outstanding care and support to people. One person said, "I think I am fortunate to be in a place like this, I am looked after with care and attention, you don't feel left alone, and I know there is always someone around."
- People's relatives told us staff continued to demonstrate empathy and understanding of each person's individual needs. We observed interactions with people continued to be gentle, caring and focussed on the individual. Many people and relatives continued to comment on the sense of 'family' they got from living at Montana Residential Home. They told us about how they felt treated with the upmost respect which also extended to their belongings and environment. One person's relative told us, "They go the extra mile each time."
- People's religious and cultural differences continued to be promoted and respected by staff and held in high importance. One person's relative told us, "At the end, before the ambulance took [family member] they told him that he was extremely sick. The Sisters went and got a priest so family member could have their last rites, they got the priest up into the ambulance to they were able to administer them. That was a huge thing for us, the family."
- A convent continued to be adjacent to the care home and many of the Sisters worked were still working at Montana Residential Care Home. They continued to warmly welcome people from all different faiths. The onsite chapel remained linked to multiple cameras in the home which meant people could still watch the frequent services, even if they could not leave their bedroom or were cared for in bed. One person said, "Sometimes I watch the mass, that's my preference if I do or don't. Father comes and I receive holy communion." Another person told us, "I watch mass sometimes and it is nice to see people who I know and who is sitting with whom." A relative commented, "I am happy with [Montana Residential Care home]. Faith

is a big thing for us [family], and we've got church 'on tap' here."

- A relative explained how staff would visit their family member in hospital telling us, "They held [family member's] hand and made them feel so loved and special." Another relative told us that their loved one had moved to Montana from hospital on palliative care as they were expected to die, however, they added, "Instead of surviving for only 2 weeks, [family member] was at Montana for 8 months. The love and care they showed, prolonged our relative's life." The relative went on to describe the staff as, "exceptional."

Supporting people to express their views and be involved in making decisions about their care

- People were supported exceptionally well to express their views and make decisions about their care. People were encouraged to be themselves, express themselves and make decisions that were respected.
- People were asked what was important to them through meetings, surveys and care reviews. Action was taken to ensure this was recognised and reflected in the planning of their care and support. One relative told us, "100% we would recommend it. Their biggest strength is the care, they do care, it is in everything they do. It is the respect of life, making sure all can make their own choices and decisions and give warm friendship to everybody."
- Changes were made based upon decisions and input from people. Meetings were held where people could contribute their ideas, thoughts and any feedback to the registered manager and staff. One person told us how people living at Montana Residential Care Home influenced the menu choices, what was stocked in the 'shop', what activities took place and which outings were planned.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were exceptionally well respected and promoted. A person told of how they chose to have a shower every morning at 7am and this was supported without fail. They told us, "When they shower me, they make sure I have a towelling robe on, the shower makes me feel really good. I was worried how I would cope but they are so discreet." Another person commented, "I could have a shower every day if I wanted. I feel safe, always treated with respect, they are nice tender people, they know when you are not well, they are never rough or uncaring, they are very caring."
- People's independence was promoted and actively encouraged at all times. One person told us A person told us about an injury they sustained - "I fell in July last year and had plaster on both arms and could not even wipe my nose. [Registered Manager] arranged for a volunteer to come when the plaster came off, the care was 100%, I needed lots of help as I broke my right shoulder and left elbow" The person went on to tell us that thanks to the exceptional care they received they were back to being independent."
- Staff supported people to make decisions about their care. We observed staff asking for consent before supporting people with their care needs.
- People's independence was promoted and maintained. We heard of people walking to a local shop and going into town. People were seen to come and go from the care home as they pleased. People were given a front door key to the care home so they could be as independent as possible. One person told us, "I have a number of notes to put on my door to tell them where I am like feeding the birds, gone to the post, one of my jobs is to empty the post box in the lounge and take the letters to the post."
- People told us that they had valued pastimes that made them feel respected and promoted their personal independence. For example, a person helped maintain a large aquarium and fed the fish, another person fed the birds. They told us, "[Registered manager] gets the food and I let them know what I need like sunflower seeds for the birds, it is never a problem."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people's needs were exceptionally well met.

