

MGL Healthcare Limited

# Mont Calm Residential Home

## Inspection report

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Date of inspection visit:  
11 April 2018

Date of publication:  
18 June 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection was carried out on 11 April 2018. The inspection was unannounced.

We carried out an unannounced comprehensive inspection of this service on 2 March 2017, where the service was rated as Good overall. After that inspection we received concerns in relation to an incident where a person died in hospital following a period of respite. The concerns related to meeting the nutrition and hydration needs and meeting people's health care needs. As a result we undertook a focused inspection to look into those potential concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mont Calm Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

We undertook an unannounced focused inspection of Mont Calm Residential Home on 11 April 2018. The team inspected the service against three of the five questions we ask about services: is the service well led, is the service effective and is the service responsive to people's needs. This was due to the concerns that had been raised, and the potential risk to others living at Mont Calm Residential Home. At this inspection the service was rated as requires improvement in effective, responsive and well-led. Therefore the overall rating for the service is now requires improvement.

Mont Calm Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mont Calm is a privately owned care home providing accommodation and personal care for up to 39 older people, some of whom are living with dementia. The service consists of two properties next door to each other with a pathway connecting the two. There is a lift to enable people to move between different floors. There were 32 people living in the service when we inspected.

The service had a registered manager in post who managed the service during the full comprehensive inspection in March 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At this inspection, the registered manager was not aware of all of their responsibilities to ensure compliance with fundamental standards and regulations. They had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Some people's care plans were detailed and gave staff guidance regarding how to meet people's needs. However, some people's care records had not been reviewed and updated for over a period of ten months.

People's nutrition and hydration needs had been assessed; however, best practice guidance had not been

followed to ensure accurate records.

There were standard set amounts of fluid targets for people to drink throughout the day. People received food they enjoyed and specific dietary requirements were catered for. Staff worked with health care professionals to ensure people remained as healthy as possible.

Information was not made accessible to enable people to make an informed choice. People did not always have access to the equipment they required such as, height adjustable tables.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff offered people choices and gained people's consent prior to any care or support tasks. However, some staff lacked understanding regarding the principles of the Mental Capacity Act 2005 (MCA). We have made a recommendation about this.

People were supported to take part in a range of activities to meet their needs and interests.

Staff were not always given the support, skills and knowledge to meet people's needs. Staff understood their role and responsibility to provide quality care and support to people. Policies and procedures were in place to guide and inform staff to fulfil their role.

Systems were in place to monitor the quality of the service being provided to people. They were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people. However, these had not always identified the concerns regarding people's care records, access to information, appropriate equipment and the shortfalls in staff's knowledge regarding MCA which we found during this inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to the back of the full version of the reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's nutrition and hydration had been recorded; however, best practice guidance had not always been followed.

Staff did not always understand the principles of the Mental Capacity Act.

Documents such as menu's were not always accessible to enable people to make an informed choice..

Staff were not always given the knowledge and training to fulfil their role and meet people's needs.

People were supported to maintain their health with support from health care professionals.

Staff were supported in their role by the registered manager.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's care plans had not always been reviewed to ensure they contained the most up to date information to meet people's needs.

Some people's care plans were person centred and personalised to meet their needs.

People were offered the opportunity to participate in a range of activities to meet their needs and interests.

Systems were in place to manage concerns or complaints that had been raised.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The registered manager had had failed to notify CQC of a

notifiable event in a timely manner.

The registered manager was visible and promoted an open culture between the management team and staff.

The registered manager understood the challenges of the service and worked alongside external agencies to improve the quality of the service people received.

Internal systems were in place to monitor and audit the service, but they were not always effective

There was a range of policies and procedures in place to guide and inform staff.

