

Discovery Care Limited

Mont Calm Margate

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 4 January 2017 and was unannounced.

Mont Calm Margate provides accommodation and personal care for up to 31 people who may be living with dementia. The service is a large converted property. Accommodation is arranged over two floors and a lift is available to assist people to get to the upper floor. There were 22 people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received the medicines they needed. However, medicines were not always stored safely. Guidance had not been provided to staff about how to support people to take some medicines.

Detailed information was not available for staff to refer to about how to manage all the risks to people. This did not impact on people and staff knew how to keep them as safe as possible. The registered manager agreed this was an area for improvement. People had agreed with staff how risks such as cigarettes and lighters would be managed. Plans were in place to keep people safe in an emergency.

The registered manager completed regular checks on all areas of the service. They had not identified the shortfalls we found during the inspection. They worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People, their relatives and staff were asked about their experiences of the care and their feedback was acted on.

People's care was planned with them, to help them be as independent as possible. Detailed information was available to staff about people's likes and dislikes and care preferences.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. Staff had provided care in the way one person preferred, which was different from the care their health professional had recommended. Following our inspection the registered manager contacted the person's doctor for further advice and guidance about how to provide care in the way the person wanted to keep them as healthy as possible. People were offered a balanced diet and were offered food they liked. People had enough to do during the day.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the providers. Complaints were

investigated and responded to.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People were not restricted. Applications had been made to the supervisory body for a DoLS authorisation when necessary.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, decisions were made in people's best interests with people who knew them well.

The registered manager had oversight of the service. Staff felt supported and were motivated. They shared the registered manager's vision of a good quality service.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Staff met regularly with the registered manager to discuss their role and practice and were supported to provide good quality care.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We would recommend the registered manager refer to a reputable source for advice about how to create an environment that supports people living with dementia to be as independent as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not always protected from the risks of unsafe medicines management.

Risks to people had been identified but a lack of guidance placed people at risk of inconsistent care.

Staff knew how to keep people safe.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the support people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Checks on the quality of the service had not identified shortfalls we found during the inspection.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Mont Calm Margate

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 4 January 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury. We spoke to a care manager and staff from the safeguarding team at Kent local authority about the service people received.

During our inspection we spoke with ten people living at the service, the provider, a community nurse, registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for four people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

This was the first inspection of Mont Calm Margate under the ownership of Discovery Care Limited.

Is the service safe?

Our findings

People told us they felt safe at the service. People's comments included, "I have always felt safe here and have never worried about my personal safety", "I know that if I get into a spot of bother I can press that button there and help will be on its way" and "It's as safe as houses here". However we found that people were not always protected from the risks of unsafe medicines management.

Medicines were not stored safely. The temperature of the medicines room was recorded daily and was often above that recommended temperature of 25°C. Medicines need to be stored at the correct temperature so they remain effective and safe to use. The temperature of the medicines fridge was within the recommended limits.

Some medicines had passed their expiry date and there was a risk that they would not be effective. Medicines including eye drops needed to be used within four weeks of opening. The date bottles of medicines had been opened had not been noted. Eye drops that had been open for more than four weeks had not been removed from the medicines fridge and there was a risk these could be administered to people. Using eye drops which have been open for longer than four weeks can put people at risk of developing infections. There were no prescription labels on the eye drop bottles only on the boxes; there was a risk that if the box was lost staff would not have guidance on how to administer the eye drops.

Some medicines had specific procedures which should be followed with regards to their storage, recording and administration. Records of when these medicines had been received into the service had not been signed by two staff as recommended by the Royal Pharmaceutical Society of Great Britain to make sure they are managed safely. The medicines were stored correctly.

Some people were prescribed medicines 'when required', such as pain relief. Guidance had not been provided to staff about the 'when required' medicines each person was prescribed, such as when it should be offered, how people might tell staff they needed it, or the minimum time needed between doses. There was a risk that people would not receive their medicines when they need them.

The registered persons had failed to operate proper and safe medicines management processes in relation to the storage and recording of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines on time. Staff were trained to administer medicines and their competency was checked each year. Medicine trolleys were stored securely; staff had recorded when medicines had been given and stock amounts were correct.

Risks to people were not consistently assessed and guidance had not always been provided to staff about how to support people to remain as safe as possible. For example, people had been involved in planning how to manage risky activities such as smoking, to help them remain as independent and safe as possible. People had agreed that staff held their cigarettes and lighters when they were not using them. Staff gave

people their cigarettes and lighters at their request. Everyone used the smoking area in the garden. Potential risks to some people from smoking had not been assessed and guidance had not been provided to staff about how some people had agreed to the way risks were being managed. The registered manager agreed this was an area for improvement.

