

MGL Healthcare Limited

# Mont Calm Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on the 2 March 2017. The inspection was unannounced.

At our previous inspection on 12 January 2016 we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of Regulation 19 (2) (a), the provider had failed to ensure recruitment information was available for each person employed. A breach of Regulation 11 (1) (2) (3), the provider had failed to adhere to the Mental Capacity Act (2005), in relation to assessing people's capacity and a breach of Regulation 9 (1) (a) (b) (c), the provider had failed to provide activities to meet people's individual needs. The provider sent us an action plan which stated they would meet the regulations by December 2016. At this inspection we found that improvements had been made to meet the relevant requirements.

We required the provider to make improvements in relation to assessing people's capacity to consent, providing activities to meet people's needs and the safe recruitment of staff. We found that significant improvements had been made and the provider was now meeting the regulations.

Mont Calm is a privately owned care home providing accommodation and personal care for up to 39 older people, some of whom are living with dementia. The service consists of two properties next door to each other with a pathway connecting the two. There is a lift to enable people to move between different floors. There were 19 people living in the service when we inspected.

At the time of our inspection, there had been a registered manager in place since July 2016. They were an experienced member of staff who had worked for the provider for a number of years. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the previous registered manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The registered manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded. People were actively encouraged and supported to make decisions relating to their lives.

People experienced a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises were maintained and checked to help ensure the safety of people, staff and visitors. People's safety in the event of an emergency had been considered, assessed and recorded.

People participated in activities of their choice within the service and the local community. There were enough staff to support people to participate in the activities they chose.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff had received the training they required to meet people's needs. Staff were supported in their role by the management team.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and senior staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of healthcare professionals.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received guidance from health care professionals where required.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and their loved ones and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. Annual questionnaires were sent to relatives, and a monthly newsletter was given to people and their relatives. People were encouraged to raise any concerns or complaints they had which were acted on.

The registered manager had a clear vision of how they wanted the service to run, which was shared with the staff team.

## 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 was safe.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Recruitment procedures were in place and followed recommended good practice.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

People were provided with a suitable range of nutritious food and drink.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

People were fully involved in the delivery of the service they received.

### Is the service responsive?

Good ●

The service was responsive.

People were offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

There was a complaints procedure in place and people were actively encouraged to raise any concerns or complaints that they had.

### Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

Staff were kept up to date with any changes to people's health and care needs.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

# Mont Calm Residential Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 2 March 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider did not complete a Provider Information Return (PIR), because we carried out this inspection before another PIR was required. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection, we looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people living in the service and two relatives about their experience of the service. We spoke with four staff including, the registered manager, the deputy manager and two care staff.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at two peoples care files, three staff files, the staff training programme and induction programme.

We asked the registered manager to send additional information after the inspection visit, including the training matrix and the providers audit report. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and with staff who supported them. One person said when asked if they felt safe, "Oh yes I do here. My things are well looked after." A relative said, "I have no doubts he is safe here."

At our last inspection on 12 January 2016, we identified a breach of Regulation 19 (2) (a), the provider had failed to ensure recruitment information was available for each person employed. At this inspection we found that improvements had been made.

At this inspection we found that systems were in place to ensure that staff were recruited safely. Each staff file we viewed had a portfolio checklist at the front which documented the information received as part of the recruitment process such as the documentation required, references, Disclosure and Barring Service (DBS) background check and identity check. Written references were followed up verbally by the registered manager. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff to keep people safe and meet their needs. Staffing levels were determined by people's assessed needs. Records showed these were regularly reviewed by the registered manager. Staff told us since the new registered manager took over, the staffing levels had increased, which had had a positive impact on the service. People told us they felt there was enough staff on duty, and, we observed support being offered to people promptly, after it had been requested. One person said, "There is enough staff and, they are very nice." Another said, "Yes there is enough staff. They are busy but they have time for me. They are lovely."

People were protected from the potential risk of harm and abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff received training in the protection of vulnerable adults on a regular basis. Staff were able to describe the potential signs of abuse they would look for, and, the action they would take such as, informing the registered manager, the police, or the Care Quality Commission (CQC). Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to health care needs, mobility and diet and nutrition. Any potential risks that had been identified within people's care plans were transferred onto one risk assessment. Each risk had been assessed to identify any potential hazards which were then followed by guidance to inform staff, how to minimise the risk. Environmental risks relating to staff were assessed and recorded, such as risks relating to lifting equipment, outside grounds and deliveries. A system was in place to ensure these were reviewed on a regular basis.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety checks, firefighting equipment, lifting aids and

specialist equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. The provider employed a maintenance person whose role included a weekly test of the fire alarm system, checking the temperatures of the hot water taps and the emergency lighting systems. Staff had access to a maintenance log where they recorded any issues that required attention such as, light bulbs that required replacing. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) located in the fire box at the front door and a copy kept within their care plan. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. This included a safe route of evacuation and a plan of the building. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then investigated and reviewed by a member of the management team. The deputy manager completed a monthly audit and analysis of any falls people had had. This analysis highlighted any potential patterns or trends that had occurred.

