Care UK Community Partnerships Ltd

Mountfitchet House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 20 September 2018 and was unannounced.

Mountfitchet House 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. Mountfitchet House is registered to provide accommodation and personal care with nursing for up to 60 older people who may also have dementia. At the time of our inspection care was provided to 53 people. Care is provided in four units over two floors, residential, residential dementia, dementia and people who have nursing needs.

At the last inspection in 2015, the service was rated Good. At this inspection, we found the service had continued to develop and was therefore rated outstanding.

The service had a registered manager in post. 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.

We found the service was very well managed. The registered manager was a strong leader and highly motivated. The service had a full complement of nurses with the necessary skills to meet the needs of the people using the service. This meant people received continuity of care from highly skilled staff. There was an established management team who regularly supported and audited the service to ensure it provided high quality care.

Staff were extremely motivated in their role and felt valued their focus was on the people that used the service. The manager was visible and actively involved in supporting people and staff. Staff morale was high and they felt that their views were valued. The provider worked extremely hard with the management team to ensure all staff felt valued and appreciated.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. Medicines were well managed by staff that had been trained and assessed as competent to administer medicines and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

Staff had excellent relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. Staff showed empathy and understanding.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are

protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People had sufficient amounts to eat and drink to ensure their dietary nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from healthcare professionals.

People were encouraged to follow their interests and hobbies and to engage in meaningful person-centred activities. They were supported to keep in contact with their family and friends. People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

The service was brightly decorated and stimulating for the people living there. The communal areas were decorated to a high standard were clean and furnished giving an overall homely feel. The outside area had accessible gardens with benches and easy access for people with limited mobility.

People received support that was personalised and tailored to their needs. They were aware of how to complain and there were a number of opportunities available for people to give their feedback about the service.

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The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

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.

Is the service effective?

Good

The service remains good.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Outstanding ☆

The service was extremely responsive

Peoples care was planned in a personalised way.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

People were provided with a range of meaningful activities that were individual to their hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

The service supported people and their families during end of life.

Is the service well-led?

Outstanding ☆

The service was extremely well-led. The rating has improved to outstanding.

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The leadership and management of the home were outstanding and assured the delivery of high quality person centred care.

The provider worked closely with the management team. Staff felt valued and motivated.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Mountfitchet House

Detailed findings

Background to this inspection

The methods that were used, for example talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking, SOFI, observation, reviews of records.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 22 September 2018. It was unannounced and was carried out by two inspectors a Specialist Professional Advisor who is a qualified nurse 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 service.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notification that had been sent to us. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we spoke with seven people who used the service, the registered manager, clinical lead and regional manager and nine staff including the qualified nurse. We also spoke with eight visitors that were visiting at the time of our inspection and two visiting health professionals.

We reviewed five people's care records, six staff recruitment records, medication charts, staffing rotas and records, which related to how the service monitored staffing levels and the quality of the service. We also looked at information, which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

At our last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People told us they felt safe living at the service. Comments included, "I feel safe here, the doors are locked so people cannot just walk in, I know the codes so can get about ok", "I can ring the bell for help if I need it, I never have to wait long." A relative told us, "I feel [name of relative] is safe here as anywhere and safer than at home. The staff here are very aware of [name of relative] limitations and have care records and checks. They listen to [relative] and know their background."

Visitors were encouraged to sign in and out. Safety signage was well displayed and all fire exits were kept clear. The outside area was safe and secure. The service was very well cleaned and clear of any clutter.

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm, or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

Risks to people were managed well. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. For example, encouraging people to use their walking aids.

The service used a range of risk assessment tools this was used to identify people who may be at risk these included, waterlow scoring system to assess the risk of pressure sores, malnutrition Screen Tool (MUST) and a falls risk assessment tool. We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's level of risk.

We saw that there were processes in place to manage risks related to the operation of the service. The home employed a maintenance man who was responsible for carrying out Health and Safety checks these covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We received positive comments from people and relatives about whether there was enough staff available to help them when they needed assistance. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one to

one or two to one support when required. For example, when moving a person using a hoist from a wheelchair back into bed, two staff supported this person talking to them and reassuring them throughout the process. Staffing levels had been determined by assessing people's level of dependency and staffing hours allocated according to the individual needs of people. Throughout the inspection, call bells were responded to in a timely way. Each unit was calm and well organised. We spoke to staff and asked them if the staffing levels were adequate without exception all of the staff told us there were enough staff on shift. Comments included, "Yes, there are enough staff on we are all allocated our responsibilities at the beginning of the shift." The home also employed housekeeping staff and a chef, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. On the day of our inspection throughout the home there were no offensive odours, everywhere looked clean and smelled fresh. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and hygienic. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely. The clinical room had hand washing facilities and a clinical waste bin. However, we did note that one of the sharps bins was overflowing and needed sealing and replacing with an empty one. We spoke to the nurse with regards to this they told us they would action it immediately.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.