#### End of life care and support

- People continued to be exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death. People's choice was paramount, and we received feedback about multiple experiences of how people and their families were sensitively supported during peoples' end of life care.
- One relative spoke about their experience of the care and attention given to enable them to understand and accept the end of life and death of their relative. They said, "[Registered manager] went to great lengths to explain what this meant and to provide reassurance that [my relative] would receive all necessary care to ensure that they was as comfortable as possible at all times."
- Another relative told us, "The care, support and loving kindness provided to myself and my siblings at the time of [our relatives] death and subsequently could not have been better."
- People told us of the loving kindness that was shown to people and relatives to ensure that peoples wishes were followed. This included people being able to receive the sacrament of the sick and full requiem masses where requested. They also told us people who were devout Catholics all their lives were able to die with the grace of God. Compassion shown was excellent. A volunteer told us, "They sit with the [person], and stay around the bed and hold their hand, and say prayers and the Rosary before the person dies. Many families have said that their loved one had a beautiful send-off."
- Relatives spoke of the practical support offered with organising celebrations of life and Montana Care Home supported this through the use of the onsite chapel. One relative told us how other residents and relatives at the home could still be part of saying goodbye to people because of the ability to watch mass in their private rooms. A relative told us, "People were still able to be 'present' at the mass (from the comfort of their room) and the family were well looked after and catered for at the Wake. Both of which were organised by Montana Residential Home."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to tell us, without exception, that staff remained extremely responsive to their needs and preferences and that their care continued to be inclusive and focussed on them
- People were exceptionally well supported as individuals, in line with their needs and preferences. People's needs were kept under constant review and decisions and choices were absolutely respected. People had choice and control from the moment they arrived at Montana until they left. A person told us how they were respected as an individual and their choices respected, "One can be one's self, I am not chased to one thing rather than another. I can be independent. . . here I can open the door and go out. I am Roman Catholic and some of the residents are very involved, but I am not coerced." A relative said, "They are particularly good at involving [my relative] in things and making them feel helpful and valued."

- People continued to receive support that was highly individualised to their personal preferences and individual needs. Bedrooms had been set out, where people were being cared for in bed, to ensure maximum opportunities to see the views of the garden and countryside were taken.
- People were able to determine how they spent their day. People had a sense of purpose and involvement. One person told us, "I've got my own car and I am sent on errands to [supermarket], I take Sisters to the hospital or the doctors, it keeps the car going. . . and I am helping the Sisters, it is my way of thanking them." A relative told us, "They put on shows, have parties, they took [my relative] to the coast for fish and chips, and they went to the town gardens for ice creams."
- The atmosphere remained very warm and friendly. During our visit we saw participating in organised activities of their choice such as word games. We observed lots of laughter and an event that was stimulating and enjoyable. We also saw a quiz taking place. Questions were well timed and led to wider discussions about the answers given. People were able to reminisce and recall their own experiences. This was enjoyed by those taking place. It ended with a discussion about what film would take place at the film club – this was chosen by a person living at the home.
- The home continued to involve the local community and a group of volunteers were still working closely with people and supporting with access to the local area and additional activities.
- There was still a large area of the home set aside as a library and this area remained well stocked with a variety of genre of books for people to access.
- People were encouraged to use the outside space and it was well maintained. One person said, "I love the front garden, it is a real joy to sit in we have got 3 different gardens." Another said, "I am able to go for walks down the road with my walking stick 5 times a week as suggested by the fracture clinic."