# Mont Calm Residential Home

## **Detailed findings**

### Background to this inspection

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

We carried out an unannounced comprehensive inspection of this service on 2 March 2017. After that inspection we received concerns in relation to an incident where a person died in hospital following a period of respite. The concerns related to meeting the nutrition and hydration needs and meeting people's health care needs. As a result, we undertook a focused inspection to look into those potential concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mont Calm Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an unannounced focused inspection of Mont Calm Residential Home on 11 April 2018. The team inspected the service against three of the five questions we ask about services: is the service well led, is the service effective and is the service responsive to people's needs. This was due to the concerns that had been raised, and the potential risk to others living at Mont Calm Residential Home.

The inspection team consisted of three inspectors, a specialist advisor who was a nurse with expertise in nutrition and hydration and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people.

This was a focused inspection, carried out following concerns; as a result a Provider Information Return (PIR) had not been requested. This is a form that asks the registered manager to give some key information about the service, what they do well and improvements they plan to make. We gathered this information during

the inspection. We looked at other information we held about the service. This included previous inspection reports, concerns that had been raised and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges and dining areas of the service. As part of the inspection we spoke with the registered manager and four care staff. We spoke with six people using the service and four relatives to get their feedback on the service.

We reviewed a range of records. This included seven people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and training. We also looked at records concerning the monitoring, safety and quality of the service.

## Is the service effective?

### Our findings

People told us and observation confirmed people were offered a variety of choices throughout the day. One person said, "I get a choice of two or three meals. You don't get a menu staff just tell you what they got." We observed staff offering people choices such as, what they would like to drink, eat, where they would like to spend their time and what they would like to watch on the television.

The provider used an outside company to supply a nutritionally balanced hot meal daily. There was a four-week menu in place which included two hot options and dessert. The company catered for people who required a specific diet, such as a soft food or pureed meal. The meal options on the day of our inspection were corn beef hash, pork hotpot or chicken curry. People were asked which food option they would like to eat. We spoke to the registered manager about making the menu accessible for people with the use of pictures or using plates of served food to enable people to make an informed choice; the registered manager said they would implement this.

Some people had chosen to eat their meal in the lounge and not at the dining room table. We observed the lunch service and saw people eating their meal bent over using a coffee table. Another person was observed to use a height adjustable table to eat their meal from.

People's nutrition and hydration needs had been assessed and recorded. However, the assessment tool that was being used had not been completed fully; therefore, the risk to people had not been appropriately assessed. People's weight was monitored on a monthly basis. Records showed action had been taken when a person had lost weight over a two-month period. For example, staff contacted the person's GP, made a referral to the dietician and the person's weight monitoring frequency had been increased.

People's fluid intake was monitored and recorded however, target fluid totals were the same for each person. Best practice guidance had not been followed or implemented to ensure fluid totals were specific to each person. For example, calculating a person's body mass index (BMI) based on their height and weight, to give an accurate guide to the amount of fluid that should be the target. Staff recorded people's fluid intake however, this was completed retrospectively and an estimated amount of fluid was recorded. One person's fluid records for the morning had not been completed when we checked at 15.00pm; the records were blank for the morning.

The failure to provide specific support to meet people's nutrition and hydration needs was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and observations confirmed people were offered a variety of drinks and snacks throughout the day. When people were asked how often they were given drinks, one person said, "When I need one." Another person said, "All day long whenever you want them, they [staff] like you to drink plenty." Relatives told us they observed their loved ones being offered drinks and snacks throughout their visits. Staff were observed in the lounges offering people a variety of drinks and snacks throughout the day.

People were supported to remain as healthy as possible with support from health care professionals. Referrals were made to health care professionals when concerns had been identified such as, speech and language therapists (SaLT) and dieticians. Guidance and advice from health care professionals had been transferred into the person's care plan for staff to follow. Records showed and our observations confirmed that people were being offered high calorie snacks and drinks.

The registered manager told us that following a recent incident the pre-admission assessment form had been reviewed. As a result of the review the assessment now included in-depth information about people's specific health needs such as, catheter care. Referrals were made directly by the local authority or people and/or their families were able to self-refer. A pre-admission assessment was completed with people, their relatives and the registered manager. The assessment included information relating to the support people required with their dietary needs, communication, medical support needs, personal care needs and a medical history. This information was then transferred into the person's care plan.