Good

Is the service effective?

Our findings

At the last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People who lived in the service confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "Yes, the staff are well trained they know what they are doing." A person's relative told us, "I see the staff use the equipment they certainly look like they know what they are doing and look confident." We observed staff using manual handling equipment for transferring people from a chair to a wheelchair on numerous occasions throughout our inspection. The staff carried out these tasks with confidence and put people's safety and dignity first and foremost.

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed staff's compulsory training was up to date.

The registered manager spoke to us about the extra responsibilities some people had embraced as 'champions'. Some staff members had been designated as 'champions' these were in key areas for example, dementia, health and safety, medication and infection control. The nominated staff were set achievable goals which involved accessing guidance and going on additional training courses then cascading information down to the rest of the staff team to enable everyone to be upskilled. Staff told us they found the 'champions' helpful as they had a person to refer to if they needed to query anything or make any suggestions.

New staff received a comprehensive induction. Records showed that the staff's induction was in line with the 'Care Certificate' this consists of industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support, this is gained over several weeks.

Staff on induction worked supernumerary during their induction period of 2 weeks and this is when they complete the majority of their initial mandatory training. Most mandatory training was completed by a e-learning system. In order to ensure staff were competent they had to complete the training, followed by a questionnaire to identify learning had taken place.
Qualified nurses were fully trained in setting up equipment for those people who required end of life care for example, syringe drives for medication. They had regular updates on various training this included, catheter care, wound management and end of life care.

The clinical lead was responsible for supporting nursing staff in collating their evidence for the revalidation process and responsible for signing off the appropriate documentation. The clinical lead used colleagues form another home within the organisation when their revalidation was due. Revalidation is a requirement for registered nurses to demonstrate they are competent to practice. There is therefore a clear process in

place to support all staff.

Staff told us they were supported with regular supervision which included guidance on their development needs and an annual appraisal. Records we looked at confirmed this. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service.

The clinical lead discussed how they also provided reflective practice specifically around incidents and safeguarding issues as well as any other clinical issue which staff have found difficult to manage. For example, end of life care.

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

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 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 their liberty were being met. We found people were being supported appropriately, in line with the law and guidance. The registered manager told us how the champion for mental capacity had worked alongside a social worker to do the capacity assessments for each person.

People had a nutrition assessment and information from this assessment was also shared with the kitchen staff and they would use this to ensure they prepared food which was tailor made to the persons nutritional needs, feeding abilities and food preferences. The chef was active and passionate about providing high nutritious food that tasted and looked appealing.

Each unit had an area for people to make drinks and snacks. Cold drinks were available on each unit and were stored in drink dispensers they were filled with hydration juice. During the heatwave staff told us that people were offered hourly drinks and that they had sought advice from the dietician with regard to people who were PEG fed, to ensure that they could also increase the amount of fluids they were administered. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall in order for them to be fed.

The dining rooms during the lunchtime period had a relaxed atmosphere and none of the staff rushed or hurried people. Choices were given and staff waited patiently allowing people to take their time as they decided. People could choose where they ate their meals and some people either, because of nursing needs or by choice ate their food in their own rooms. The majority of people spoken to were positive about the food. Relatives comments included, "The food is very good, I feed [name of person] on most days, I would eat it. It always looks well appetising"," My [name of relative] must have their food modified and it's a bit like baby food but that is because they are at risk of choking. The home involved a dietician."

The chef was relatively new is position they were very enthusiastic and motivated to ensure people had good nutritional food which they enjoyed. People told us the food had improved and the chef asked them if they had enjoyed the meal and what other dishes they would like to see on the menu.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support form Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included, the chiropodist, dietician, and physiotherapist. Health care professionals we spoke with told us, "It is a lovely home they always want is best for people. The staff are enthused and motivated" and "They always follow instructions well."

People had a resuscitation status and if they were deemed as do not attempt resuscitation (DNAR) there was an original hard cop kept in a folder with the clinical lead. This was also recorded in red on the electronic records and a recent new initiative was to use a butterfly symbol on people's external door frames to indicate discreetly to all staff within the organisation that the person was not to be resuscitated.