Some people were living with diabetes, guidance had not been provided to staff about what action they should take if people's blood sugar levels became too high or low. However, staff knew the signs that people's blood sugar were not within a safe range and how to support them remain healthy, such as giving them high sugar drinks.

Other risks to people, such as the risk of developing skin damage had been assessed and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Risk assessments were reviewed regularly to identify any changes in people's needs and the support they required to remain well.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. One person had fallen several times early in the morning. Staff checked on the person at this time each day to identify if they needed any support. The person had not had any more falls.

Signs and symbols had been fitted to some doors, such as toilet doors to help people move around the building independently. Some of the signs had come off and had not been replaced. The registered manager had plans in place to replace the signs and add additional signage. We would recommend the registered manager refer to a reputable source for advice about how to create an environment that supports people living with dementia to be as independent as possible.

Staff were deployed to specific tasks during the day. We observed that staff were very busy at lunchtime. A couple of people left the dining room on occasions and required support to return and finish their meal. Other people who required more support had to wait for the help they needed. The activities person and administrator, who also had care qualifications, provided additional support about half an hour after lunch had begun. This relieved the pressure on staff and helped them provide the support people needed to finish their meals. The registered manager agreed this was an area for improvement and told us they would review the deployment of staff at meal times to make sure people received the support they needed.

People told us there were always enough staff around to meet their needs. People's comments included, "The staff all know exactly what they are doing, they all have their own tasks to do and just get on with the job", "It is well staffed here, never a problem", "I have not noticed staff changing too often, different staff seem to come and go but the number of them seems to be quite consistent", "Staff are always to hand" and "Staff can come quickly but they can also take their time in the night".

Staffing levels were planned around people's support needs by the registered manager. Many staff had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day. Staffing levels were reduced at night on occasions, however the registered manager confirmed there were enough staff on duty to meet people's needs. The registered manager was in the process of recruiting new staff to make sure staffing levels were consistent during the day and night. There were plans in place to cover sickness and annual leave. The registered manager was on call out of hours to provide any advice and support staff needed.

Staff were recruited safely. Recruitment checks had been completed to ensure that staff were honest, trustworthy and reliable to work with people. These checks included two written references and a full

employment history. Any gaps in people's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks on the identity of staff had been completed.

Staff knew how to keep people safe. Staff were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the registered manager would take any action that was needed. One staff member told us, "I know the manager would listen to me and deal with the problem". The local authority safeguarding team told us staff and the registered manager identified possible risks to people and raised their concerns quickly. The registered manager followed the local authority safeguarding policy, procedure and protocol.

Staff were aware of the whistle blowing policy and the ability to take any concerns to outside agencies if they felt that any situations were not being dealt with properly.

A fire risk assessment had been completed and plans and equipment were in place to support each person to leave the building in an emergency. Regular checks were completed on all areas of the building and equipment to make sure they were safe. Areas of the building had been redecorated and further refurbishment was planned.

Is the service effective?

Our findings

People told us they were supported to make choices about all areas of their lives, including when they got up, what they wore and who they spent time with. One person told us, "I decide when I want to get up and where I want to take my breakfast, as you can see I'm in my pyjamas now but I don't like to linger too long for breakfast".

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

During our inspection people were offered information to help them make decisions. Staff respected people's decisions, including any unwise decisions they made, for example, smoking or eating an unhealthy diet. Staff supported people to make decisions in ways they preferred, such as showing people items and offering them a limited number of choices at a time.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

Staff were aware of their responsibilities under DoLS. People were not restricted. Some people were the subject of a DoLS authorisation as they were constantly supervised and others were waiting to be assessed by their local authority. Staff knew who had a DoLS authorisation in place. One person told us, "I need help from staff to go out. They are busy but if I ask far enough ahead we sometimes get out". Other people went out with their relatives and friends.

People told us staff contacted their GP when they felt unwell. People told us, "'If we need a doctor staff will call for one" and "A doctor seems to be here a lot and I can always ask for him to come".

Staff supported people to maintain good health and were supported to see health professionals when they needed to. One person had seen a specialist who had given instructions to manage a health condition; staff had not followed these instructions consistently because they were providing the person's care in the way they preferred. This had had no impact on the person at the time of our inspection. The registered manager had not monitored staff to make sure that the person was receiving support they needed. They agreed that

this was an area for improvement and contacted the person's specialist for further guidance following our inspection.

Staff took prompt action when they noticed any changes to people's skin. A visiting district nurse told us, "The staff contact us quickly about any skin damage". Staff supported people to attend health care appointments, including health checks and GP appointments, to help people to tell their health care professional how they were feeling and offer them reassurance. People had regular health care checks including eye tests. The registered manager had plan in place to write 'hospital passports' with people and their family, to help people share important information with hospital staff.

