

Discovery Care Limited

Mont Calm Margate

Inspection report

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Date of inspection visit:
04 February 2021

Date of publication:
23 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mont Calm Margate is a residential care home which, at the time of this inspection, was providing personal care to 15 people. People using the service were older people, some people were living with dementia and other health care needs. Mont Calm Margate can support up to 31 people in one adapted building.

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

The condition of the building had deteriorated, and maintenance had not kept pace with the rate of wear. Hot water in some bedrooms was only lukewarm, two toilets dripped water from the soil pipe outlet, another toilet did not flush, and two handwash basins were not firmly attached to the wall. Some flooring had small tears in it and, in places, old stains from previous water leaks were evident on the decoration. The provider and registered manager were aware of this and working through an action plan to improve the quality of the service.

The cleanliness of the home was not to a sufficient standard. Systems intended to support effective infection prevention and control were not fully embedded into daily practice.

Medicines were not always managed safely. Records of controlled medicines were not accurate, and processes had not always been followed to correctly account for them. Controlled medicines are tightly controlled by the government because they may be abused or cause addiction.

Some compressed oxygen cylinders were not safely stored and signage, required to let emergency services know of its presence, were not in place.

The registered manager and provider completed checks of the environment and audits of the quality of service provided. However, these were not sufficiently robust to address the concerns found at this inspection, so were not fully effective in their use.

Staff had received safeguarding training. Potential safeguarding matters were brought to the attention of the registered manager and had been referred to the local authority safeguarding team.

Risks to people had been identified and processes ensured mitigation was in place to reduce them. This included ensuring appropriate equipment was used and healthcare professionals were involved in people's care. The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.

There were enough numbers of staff to support people. Recruitment of staff was underway, and the home used agency staff to fill vacancy gaps while recruitment was on going. Staff felt supported by the registered manager and a schedule of supervision meetings was in place.

People told us they felt happy living at the home. Comments included, "The staff have been really great, they work hard" and "I feel looked after well".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 24 February 2018).

Why we inspected

We received concerns in relation to the cleanliness of the home, its upkeep and a lack of hot water. There were additional concerns about practice intended to reduce the risk of COVID-19. These included a COVID-19 positive member of staff isolating within the home, incorrect use of personal protective equipment (PPE), staff shared between this home and another home owned by the same provider as well as unauthorised people visiting the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to Requires Improvement. 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 Mont Calm Margate on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 12 the safe management of medicines, Regulation 15 the maintenance and cleanliness of the premises and Regulation 17 governance at this inspection. We have also signposted the provider to resources to develop their approach to infection prevention and control processes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Mont Calm Margate

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 Care Act 2014.

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 was carried out by one inspector and an assistant inspector.

Service and service type

Mont Calm Margate 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

The registered manager engaged in an Emergency Support Framework (ESF) call with a CQC inspector prior to the inspection. This is a supportive conversation CQC has held with providers or registered managers of services during the COVID-19 pandemic crisis to check how they were managing. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including three carers, housekeeping, the cook as well as the registered manager and the service provider.

We reviewed a range of medication records. We asked the registered manager to send a range of documents by email to support the inspection. This enabled us to spend less time in the service, to support restrictions to reduce infection during the COVID-19 crisis.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including staffing, training and care records as well as notes of meetings, auditing and monitoring documents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The building had not been well maintained. Thermostatic valves, to prevent scalding from hot water, were incorrectly adjusted. Hot water was only lukewarm. Some taps were incorrectly marked; warm water came out of the cold tap and vice versa. This may cause people to become confused and is not sufficient for effective hand washing.
- Two wash hand basins were not firmly attached to the wall and rocked on their mounting. One toilet would not flush and two toilets dripped foul water from the soil pipe into the bathrooms. The provider had identified these items for maintenance and repair prior to the inspection, however, this work remained outstanding at the time of the inspection.
- Some aspects of the home did not promote effective infection prevention and control measures. These included torn floor coverings, porous toilet pan plinths and unpainted wooden radiator covers. These surfaces were not waterproof and any liquid contacting them would be absorbed and not possible to be cleaned effectively.
- Four unused cylinders of compressed oxygen were stored in an empty lounge awaiting collection by the supplier. They were not securely stored and mandatory signs to alert the fire service of their presence in the event of an emergency were not present. We raised this with the provider, who arranged for them to be immediately removed from the home.
- Some of the defects were present in facilities which people used daily. The provider had identified most defects and had arranged for remedial work to be carried out. A contractor called at the home during the inspection to undertake some repairs. The provider confirmed that the hot water issues would be acted upon immediately and a schedule drawn up to urgently address the remaining issues. Recruitment was underway for a permanent maintenance staff member.
- Some deterioration in the condition of the building was attributed to pressure on staff caused by COVID-19 and the need to limit visitors, such as service engineers and tradespeople to the home.

The provider had not ensured the premises was properly maintained, clean or equipment secured. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were in place and records about the support people received reflected the actions taken to reduce risk. For example, where people were at risk of skin breakdown, pressure reducing equipment and monitoring was in use and reviewed. Where people had lost weight, dietician referrals were made, and guidance received was acted upon.
- Referrals had been made to relevant health care professionals where people were at risk of falls. Staff monitored people's whereabouts and ensured any walking aids required were to hand and prompted

people to use them. Where needed, pressure mats were in place to alert staff to people's activity.