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were exceptionally well listened to, responded to and used to improve the quality of care. Listening and acting upon what others are saying was evident throughout our visit. People spoke of the managers door always being open and that they were accessible to speak with.
- We could see that the manager knew people and their needs extremely well. Given that, they also had systems in place to gather feedback. There was a formal complaints procedure, but also suggestion boxes where any visitor or person could drop an idea or note in. We were shown some of these and could see action had been taken. For example, after a person had requested more chicken to be offered. All feedback however minor was kept and responded to.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards. People's communication needs were well understood and supported.
- Electronic communication systems had been developed with relatives that was secure. It enabled instant communication if a person's health had changed or if there had been concerns. General updates could be shared, and use of photographs and documents enhanced that. A relative commented, "Communication between Montana and the family has always been first class and the sisters have always been exemplary in their duty of care - erring on the side of caution if there was ever a concern. We have always been kept fully in the loop and the sisters are very quick to respond to any queries that we have."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager created an incredibly positive, open and inclusive culture at the service. People, relatives, and staff, without exception, spoke positively about the registered manager. One person said, "I am happy and content and very grateful to the sisters and staff to be here, it is home from home, I have got companionship. Registered manager's door is always open, I feel safe here."
- We received extremely positive feedback from people and their relatives about standards of care and the relationships they had built with staff. One person's relative said, "Since my [family member] is living with the advanced stages of dementia, it is absolutely essential that they be cared for by people we trust implicitly. This is certainly the case with the lovely staff and Sisters of Montana. My [family member] has grown accustomed to the people who address [family member's] every need and it is quite clear from their reactions in [staff and Sisters] company that [family member] feels safe and secure in their kind and loving care."
- The registered manager and staff demonstrated a consistent ethos of providing good, quality care for people, based around individual and spiritual needs. People were clearly at the heart of everything at Montana Residential Home. We had highly positive feedback from people, relatives, staff, and professionals about the care home and the leadership. Outcomes for people in many areas such as end of life, cultural and spiritual and physical health exceeded desired outcomes and expectations.
- The registered manager was open, and willing to listen and act on any concerns. We saw several examples of improvements and changes made based upon feedback. An example being the purchase of a barista coffee machine and the replacement of the front hedge to enhance peoples use of the front garden. A person told us "I would recommend the home, the ease of being able to come and go and discuss any problems and the fact we all get on well."
- The provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The honesty and openness of the registered manager was appreciated by everyone at the service.
- During the inspection the registered manager had an open and honest approach to promoting and encouraging feedback from people and their relatives.
- The registered manager had a range of systems in place to oversee that people were provided person-

centred care that achieved good outcomes for them. A relative told us "We comfort ourselves [family member] is in a place where they are so well cared for and loved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality. We received feedback about the registered manager stating how well she was respected. It stated, "Staff are led by an able and fully committed [registered] Manager. [Registered Manager] does not hesitate to go that extra mile to help and support others."
- We were told of another prestigious award that was given to the registered manager by High Sheriff of Suffolk and the Lord Lieutenant. The award of special Certificate of Merit was given for the outstanding work at Montana stating, '[registered manager] is a shining example of all that is best in the County of Suffolk.'
- The registered manager was aware of the responsibilities of their role and had notified CQC of events and incidents providers are required to inform us about.
- Quality assurance and auditing systems were completed regularly and allowed staff to monitor people's care effectively. Quality checks on areas such as infection control and medication were completed regularly. New technology had been embraced and utilised to keep people safer. The registered manager used these audits to drive improvement that would benefit people at the service. Their needs and desires were paramount when deciding on any changes made. This was evident from how systems such as new electronic doors, CCTV and electronic medicines systems had been introduced and utilised.
- All accidents and incidents were monitored and analysed by the management team to identify trends and any further action needed to reduce future risk and help to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were at the heart of the running and development of the service. People, families, and staff had opportunities to be involved in the service through a range of planned meetings, scheduled feedback systems, comment boxes that could be anonymous and informal conversations.
- People and relatives knew who the registered manager was and felt confident approaching them because they were extremely responsive and visible in the home.
- Staff told us they could raise any issues with the registered manager and knew they would be listened to. There were formal systems of staff support and supervision that added benefit to the close communal living.
- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. A healthcare professional told us, "I find the Sisters and staff at Montana to be very engaging... they will contact me if they have any issues that they think I can help with. We have a very good working relationship."