The whole service was easy to access and move around safely. Without exception, each area felt warm, inviting, and homely. The decoration and soft furnishings were of an exceptional standard. There was a secure garden area with raised flowerbeds and grassed areas. The registered manager told us how the people living in the service had chosen the colour of the recently painted fence around the garden. Seating had been placed so that people sit and chat in private if they so wished. There was a green house and the registered manager spoke affectionately about three gentleman who were living with dementia and how they enjoyed attending to the plants they were growing.

Outstanding ☆

Is the service caring?

Our findings

At our last inspection, we rated this key question outstanding. At this inspection we found that the service had made maintained this rating.

People told us without exception that the staff were caring and treated them with respect. People told us consistently they valued their relationships with the staff team and felt that they often went the 'extra mile' for them. Comments included, "The staff are all lovely, very kind and caring, It is truly wonderful, a lovely home to live in" and "I can't say enough good things If I need help from a carer they are always ready to help. Relatives comments included, "The carers have all, without exception gone above and beyond to help [name of relative] integrate into the home" and "There is never a time that I am not able to ask staff or the management team for help or advice."

Family members told us that they had been fully supported by the management and staff and any questions they had asked had been answered. Relatives told us, "I am always made to feel so welcome and offered a cup of tea and a snack. This home is wonderful they care about everyone family members as well" and "Nothing is too much trouble they always take the time to speak to you an excellent caring home."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We heard staff talking to people with compassion for example, one person was showing some agitation and a staff member distracted them by talking to them in a calm manner and putting their arm around them and giving them a reassuring hug.

We observed people being spoken to in a gentle, reassuring manner; staff showed genuine interest in what people spoke about. During the inspection, the whole team reported that not at any time did a staff member walk past someone without stopping to acknowledging them and to have a chat. People were given a smile, hug, or reassuring physical touch of their arm or hands. There was lots of humour and chatting and singing to be heard around the service.

Staff were passionate about their job roles and told us, "This is the best place I have ever worked." Without exception, staff spoke positively and passionately about working at the service and spoke in a warm and affectionate way about the people they supported. One staff member told us, "[Named person] has such a lovely personality." Another staff member told us "I love spending time talking to them. It is about taking time to listen to what people have to say they have so many memories it is really interesting to listen to them."

The registered manager told us "We aim to see beyond a person's dementia or their frailties to their personality and spirit. We don't see obstacles just opportunities. Every aspect of the home is focused on person centred care. This is the residents home and the team care for them the way they want to be cared

for. There are no timetables or regimes. If residents wish to wear their dressing gown for breakfast in the dining room they can."

Health professionals we spoke with about the home told us, "The staff at Mountfitchet are exceptional, they are all kind and caring they definitely put people first", "This home is very good at enabling people to be independent it treats everyone as an individual."

We looked at five people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events, and their individual preferences. People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids staff offered verbal support and encouragement.

After a recent relative meeting one of the outcomes were to have a 'residents going out with families form' this was devised by relatives to aid communication when someone was being collected to go out into the community. This included the time of the trip, the type of clothing they should wear, any additional things they needed to take with them and if they would be eating out or would need a meal on their return. The form was welcomed by some relatives we spoke with who told us, "It is a great way to let the staff know what time I am coming and what they will need with them. Sometimes I am in a hurry and this definitely helps."

The registered manager told us people would be supported to access an advocate if this was needed. An advocate speaks on behalf of a person where they are unable or unconfident to fully express their own views. Information related to advocacy services was available to people in the reception area. We saw evidence of an advocate being involved to support someone. People we spoke to felt fully included in their care plan they were able to tell us about the contents and said they felt that their opinion really mattered. Relatives when appropriate, told us they had been fully involved in the care plan of their family member and that they felt the management team and the whole staff team valued their input.

Outstanding ☆

Is the service responsive?

Our findings

At our last inspection, we rated this key question as good. At this inspection, we found that the service had made further improvements and were now exceeding this rating. We have rated this key question outstanding.

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their interests and well-being. People's spiritual and cultural needs were met details were documented clearly within their care plan.
Before people came to live at the service, their needs were assessed to see if they could be met by the service and care plans developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative told us, "We discussed [relative] needs and I was fully involved in compiling [name of relative] care plan I was asked for as much information as possible. I felt that a really good assessment was asked for."

Care plans were detailed given step-by-step instruction how someone liked to be supported with their personal care including their preferred toiletries. The language used in the care plans was person centred, using phrases such as 'gentle reminder' and 'be sensitive to feelings'. Care plans gave details of how people wanted their door left ajar when they went to bed or wanted a certain light to be left on in their room.

