

Temperance Care Limited

# Maltreath Residential Care Home

## Inspection report

23-25 Warwick Road  
Cliftonville  
Margate  
Kent  
CT9 2JU

Tel: 01843221677

Website: [www.temperancecare.co.uk](http://www.temperancecare.co.uk)

Date of inspection visit:  
27 May 2016

Date of publication:  
28 June 2016

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 27 May 2016. Maltreath Residential Care Home is in a residential area in Cliftonville. The service provides care and support for a maximum of 12 people with mental health needs. On the day of the inspection there were 12 people living at the service.

There are two registered managers who both work with the staff each day. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service in April 2015. Six breaches of legal requirements were found. We issued requirement notices relating to safeguarding people from abuse, lack of guidance to minimise risks, the maintenance of the premises, staffing and person centred care. We served a warning notice relating to good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we checked that they had followed their plan and to confirm that they now met legal requirements. We found those breaches in the regulations had been met. We found one new breach of regulation.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised. However, staff did not consistently follow guidance to record behavioural events.

The registered manager and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Some audits needed further development to record actions taken and this was an area for improvement. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills and people told us how to leave the building safely and where to meet if the fire alarm sounded.

People were encouraged to be as independent as possible and were supported to take reasonable risks to maintain their independence. Some people were able to go out daily and do what they wanted in the local area. People met friends and visited local cafes. People were involved in activities, when they wanted to be, which they said they enjoyed.

People, their relatives and staff were encouraged to provide feedback to the registered manager about the quality of the service. This had not yet been extended to health professionals, to continuously improve the quality of the service, and was an area for improvement.

People said they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take keep people safe. Staff were confident to whistle blow to the registered

manager or other organisations if they had any concerns and were confident that the appropriate action would be taken.

People received their medicines safely and when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Recruitment processes were in place to check that staff were of good character and safe to work with people. Information had been requested about staff's employment history, including gaps in employment. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff who knew them well.

People were happy with the care and support they received. People received their care in the way that they preferred. Care plans contained information and guidance so staff knew how to provide people's care and support. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes and preferences.

People and their relatives were involved with the planning of their care. Care and support was planned and given in line with people's individual care needs. People spoke positively about staff and told us they were supportive and caring. Privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. 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 that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. There were no people subject to an authorised DoLS.

People were supported to maintain good physical and mental health and had access to health care professionals when needed. People told us the staff supported them to attend appointments when they wanted them to. People were provided with a choice of healthy food that they liked. People told us they met each week to decide what they wanted to have on the menu the following week and that they made suggestions for different foods. When people were not eating enough they were seen by a dietician or their doctor. Staff followed the guidance given when fortified drinks and diets were required.

People and staff told us the service was well-led and that the registered managers were "always available" and "Here every day". Staff said they felt supported, that the registered managers were approachable and that they worked closely as a team.

The registered manager and management team coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People said their views were taken seriously and any issues they raised were dealt with quickly. People told us they did not have any complaints about the service or the support they received from the staff.

## 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 consistently safe.

Risks to people's safety were identified, assessed and managed appropriately. Staff did not consistently follow the provider's guidance to record behavioural events.

People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

The provider had a recruitment and selection process in place to make sure that staff were of good character.

### Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred.

People were supported to maintain good physical and mental health and had access to health care professionals when needed.

People were provided with a choice of healthy food that they liked.

### Is the service caring?

Good ●

The service was caring.

People were happy living at Maltreath Residential Care Home. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of, and took into account, people's preferences and different cultural and religious needs.

People were supported to be as independent as possible.  
People's records were securely stored to protect their confidentiality.

### Is the service responsive?

**Good** ●

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People enjoyed the activities offered.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

### Is the service well-led?

**Requires Improvement** ●

The service was well-led

Audits were completed on the quality of the service; however, some needed to contain further detail of actions taken when shortfalls were identified.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service.

# Maltreath Residential Care 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.

The inspection took place on 27 May 2016 and was unannounced. This inspection was carried out by one inspector. This was because the service was small and it was decided that additional inspection staff would be intrusive to people's daily routines. The provider completed a Provider Information Return (PIR). 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. We also spoke with three health professionals before the inspection. We reviewed information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met all of the people living at the service. We spoke with three members of the care team and the two registered managers. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed three care plans. We looked at a range of other records, including safety checks, policies, three staff files and records about how the quality of the service was managed.