Medicines were managed safely and people received their medicines as prescribed. Systems were in place for the ordering, obtaining, storing and returning of people's medicines. The staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. People told us they received their medicines on time, when they required them. One person said, "One of the carers gives me my tablets. I know what they all are and what they are for." Another said, "I have medication after meals. They are always on time and I like it because they don't rush you to swallow them."

Regular audits of people's medicines were completed by a member of the management team. An annual audit had been completed in January 2017 by a local pharmacist, no issues were identified.



## Is the service effective?

### Our findings

People spoke highly of the food they were given and were given a choice of what they wanted to eat. The provider used an outside company to supply a nutritionally balanced hot meal daily. There was a four week menu in place which included two hot options and dessert. The company catered for people who required a specific diet, such as a soft food or pureed meal. People's comments included, "It is very nice. You get lots of choices, and if you feel like something else then you can say and they usually make it for you." Another said, "I like the food, it is very nice and they make Chinese rice for me and other things I like." A third person said, "The food is good, it's magic." A menu board was on display informing people of the choices. People chose where they wanted to eat their meal, we saw people eating in the dining room and the lounge.

People who were at risk of malnutrition and dehydration had been assessed and clear guidance was in place to ensure people's needs were met. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. People's care plans contained information and guidance relating to any dietary requirements, food preferences and any specialist equipment that was required. One person said, "I have to have a soft diet because I have trouble swallowing. I always get a soft diet." People had their weight checked regularly and staff monitored and recorded people's food and fluid intake. Staff knew the action they should take if they were concerned about a person's nutrition or hydration such as, contacting the person's doctor.

People were supported to remain as healthy as possible. Each person had detailed guidance in place which included information about the support from health care professionals and guidance for staff to follow. During our inspection a person had been concerned about their health, as a result the registered manager had arranged for the doctor to visit. People told us they were able to access health care professionals, when they were needed. One person said, "I ask them (staff) what they think and ask them to call one (doctor). It gets arranged very quickly. The dentist and opticians come in and I have seen a podiatrist here." Another said, "I see the doctor whenever I ask." A third said, "They (staff) do all of that. We can see whoever we want, we just tell (deputy manager)." All appointments with professionals such as doctors, opticians, district nurses, dentists and the mental health team had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks.

At our last inspection on 12 January 2016, we identified a breach of Regulation 11 (1) (2) (3), the provider had failed to adhere to the Mental Capacity Act (2005), in relation to assessing people's capacity. At this inspection we found that improvements had been made.

At this inspection we found that people's capacity to consent to their care needs and medicines had been assessed and recorded. The registered manager, deputy manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice, for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. People told us that the staff always asked consent before any tasks were completed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to the local authority to grant DoLS authorisations. These applications were assessed by the DoLS team to ensure that the constant supervision was lawful.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People and relatives told us they felt the staff were well trained and knew what they were doing. One member of staff said, "We can ask for any extra training. It's very good and regular." Another said, "I know I can ask for training and I have done." The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. There was an ongoing programme of training, this included training in topics such as safeguarding of vulnerable adults, health and safety, fire awareness, first aid, infection control and food safety. Staff were trained to meet people's specialist needs such as diabetes and skin integrity. New staff completed an in-house induction which included working alongside more experienced staff, before being 'signed off' to work alone.

Staff were supported in their role by the registered manager and the deputy manager. Systems were in place to ensure staff received supervision with their line manager on a regular basis in line with the providers' policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff told us they felt the management team were "very supportive, calming and reassuring."

# Is the service caring?

## Our findings

People told us the staff were kind, caring and helpful. One person said, "The staff are very good and helpful." Another said, "The staff really try to meet your needs here." A relative said, "The staff are very nice. I have seen them make time to listen. They really do go out of their way to make you comfortable and happy." We observed staff offering comfort and reassurance to a person who was worried and upset. Staff spoke calmly and showed an empathic manner, offering a cup of tea which relaxed the person.

People told us staff respected their privacy and dignity. One person said, "They (staff) do knock on the door and they respect that I like my door shut. They also respect that I do not want male staff for personal care and this has been written into my care plan. I can lock my door if I want to." Another said, "Staff knock and ask if they can come in if I am using the toilet. Staff turn their back at private moments." Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had been supported to complete 'My life story' book, this included information about past careers, significant places, family and wartime history. Some people's books contained photographs of loved ones and important places. People were involved in the planning and delivery of the service they received. One person said, "I read my care plan with staff and they let me look at it whenever I like. I like to know what is written in there and they ask me if it is ok." Another said, "They (staff) chat with me and my wife about what I need and they write it down." Relatives told us they have been involved in their loved ones care plan. One relative said, "They made it their job from the beginning to find out as much as they could about (loved one), lifestyle, needs and family life. They do a really good job at that and, communication is very good which helps."