Health professionals we spoke with told us that the registered manager and staff team were fully committed to ensuring people received person-centred care. People and their relatives confirmed this. One relative told us, "The difference in my [name of relative] health and overall appearance is amazing. When they arrived here at Mountfithcet they were immediately assessed and a treatment plan put in place. This was explained to all of us the staff took the time and showed so much patience."

Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Staff knew how to support people when distressed. For example, one staff member told us how they used distraction such as offering a cup of tea or engaging people in an activity if they were showing anxiety.

The environment of the home was well laid out with sufficient communal space to meet the needs of people living at the service. There were lounges on each floor and smaller quiet areas where people could entertain visitors. Throughout the home was 'themed' areas reflecting resident's interests and promoting reminiscence. For example, a library corner, Hollywood wall, dressing table with jewellery, a safe ironing station and rummage boxes.

The service had a large cinema with comfortable seating. On the day of our inspection in was 'movie afternoon' people we spoke to told us, "There is always lots going on I don't like to do too much but I enjoy the knitting club and going to the cinema." The service employed activities co-ordinators on the day of inspection they were spending 1:1 time with people which included chatting, or having a manicure. The

registered manager told us they also used the cinema room for other functions which included private parties, private meals with people's families and the registered manager told us that some people came back to the service after a funeral they could use this room for such occasions. On sporting occasions people used the cinema room to gather together to watch matches if they chose to. During Wimbledon week they served sparkling wine and strawberries and cream. We spoke to people about the sporting events held in the cinema. One person told us, "It is great to be with everyone a lovely atmosphere the staff join in as well."

Outside entertainers come into the service and these include an Elvis impersonator who serenades people 1:1 in their rooms and has managed to elicit responses from people who are considered 'locked in' by their dementia. The registered manager told us about how successful this had been and that one person who is a huge Elvis fan and had not spoken for years mimes and taps along to the beat.

The staff told us that the service was pet friendly. Staff are encouraged on occasions to take their dogs into work. On the day of inspection, we observed a fuss being made of a dog that was visiting. Relatives can also bring their pets into the service to visit.

Adhoc activities were promoted as well as a timetable being available of regular activities the registered manager told us, "It is never too late to try something new." There was a 'wish' tree for people to add their wishes the staff team were all committed to trying to ensure people could achieve these. They explained how they had one person's wishes come true in that they had taken them ice skating in their wheelchair. The service had organised a virtual cruise this involved visiting countries around the world and each country's theme was celebrated by staff and residents dressing up in the country's national costume. The menu for the day was the type of which would be eaten in the country for example, exotic fruit salad and coconut. Areas of the service were decorated to give people the experience of being in each country for example a beach had been put together in the garden area for people to experience the full feeling of being in a faraway exotic place that they may have visited in the past. There was a lot of photographs of this event displayed around the home and people we spoke to all told us they thoroughly enjoyed the 'cruise'.

The entrance area of the home was welcoming and there was a lot of visible information on forthcoming activities and collages of photographs of events that had taken place recently. There was a café and people and their families could help themselves to drinks and snacks. Freshly cooked cakes were available throughout the day. The service also had a small shop, which sold toiletries and birthday cards, sweets and snacks, this was non-profit making, and residents could request items they would like to be on offer in the future. One relative volunteers on a weekly basis and takes items around on a trolley to residents who are unable to visit the shop.

People were supported to go to church if they wished and the service held religious services a couple of times a month. People who had different spiritual needs were supported to practice their faith. Holy communion was held at the service monthly.

We saw that the service routinely listened to people through care reviews and organised meetings. People told us they had no complaints but would talk to the manager if they needed to. We saw evidence of a couple of complaints and discussed these with the management team. The complaints had been fully investigated with the outcomes documented. For example, a regular meeting was held between some relatives and the clinical lead to aid communication and discuss any ongoing concerns.

People at the end of their lives were supported in a manner that respected their independence, dignity and personal preferences and wishes. Written end of life care plans did not always go into extensive person-centred detail. However, daily care entries, people and loved one's feedback and observations and

interviews with staff and people using the service demonstrated a truly person-centred end of life support which went the extra mile. For example, people were taken to family or friends funerals if they wanted to attend despite the distance involved in travelling. If they were able to travel, then staff supported them to attend. Those receiving end of life care were supported to put together a 'bucket list.' We saw evidence of family parties held to give the remaining family some special memories to treasure.

One relatives feedback stated 'my [name of relative] received excellent care for the last month of their life. During this time their needs were met sensitively, with a smile, time for a joke and a chat when [name of relative] was able and most importantly they were always treated with dignity and respect. Their friends and family were always welcomed at whatever time we visited and kept well informed as to their day to day condition.'