We last inspected Maltreath Residential Care Home in April 2015 when breaches were identified.

# Is the service safe?

## Our findings

People told us they felt safe living at Maltreath Residential Care Home. People said, "I am very safe here. If I need the staff they are here" and "Yes, I am extremely safe living here". People said there were always staff there if they needed them.

At the last inspection in April 2015 the provider did not have up to date policies and procedures in place to ensure that any concerns about people's safety were reported. The provider did not have a copy of the local authority safeguarding protocols at the service and did not know what they were. They did not have a clear understanding of what should be reported in line with current guidance. When there had been incidents between two people these had not been consistently reported to CQC or the local authority.

At this inspection staff knew how to keep people safe. There were systems and up to date policies in place including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff had received training on safeguarding people from harm and abuse and knew the correct procedures to follow should they suspect abuse. The management team had an electronic copy of the Kent local authority safeguarding protocols to refer to. Staff said the registered managers operated an 'open door' policy which encouraged openness and transparency with staff. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Some people had behaviours that may challenge others. At the last inspection in April 2015 there was no guidance for staff on what might trigger a person to have a behaviour that was challenging and how to de-escalate behaviours quickly to ensure people were supported in a safe and consistent manner. At this inspection staff had completed training on behaviour management and guidance was in place. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff told us they used de-escalation techniques, such as talking with people and walking with them to a different area of the service, to ensure the welfare and safety of people and staff. One person said, "Sometimes people can get a bit loud but the staff are always around and just talk to them and they calm down". It was evident throughout our observations that staff had the skills and experience to manage situations effectively as they arose.

Staff had not consistently followed the provider's guidance to record occasions when staff had intervened. This guidance noted 'Staff should give full information about what level of intervention was applied and how effective it was. This is very important in order to see how effective the intervention was and to see if there was a need for modification. The goal of our intervention is to ensure that the service users do not come into any harm as a result of hostilities towards another'. We asked to see the records of interventions and the registered manager told us that, other than in people's daily records, this had not been recorded and the registered manager did not have an overview of such events. The registered manager told us this would be rectified and they would discuss the guidance with the staff team. This was an area for improvement.



At the last inspection in April 2015 there was a lack of guidance for staff to minimise potential risks to people. At this inspection risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. Risk assessments were updated as changes occurred. People were encouraged to be as independent as possible and were supported to take reasonable risks to maintain their independence. For example, people went out when they wanted to. People told staff they were going out and had a mobile phone with them in case they needed to contact staff. People said they were happy doing this and that staff knew where they were going if they needed to contact them.

At the last inspection in April 2015 action was not taken following incidents to prevent them happening again. At this inspection accidents and incidents were recorded and monitored by the registered managers to identify any patterns or trends. Action had been taken to minimise further occurrences. For example, when a person had their medicines reviewed and changed staff monitored their behaviours to detect any sign that may be due to the medicine change. Staff liaised closely with other health professionals for further advice if people's behaviours changed.

At the last inspection in April 2015 the cleanliness of the service was not monitored and the service was not adequately maintained. At this inspection the service was clean. The provider had cleaning schedules which were followed by staff. Audits on the cleanliness of the service were carried out and a maintenance process had been implemented to record any faults and show the action taken. The registered manager told us they discussed the findings of the audits with staff during one to one supervision meetings. Some rooms had been redecorated and new furniture had been purchased. People told us they had chosen colours for new carpets and paint. People showed us their rooms and they were personalised with their own possessions. One person said, "I like to go to the local shops and buy things" and showed us their recent purchases. Another person commented, "I like my room. It's big. Staff help me to keep it clean and tidy". All the rooms were spacious. Lounge areas were large enough for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us that there were always enough staff available throughout the day and night to make sure people received the care and support they needed. People confirmed they were always able to talk to staff when they needed them. Throughout the inspection people approached staff and they had time to sit with people, offering reassurance and advice as required. The duty rota showed that there were consistent numbers of staff working at the service. Staffing was planned around people's needs and the support they needed for appointments. The registered managers regularly reviewed the staffing levels to make sure people had the support they needed. The staff had worked at the service for a long time and knew people well.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they 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 and support services.