- Gas and electrical safety certificates were current, and equipment checked and serviced as needed. Staff had received fire safety training; a fire drill had taken place and personal emergency evacuation plans set out the support people would need in the event of a fire.

Using medicines safely

- Medicines were not always managed safely. Controlled medicines are subject to special requirements, including maintaining accurate and countersigned records. However, where some controlled medicines were no longer required and needed to be returned to the pharmacy for safe disposal, records were inaccurate.
- A review of controlled medicines records found two instances when the quantities returned to the pharmacy exceeded records of the quantities held. This presented a potential that surplus controlled medicines could have been inappropriately removed from the home and any subsequent auditing would not have shown this. It also highlighted an unnoticed error when the medicines were originally booked in.
- Additionally, records for the receipt, administration or disposal of controlled medicines should be signed by the person carrying out the activity and by another member of staff as a witness; this had not always occurred.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine administration records were complete and accurate, and people received their medicines as prescribed. Some people needed as and when required (PRN) medicines. PRN protocols were in place and detailed how people communicated pain, why they needed the medicine and what the maximum dosages were.
- Records were kept when people refused their medicines. The registered manager checked these, reported any concerns to people's GPs and their advice was acted on.
- People could be assured that staff who gave them their medicines had been trained and had their competency checked regularly.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have reported our findings in relation to this in the 'Assessing risk, safety monitoring and management' section of this Safe domain.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. One member of staff, who had tested positive for COVID-19, moved into the service to an isolation area. They did not support any people or have direct contact with other staff. We made it clear to the provider and registered manager they must not isolate COVID-19 positive staff in the service again, in line with published guidance.
- The provider confirmed there was no sharing of staff between Mont Calm Margate and another home they owned. This was one of the concerns which prompted this inspection.

We have signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider and registered manager continued to follow safe recruitment practices to ensure that staff employed to work with people were suitable for their roles.
- A Disclosure and Barring Service check had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people who could be vulnerable.
- The registered manager and provider had identified staff vacancies within the home and recruitment was underway to fill these posts. Agency staff provided interim support and they received an induction about the home and the people they supported. The provider used the same staff from the same agency; the provider sought and received assurance the agency staff did not work in any other care settings to reduce the risk of Infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Mont Calm Margate. One person said, "I can't fault the staff, I don't have any concerns". Our observation found staff approached people warmly and people welcomed their attention and interacted with them readily.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. Staff were confident about reporting issues and thought they would be dealt with. One member of staff told us, "I have every confidence in the manager, if I raised something, it would get dealt with".
- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed and showed that staff cooperated with investigations. Outcomes were fully documented and included lessons learned, which was shared with all staff groups.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. This was so action could be taken to reduce the chance of reoccurrence. They were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly. For example, the use of pressure sensing equipment to alert staff for a person at risk of falls.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

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

- Systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of people were not wholly effective.
- Checks completed by the provider and registered manager had not identified inaccurate records of controlled medicines or failure to follow policies.
- Maintenance was not proactively planned and had not kept pace with the rate of wear. The provider was aware of some of the maintenance concerns highlighted during this inspection, however, their processes and oversight were ineffective in bringing about the improvement required.
- The provider took immediate action to address some of the maintenance concerns during the inspection. However, they were unable to meaningfully explain why they had not already done so. Their failure to act had resulted in people experiencing in unhygienic living conditions, for example, with sewage dripping from toilets into the building. The provider had failed to mitigate these risks, which presented a risk to the health, safety and welfare of staff and people using the service.

The provider had failed to operate an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- The registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. Records confirmed staff were in regular contact with relatives and informed them of accidents or incidents involving their family members.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to engage with people, their relatives and staff in the development of the service. We saw discussions had taken place with people and their relatives to keep them updated about the COVID-19 pandemic and its effects on the service.
- There were regular staff meetings. These were used to ensure staff were up to date with developments in the home and any changes to the provider's policies and procedures, particularly about COVID-19 measures.
- The provider also conducted surveys of people and relatives to ensure they sought feedback from people who could not attend meetings in person. Actions took place in response to feedback.
- Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use; families were kept updated. Relatives were engaged with the service through telephone and email updates, meetings and survey questionnaires.
- People we spoke with felt informed about the home, were engaged in their care planning and were asked for their views about the care they received. One person commented, "I don't need any changes to my care, but they ask just in case."

Working in partnership with others

- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly.
- Where people needed support from other health care professionals, referrals had been made. These included, GPs, occupational and speech and language therapists as well as the community mental health team. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- People were referred to advocacy services when they needed to make important decisions about their lives.
- The provider was part of a local registered managers group which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including Clinical Commissioning Groups (CCG) staff and the local authority safeguarding team.

Continuous learning and improving care;

- There were systems in place to support managers work towards continuous improvement. Information and feedback were gathered from people who use the service, their relatives, staff and other professionals who work with the service. For example, local authorities and primary healthcare teams. However, this was not always effectively used to drive improvement of the service. For example, in relation to building maintenance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. Reg 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises and equipment was properly maintained, secure or maintain standards of hygiene appropriate for the purposes for which they are being used.. Reg 15 (1)(a)(b)(e)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems or processes were established and operated effectively to monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Reg 17 (1)(2)(b)