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found that the service had made further improvements and were now exceeding this rating. We have rated this key question outstanding.

People and their relatives were full of praise about the management team and the family culture they had developed that ensured people were at the heart of everything.

The registered manager was motivated, enthusiastic, and committed to ensuring that people were put first and foremost. They were without question knowledgeable and skilful in their job role. The registered manager was supported by a clinical lead manager who supported the manager in the day to day running of the home and they were both a visible presence in the home and were knowledgeable about each person and their family and spoke about them with great compassion. A relative told us, "This home is exceptional I am so pleased our [name of relative is here] I recommend this home all the time."

Healthcare professionals we spoke with told us, "The manager is always visible and available they are aware of what is going on at all times", "The managers are fully respected by the staff team and will step in and support the staff."

We observed the manager and the deputy manager interacting with people in a positive caring way. The clinical lead told us they worked on shift when the need arose to support the staff and that their priority was caring for the people that lived in the home. Staff confirmed this and comments included, "The clinical lead and manager are always there to support us if we need them to", "The manager is extremely supportive and always up to listening to suggestions. We have a lot of support; the manager has an open-door policy."

Staff spoke highly of the management team and of each other. The managers held regular unit meetings when information and ideas were exchanged ensuring everyone was kept up to date with relevant information on people's change of need and any health issues. Staff said they enjoyed working at the home and that they felt the strengths of the home were, "Very good teamwork, an open culture and a bright, cheerful working environment." Staff told us they felt valued and appreciated. They told us that communication was always inclusive, and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and daily handover logs. The provider operated a staff recognition awards scheme called 'Gem' going the extra mile award. This involved staff being nominated by people who used the service, colleagues, and relatives. Staff were presented with their awards at an awards ceremony and received a gift from the provider. Staff were rewarded for length of service for example, after working for the company for 10years a staff member received full recognition and a gift from the provider.

The provider matches funds pound for pound when the service raises money for any charities. This has recently included the Alzheimer society and Macmillan. The provider also supported competitions for residents and staff. They had recently held a talent competition with a cash prize from the provider. Photographs were available of staff and residents dressed up enjoying the event.

The registered manager ensured the home was fully integrated into the community. Examples include the local pre-school joining them on world poetry day. The primary school had come into the service on a regular basis and joined in activities such as the gardening club alongside the people that lived in the home. The registered manager told us these regular visits had been a huge success and that some people waited in the reception area for the children to arrive. They told us, "It was great to see people's faces light up when the children came into the home."

The service was also a 'drop off' centre for the local community to donate items to the charity 'hands on London'. The registered manager told us the residents in the knitting club also donated items. The service took part in 'Stansted in bloom' and subsequently won. The registered manager told us that relationships with the neighbours are positive and that they were helping them to source some hanging baskets for the garden.

A range of audits was carried out by the registered manager to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. Action plans had been implemented with given timescales of when actions needed to be completed. A lessons learnt morning meeting was held and outcomes of these were documented and actioned. For example, keypads had been added to cupboards where hoists were stored as one had been left open which nearly caused an injury to one person living in the service.

There was a designated member of staff who was the 'voices' representative for the service. They attended a six-monthly meeting along with staff from other Care UK services and represented the whole staff team with any concerns or request. The outcome of one meeting had been for the provider to revisit the uniform and provide staff with a uniform which was more comfortable for them to wear.

Regular meetings were held for staff and people that lived in the service. We saw the minute from a 'we listen, we care' meeting which was held for the people living in one of the units. The gardening club was discussed as well as menus and forthcoming activities, people were asked for suggestions of entertainers they would like to visit the service. The outcomes of these meeting were then discussed at a 'colleagues meeting'. This ensured everyone was kept informed and up to date with relevant information.

There was effective leadership at all levels within the service. The operations manager was present on the day of inspection and was committed to supporting the management team within the home. The registered manager and their staff team told us the directors were passionate about putting people first and ensured staff felt valued and appreciated. Regular meetings were held for senior management to attend across the company the agenda included discussing best practice, reviewing policies and ensuring everyone was up to date with any changes in legislation.

People we spoke to during the inspection all told us the manager was available to speak to whenever they visited the service. We saw that the manager had sent out quality assurance questionnaires to people that lived in the service their relatives and healthcare professionals in order for them to share their views. We saw they feedback from the most recent survey and comments received were all positive. A questionnaire had been sent to relatives asking them if they would like to attend some dementia training and if they were interested in setting up a support group for relatives who have a loved one living with dementia. We saw the minutes from a relative meeting where they had been asked to take part in compiling 'life story' for their family member other topics discussed was the outcome of menus and replacement of furnishings.