People said staff supported them to make sure they received their medicines safely and on time. People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. Medicines were stored in a locked room and were administered from a medicines trolley.

Medicines trolleys were securely stored when not in use. The medicines trolley was clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date.

Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Staff sought advice from people's doctors if and when they refused to take their prescribed medicine.

People and staff knew how to leave the building in the case of an emergency. One person showed us the process and where they would meet if the fire alarm went off. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and tidy and well maintained.

## Is the service effective?

### Our findings

People said the staff looked after them well and knew what support they needed. People told us, "The staff are great. I do most things myself but if I am having a bad day I know the staff are always there" and, "The staff are pretty good. I can look after myself most of the time and they help me if there is something I can't do". Staff knew people well. Staff told us what support people needed and how much each person did for themselves. There was a relaxed and friendly atmosphere. Staff explained what they did when people became agitated or restless. For example, suggesting a person helps with preparing a meal or asking if the person would like to go for a walk. During the inspection staff were quick to respond if they noticed a person becoming anxious and offered reassurance.

At the last inspection in April 2015 staff did not receive the appropriate support, supervision and appraisal to enable them to carry out their duties. At this inspection staff told us they had received supervision every two months. This was confirmed by the registered manager and the supervision records. Staff said that the meetings were structured and they had an opportunity to talk about the quality of care and also about their own training and development. Staff said they would speak with the registered manager at any time if they wanted to discuss a concern or ask for advice. The provider's policy with regard to staff supervision had been reviewed and updated since our last inspection. The registered manager said, "Our staff are properly supported and mentored to enhance their job performance".

Staff told us they completed an induction when they started working at the service. They said this had included shadowing experienced colleagues to get to know people's individual routines. New staff were supported by the registered managers during their induction and their competencies were checked and recorded to make sure they had attained the skills and knowledge they needed to meet people's needs.

Staff completed regular training and told us what courses they had completed. They said they were encouraged to complete additional training as part of their personal development. This included specialist training relevant to their roles, such as, mental health awareness. A training schedule was kept by the registered managers to ensure that refresher courses were completed when needed.

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.

The registered managers understood their responsibilities under the MCA to submit applications to the

'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected. There were no people with an authorised DoLS.

When people did not have the capacity to make complex decisions, meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. 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.

People were provided with a choice of healthy food that they liked. People spoke positively about the food and said it was, "Good", "Really good" and "There is always plenty to eat". People told us they discussed the food all together with the staff each week to decide what to put on the menu the following week. One person commented, "Everyone has a say so we all get things we like". People said they were also asked their opinion of meals during regular residents meetings. People helped prepare meals with the staff when they wanted to and helped staff arrange the dining room before meal times. One person said, "I can't do as much as I used to but I still like to help do the washing up".

People chose where they wanted to eat their meals and most people ate together in the dining room. When people were out during the day they were offered a meal of their choice on their return. Meal times were relaxed, social occasions with people and staff chatting. The food looked appetising and people ate well, saying that they had enjoyed it. There were snacks and hot and cold drinks available for people whenever they wanted them. Fridges and store cupboards were well stocked and fresh fruit was readily available. People helped themselves to what they wanted and staff supported people when needed.

When people were not eating their meals because their mental health was deteriorating, or they were unwell, staff encouraged people to have regular snacks. One person commented, "I always have a good supply of chocolates. I'm sure I eat too many but I like them". Staff monitored people's eating and made sure people were seen by a dietician or their doctor if they were not eating well. Staff followed the guidance given when fortified drinks and special diets were required.

People were supported to maintain good physical and mental health because the staff worked closely with health professionals, such as, the local mental health team and doctors. People told us they regularly met with health care professionals. People said, "I see the psychiatrist. They are very good" and, "I have appointments with the mental health team. Staff will come with me". The registered managers said people were supported with Care Programme Approach (CPA) reviews with the mental health professionals. The CPA is a system which details the support in place for people with complex mental health needs. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

Staff monitored people's mental and physical health and took prompt action if they noticed any changes or decline. When people conditions were prone to deteriorate there was clear guidance for staff on what signs

to look for and what action to take. Referrals to health professionals were made, for example, when people's mental health had deteriorated staff contacted the doctor and a consultant psychiatrist. Medicines reviews and changes to medicines were made and staff continued to monitor people's progress. On occasion, people were admitted to hospital for further treatment and during this time continued to receive support from staff as often as possible.