People were encouraged and supported to remain as independent as they wanted to be. People's care plans contained specific guidance of what people were able to do for themselves and the support they required from staff. For example, the use of verbal prompts to encourage people to wash themselves. Staff were observed encouraging and supporting people to do things for themselves, rather than doing things for people.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and we observed a number of relatives visiting their loved ones throughout our inspection. Relatives were offered drinks throughout their visit with their loved one. Relatives spoke highly of the service, staff and management team.

## Is the service responsive?

### Our findings

At our last inspection on 12 January 2016, we identified a breach of Regulation 9 (1) (a) (b) (c), the provider had failed to provide activities to meet people's individual needs. At this inspection we found that improvements had been made.

At this inspection the registered manager had taken the lead in arranging activities for people. The provider was actively recruiting an activities coordinator. People told us they were offered and participated in a wide range of activities which they enjoyed. One person said, "I go out and I am looking forward to using the garden when it is warmer. I like to read and I do join in the quiz. We get a daily news sheet called The Daily Sparkle and I do the puzzle in that." Another said, "I go out with my family for dinner and I join in arts and crafts." The registered manager had signed up to a newspaper which was sent daily, this talked about what happened on the current day in the past. On the day of our inspection a group of people sat around a dining room table and completed the quiz, with staff asking the questions. One person chose to sit with a member of staff on a one to one basis and complete the quiz later on in the day. We observed a member of staff sitting with a person reading through an article together and talking about what the person remembered.

A monthly activity programme was in place which included activities within the service and out in the local community. Activities within the service included, bingo, pamper sessions, baking, singers and film afternoons. Regular visits to various places in the local community were arranged such as, afternoon tea at a garden centre, visits to a local museum and pub lunches. The registered manager arranged for the providers' mini bus to collect people who had chosen to attend the activities.

Referrals were made directly by the local authority or people and/or their families were able to self-refer. A comprehensive pre-admission assessment was completed with people, their relatives and a member of the management team. The assessment included information relating to the specific support people required with their medical support needs, personal care needs, communication needs, MCA assessment and an initial risk assessment.

Information from the pre-admission assessment form was used to develop care plans and risk assessments with people and/or their relatives. People were involved in the development of their care plan by advising staff how and when they would like their care and support provided. Records showed and people confirmed that they had been involved in the development of their care plan. People's care plans were reviewed with them or their family on a regular basis, changes were made when support needs changed to ensure staff were following up to date guidance.

People and their relatives were supported to take part in house meetings within their service. People were asked for any items they would like added to the agenda to discuss. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. The registered manager produced a monthly newsletter which was available to people and their relatives. These gave an update about changes that were taking place within the service, past activities and events and forth coming events.

People and their relative's told us they were confident to raise any concerns or worries they had with the registered manager, deputy manager or staff. A relative said, "They deal with things straight away. You can call them or just pop in, there is always someone there to talk to." A complaints policy and procedure was in place, which records showed had been followed. Information regarding how to make a complaint was within the statement of purpose, this was given to people when they moved into the service.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager and the deputy manager was, and said they were able to speak to them at any time. One person said, "The manager is very approachable and makes time for you. They always do listen to what you have to say and make changes if they can." A relative said, "They (management) welcome feedback and they do act upon it and make changes if they can. The management and staff are very nice and good at their jobs." The registered manager had a plan in place for the admission of new people to the service. They were committed to ensuring people received a quality service which met people's needs.

The registered manager had worked at the service since July 2016 however; they had worked at the providers other service for a number of years. The registered manager was supported by a deputy manager and a number of team leaders. Staff understood the management structure and who they were accountable to. Staff told us they felt the management team were visible and approachable. One member of staff said, "Everyone is treated the same. Management help out when needed." Staff told us they felt there was an open culture between them and the management team, and they were kept informed of any changes.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice, policies and gain some feedback that had been received from people or relatives. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. The registered manager held separate meetings with staff who administered medicines. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the deputy manager on a regular basis, including health and safety, medicines management, falls audit and an audit of people's care files. The provider also completed an audit of the service, speaking with people, relatives and staff and completing observations. These audits generated action plans which were monitored and completed by the management team. Annual survey questionnaires were sent to relatives. Feedback from the audits were used to make changes and improve the service provided to people. Records were up to date and were located quickly when needed.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.