People told us they liked the food at the service, they had enough to eat and a choice of foods. People's comments included, "The choice of meals are good and we can always ask for more" "I can request special foods but it is usually organised for me" and, "I can always ask if I want something to eat and if I am peckish biscuits are always around". People told us they enjoyed the roast dinner they had for lunch on the day of our inspection.

People had told staff about their likes and dislikes and this information was available to staff in people's care plans. For example, one person's care plan stated they liked porridge with full fat milk and sugar and two slices of toast and marmalade for breakfast with strong tea, full fat milk and one sugar in a mug.

Staff knew how much people liked to eat and drink; meals and drinks were prepared to people's preferences. At lunchtime staff made sure people were offered meals of the size they preferred. People had been involved in planning the menus. Catering staff planned menus to meet people's dietary needs. The cook told us, "I make a separate cake for people living with diabetes, it would be awful if everyone else had cake and they didn't". People had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. Some people required a pureed diet to reduce the risk of them choking. Their foods were pureed separately and looked appetising. People were offered a choice of drinks and snacks throughout the day.

Staff told us they received the training they needed to complete their roles. When staff began working at the service they completed an induction, including core training such as moving and handling and safeguarding. New staff shadowed more experienced staff to get to know people, their preferences and routines. Staff had either completed or were working towards recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Staff received regular training and updates. The registered manager had a training plan in place and had booked training to develop staffs' skills and keep them up to date. Further training to support staff to meet people's specific needs was arranged when it was required. One staff member told us, "[The registered manager] is hot on training". When the registered manager identified that staff's practice did not meet the standards they required they arranged for staff to complete refresher training.

Staff received regular one to one supervisions to discuss their practice. The registered manager told us staff supervisions had not happened as often as they would like and had plans in place to increase the number of times they met with staff. Staff told us they felt supported by the registered manager and were able to discuss any concerns they had with them when they needed to. Staff had an annual appraisal which included discussing plans for their future development.

Most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the support they needed in the ways people preferred.

Is the service caring?

Our findings

People told us staff were kind and caring. Their comments included, "I would say all the staff are very friendly", "No one has ever been unkind", "The staff are generally kind", "I like a chat now and then if staff have time, they are nice girls", "The staff are all very kind and we can have a laugh", "All the girls are very approachable and always ready to help in any way they can" and "Some staff are better than others but on the whole they are caring and kind I think".

In a recent quality assurance survey people's relatives had commented; 'Staff are calm, caring, helpful and patient' and 'Cheerful staff always willing to help'. One person's family had written to the staff following the person's death saying, 'Thank you for the amazing level of care provided to [person's name] while [they were] a resident at Mont calm and the support shown to me and my sister'.

Staff treated people with respect. People were referred to by their preferred names and were relaxed in the company of staff. One person affectionately called a staff member 'Mum'. People told us they shared jokes with staff and laughed together. Staff knew people well and understood what was important to them, including being as independent as possible.

Staff supported people to remain independent for as long as they wanted. Staff explained to us what each person was able to do for themselves and what support they needed, such as washing people's backs and legs only so the person could do the rest. One person preferred their friend, who also lived at the service, to support them at mealtimes. Staff made sure they were able to do this. Another person was reluctant to be supported to shave by staff. The registered manager had discussed this with the person's relatives and they had bought the person an electric shaver. The person now shaved themselves each day.

Staff knew how people told them about the care and support they wanted. Information about people's communication was available for staff to refer to in people's care plans. For example, one person's care plan stated, 'My communication skills are not as good as they were. I know exactly what I want to say, however it does not always come out the way it should. I am only able to answer Yes or No. I can sound abrupt when I am expressing myself. I am sorry I do not wish to cause offence'. We observed staff spending time with the person listening and responding to what the person was telling them.

People's relatives and friends were free to visit them whenever they wanted. The registered manager told us, "This is people's home, they can have visitors whenever they want, just as they did in their own homes". People were encouraged to bring personal items into the service such as small pieces of furniture, pictures and ornaments to make their bedroom feel homely.

Staff treated people with dignity and respect. People told us they had privacy and decided how much privacy they had. One person told us, "The staff always knock first on my door before entering". Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

In a recent quality assurance survey people's relatives had commented that they were pleased with the care their relatives received. Their comments included, 'Staff are all very friendly and keep me up to date with [person's name]' and 'Staff know who I am and who I am visiting and speak about them knowingly'.

The registered manager had supported staff and people to take part in a study completed by a local university looking at the care and support people receive in care home services. They had concluded, 'The support and care provided by Mont Calm makes a sizeable positive difference to the resident's lives and without the support their quality of life would be quite a lot worse'.