## Is the service caring?

### Our findings

People told us they were happy living at the service and valued their relationships with the staff team. People said the staff were kind and respectful. People commented, "I like living here. I come and go as I please but there is always someone around if I want company", "[The registered manager] is always here to talk to if I am worried about anything" and, "I am happy here. The staff are nice".

People received care and support that was individual to them and were involved in the planning of their care. Staff had built strong relationships with people and their loved ones, staff knew people well and understood their preferences, needs, likes and dislikes. People were relaxed in the company of each other and staff. Staff spoke with and supported people in a respectful and professional manner that included checking that people were happy and having their needs met. People told us they were supported by staff when they needed support to attend medical appointments and one person commented, "I trust them to be with me and help me".

Each person was allocated a 'keyworker'. A keyworker is a member of staff allocated to take the lead in co-ordinating someone's care and support. People said they trusted their keyworkers. A monthly keyworker report was written and used to keep people's loved ones and visiting health professionals up to date with an overview of what people had done and any physical or mental health concerns.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing major dental treatment. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People's religious preferences and needs were supported and staff arranged for clergy from different denominations to visit when people requested this. Some people were supported by staff to attend a local church. People told us they liked to go to church.

At the last inspection in April 2015 staff did not always refer to people in a dignified manner when they completed records. At this inspection records referred to people in a dignified way and the registered managers had spoken with staff about the importance of speaking and writing in a respectful way. During this inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking people were happy. Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. This ranged from people choosing to go out to helping people decide which film to watch. The registered managers worked alongside the staff and continuously monitored staff practice to ensure a positive and respectful approach was sustained.

Staff understood, respected and promoted people's privacy and dignity. Staff showed consideration towards people and were kind and patient. Staff knew people well and chatted with them about their day, their loved ones and their interests. When people became agitated or appeared unhappy staff acted quickly to offer reassurance. The registered managers and staff spoke about people with warmth, compassion and

a genuine concern for their well-being. When a person had relapsed and had been admitted to hospital the registered managers and the staff visited them on a regular basis and continued to support them. Staff told us it was, "Important for X to know we care and that we are looking forward to them coming home".

People moved freely around the service and could choose whether to spend time in their room or in communal areas. When people chose to spend time in their bedroom or in a quiet area of the service the staff respected their privacy. Staff checked on people from time to time to see if they needed anything. People told us they enjoyed sitting in the garden and that they had barbecues with the staff. People said they had friends and relatives visit and that there were no restrictions on times they could visit.

Care plans and associated risk assessments were kept securely to protect confidentiality and were located promptly when we asked to see them. People's care plans gave staff guidance on what people could do for themselves and what support was needed. Staff had an in-depth knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

## Is the service responsive?

### Our findings

People said that they received the care they needed when they wanted it. Health care professionals told us they had observed people going to [the registered manager] and that they (the registered manager) "give clients emotional support".

At the last inspection in April 2015 people were not supported to keep occupied and some people were at risk of social isolation. At this inspection the level of activities offered had been increased and an activities co-ordinator had been employed for three days a week. People were offered choices of what to do and to share ideas of new activities. During our inspection people and staff were playing darts, singing pop songs and doing arts and crafts. One person said, "I love singing" and another commented, "There is much more to do than before". There was a lot of laughter and a relaxed, fun atmosphere. People told us they now really looked forward to the activities. People told us, "I come and go as I please" and "We go to the café for breakfast or lunch when we want to". Some people chose to spend time in their bedroom, quiet areas of the service and in the garden. Since the last inspection new furniture had been purchased for the garden as well as potted plants and flowers. One person showed us their room and collection of films which they enjoyed watching. They told us, "I prefer to be in my room. I do sometimes eat with the others. It depends how I feel. Staff are good and help me order new DVDs when I want them". People told us about the holidays they had with staff and how much they enjoyed this. Staff were currently supporting people to plan their next holiday.

People told us they had met with the registered managers and health professionals before they moved to Maltreath Residential Care Home. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred.

People told us they were involved in planning their care with their key worker. The care plans were signed by each person to agree with what was recorded. Staff told us they made sure people contributed to their care and support plan as much as they wanted to. Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, life histories and any preferred routines. Relationships with people's families and friends were supported and encouraged.

Staff had a good knowledge of the people they supported. Plans included details about people's physical and mental health needs. Risk assessments were in place and applicable for each person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care. Care plans were regularly reviewed. During the inspection staff were responsive to people's individual needs. Staff noticed if people were becoming unsettled or agitated and were quick to respond, staff spent time with them and offered reassurance. For example, when one person began to get anxious and raised their voice a member of staff spoke quietly with



them and walked with them into the garden so they could have a cigarette and this reduced their anxiety.

People were encouraged to be as independent as possible. Staff told us how they wanted to "Empower and promote independence" with one person and that it had been a gradual process. The aim had been to support them to manage their own cigarettes. Staff had noticed the person had become calmer and more relaxed over the time they had been supported to regain this control.

A staff handover was completed at the beginning of each shift. Staff told us that they worked closely as a team and that they used a staff communications book which was used in conjunction with the handover. Staff made notes in the book during their shift and said this helped to ensure that staff were aware of any changes to people's health or support needs.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People commented that they did not have any complaints about the service or the support they received from the staff. There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. Staff listened to people's views and made changes to the service in accordance with people's comments and suggestions. The complaints procedure was displayed in the hallway and had been updated following our last inspection with the correct contact details for the Care Quality Commission.

## Is the service well-led?

### Our findings

People knew the staff and management team by name. People and staff told us the service was well-led and they could rely on staff to support them. A health professional commented, "Maltreath is a good home" and that they worked closely with the registered manager and staff. One person said, "I know the managers and staff are here to help me and they always do". People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported.

At the last inspection in April 2015 the provider had failed to assess, monitor and improve the quality of the services provided. At this inspection quality surveys had been introduced and completed by people living at Maltreath Residential Care Home and by staff. People's loved ones were also invited to comment through surveys. The completed surveys had been analysed and checked to monitor if any action needed to be taken. Comments throughout the most recent survey were positive and included, "I am happy the way it is", "I cannot think of any improvement which can be made" and "All in all I am quite satisfied".

The registered manager told us this process had not yet been extended to health professionals to gain their views on the quality of service provided. This was an area for improvement. NOTE TO KIM – There has been much discussion about whether this, on its own, equates to a breach – your advice would be great please.

At the last inspection the range of policies and procedures were dated 2004 and had not been reviewed. Regular check and audits were not being carried out on key things, such as, the environment to make sure they were safe. At this inspection policies had been reviewed and updated and staff knew where to locate them. The registered managers audited aspects of care monthly such as care plans, health and safety, infection control, fire safety and equipment. Some audits, such as environmental and medicines checks had been completed and consisted of a tick list. The registered managers recognised there was no note of actions taken when a shortfall had been identified. This was an area for improvement.

Staff told us that they felt valued by the registered managers. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. Staff told us they were encouraged to provide feedback about the service at staff meetings and handovers at each shift kept them up to date with the people's current care needs. Records of these meetings confirmed that staff reviewed people's needs. For example, staff discussed people's changes in medicines and talked about how to monitor any changes. When changes were identified in people's behaviour the relevant health professionals were contacted to arrange further reviews.

Staff told us that there was good communication between the team and that they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. People told us they made suggestions about the decoration of the service and about what trips they could take. The registered managers were planning to introduce an anonymous compliment and complaints box so people could add their thoughts whenever they wanted. Staff commented that the management were at the service 'all the time' and were always available for advice and guidance. Staff and the registered managers spoke with each other and with people in a respectful and kind way.

The registered managers monitored staff on an informal basis every day and worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service. The registered managers were visible and had an 'open door' ethos. During the inspection people and staff went into the office to chat with the registered managers. The registered managers were aware of, and kept under review, the day to day culture in the service. This included the attitudes and behaviours of staff. When staff values fell below the expected standard this was addressed and, when necessary, additional training, mentoring or disciplinary action was taken.

At the last inspection registered managers did not have a clear understanding of their responsibilities in recording and notifying incidents to the local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. Since the last inspection the registered managers had correctly notified CQC.