People met with the registered manager to talk about their needs and wishes, before they moved into the service. An assessment was completed with people, and their representatives which summarised their needs. This helped the registered manager make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives. They told us staff provided their care in the way they preferred. One person told us, "We talked things through when I arrived with my son and daughter present and we came up with a plan for me". Another person said, "The staff always take note of what I say and always do their very best to help me".

Detailed information about people's abilities and the care they needed was available to staff to refer to. Staff knew people and their care preferences very well. They prompted and encouraged them to do what they were able for themselves and helped them to do other things.

People's care plans were written in the first person for example, 'I am able to wash my face, hands and the upper parts of my body..... I am able to do some parts of getting dressed but need help. Please do not take over, just ask me and I will do something'. The registered manager told us, "I like the care plan to be the written instructions from the person to staff". People told us they agreed with the instructions in their care plans.

Staff knew what may cause people to become anxious or upset. They provided consistent care in the way people preferred to reduce the risk of them becoming distressed. This information was available to staff to help them provide people's care consistently. For example, one person's care plan stated, 'I need one carer to wash and condition my hair. Please let me know when you are going to use the shower on my head, add the shampoo or rinse as I do not like water or shampoo'.

There was good communication between staff members with handover meetings held between shifts and handover records were kept. Staff told us they were informed about changes in people's needs quickly.

Routines were flexible to people's daily choices, such as how they spent their time. People had told staff what time they preferred to get up and go to bed and this information was included in people's care plans

for staff to refer to. Staff respected people's choices and supported them to do what they wanted to do. On the day of our inspection one person had chosen to have a lie in and got up later in the morning.

People told us they had enough to do during the day and followed their interests. An activities coordinator worked at the service and supported people to take part in a variety of activities, such as games and singing. The registered manager and activities coordinator had researched and purchased activities for people with dementia or reduced mobility. During our inspection people enjoyed playing with large soft bats and balloons, and singing. Other people continued to take part in activities they enjoyed before they moved into the service such as writing and knitting.

People told us staff and registered manager listened to any concerns they had and addressed them. They told us, "I can complain if I like but I don't feel I need to", and "If I was at all worried, concerned or simply unhappy I would go straight to the top with no qualms whatsoever".

A complaints policy and procedure was available to people, their relatives and visitors in the main entrance to the service. No complaints had been made about the service. Any minor concerns people or their representatives raised were resolved quickly by the registered manager. One person had told staff they were unhappy that there was no bacon for their breakfast that day. The food delivery had been late that morning and the person was offered a bacon sandwich as soon as it arrived.

Is the service well-led?

Our findings

The registered manager had been leading the service for several years and knew people well. A local authority care manager told us they had found the registered manager 'to be very helpful and transparent'. Staff told us they felt supported by the registered manager.

The registered manager completed regular checks on all areas of the service including the environment, records and the support people received. The shortfalls we found at our inspection had not been identified by the registered manager. They had taken action to address the shortfalls that they had identified. For example, they had found that staff were not recording people's weight in their care records to make sure any risks were identified quickly and had made one staff member responsible for this. This had not impacted on people and people who had lost weight had been referred to health care professionals quickly.

The registered persons had failed to assess, monitor and improve the quality and safety of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The registered manager had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be, responding to people's wishes and preferences and that "everybody matters". This vision was shared by staff. The registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately.

Staff told us they were supported by the registered manager who was always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member told us, "[The registered manager] is great, very easy to talk to". Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the registered manager. Staff told us they worked well together to provide people with the care and support they needed. One staff member told us, "We work well as a team. The registered manager and senior carers support us to deliver good care".

The registered manager had delegated staff specific tasks such as reviewing care plans and making sure any 'Do not attempt cardiopulmonary resuscitation' were reviewed and that people remained happy with their decision. Staff completed these roles fully and were accountable for the own practice. All staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to.

People and their relatives had been asked for their feedback about the service each year. Their responses included 'Very welcoming. Dementia awareness is very high and everything centres on the residents needs'

and 'Staff continue to care for [person's name] at a very high standard'. The registered manager planned to collate the feedback to assess if they were achieving their goal of continually improving the service.

The 2017 staff survey was being completed at the time of our inspection. Some responses had been received but had not been reviewed. Staff told us any suggestions they made were listened to and put into practice. One staff member said, "[The registered manager] is open to suggestions, she says; 'Try it and let me know how it goes'". All the staff we spoke with told us they would be happy for a relative of theirs to be cared for at Mont Calm Margate.

We would recommend that the provider seek the views of a wider range of stakeholders, including visiting professionals and commissioners.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

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 registered persons had failed to operate proper and safe medicines management processes in relation to the storage and recording of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to assess, monitor and improve the quality and safety of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.