Staff were not consistently provided with the skills, knowledge and guidance to meet people's needs. People and their relatives told us they felt staff were able to meet their needs. One relative said, "Oh yes without a shadow of a doubt, every single one of them." The registered manager used a training matrix to track staff training and had booked courses for staff to attend for the remainder of the year. Staff told us they felt they had received the training they required to meet people's needs, and felt confident in their roles. One member of staff told us they had requested training regarding skin integrity which they received within two weeks of the request. Staff felt confident in requesting additional training to aid their knowledge and development. New staff completed the provider's mandatory training in subjects such as, safeguarding adults, health and safety, first aid, equality and diversity, fire prevention and moving and handling. New staff completed an in-house induction which included working alongside experienced members of staff before working as part of the care team.

Staff told us they felt supported by the registered manager and the senior care staff. The registered manager used a supervision matrix to track when staff had received or were due supervision. Records showed and staff confirmed they received regular supervision meetings in line with the provider's policy. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision records showed they had provided opportunities for staff to discuss their working practices, training support and development needs, staffing issues, health and safety and the people they were supporting. Staff were able to raise concerns and were supported with personal issues such as, changes to working shift patterns.

People were observed to have freedom of movement within the service and in the garden. One person was observed accessing the garden on a regular basis to walk around independently.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some staff lacked understanding about the principles that underpin the MCA and what it meant for people. Records showed 11 out of 25 staff had received recent training regarding the MCA and DoLS. One member of staff when asked about their understanding said, "I have not done the training. Nobody is allowed to leave." Another member of staff said, "It is protection for them [people]. People can only leave with family." The

registered manager told us further MCA and DoLS training had been booked for the staff to attend.

We recommend the registered manager ensures staff have learnt the skills and competency they require regarding the MCA and DoLS.

People's consent and ability to make specific decisions had been recorded within the initial assessment and within their care plan. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. The registered manager used a matrix to record when DoLS applications had been sent to the local authority, if they had been granted and when they were due for renewal. This ensured that people were not unlawfully restricted.

## Is the service responsive?

### Our findings

People told us they enjoyed living at Mont Calm Residential Home and they were involved in their care. One person said, "It's marvellous, I'm happy here." Another person said, "I decide what I do, you are not pushed to do anything."

People received a personalised service that was responsive to their needs. People and/or their relatives were involved in the planning and delivery of the care and support they required. People's wishes and choices were respected by staff. For example, one person had requested to be called by another name; this was recorded within the person's care plan and observation showed staff respected this. People's care plans included clear information and guidance about their individual communication needs, their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. The 'my life story book' included information about the person's childhood, family life, family tree, personal preferences and things the person enjoyed now.

People's care plans that had been updated were person-centred and responsive to their needs. The care plan detailed what the person could do for themselves and the support that they then required from staff. However, some people's care plans had not been reviewed or updated following a change in the person's needs. The registered manager told us they were in the process of reviewing all care plans. One person's care plan had not been updated following advice given to staff from the dietician. The person's food monitoring records showed the advice had been implemented; however, the person's care plan had not been changed to reflect this. People's care plans require regular reviewing and updating if needed to ensure staff are meeting the person's most up to date needs.

The failure to provide person centred care and support to meet people's assessed needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us knew who to speak to if they had any concerns or complaints and were confident these would be acted on. One person said they would speak to, "One of the nurses but I am happy." Another person said, "Staff sit down and talk to you quite a lot." A relative told us they would, "Go straight to the staff they had a good relationship with, as they were very approachable. They will immediately action anything". Another relative said they would, "Speak to one of the supervisors who always make themselves available, they are all very competent."

Information about how to make a complaint was available to people and their relatives. The provider had a complaints policy which included the procedure which would be followed in the event of a complaint. Records showed the procedure had been followed when complaints had been made. Complaints had been raised about the choice of vegetarian food options, the frequency of bed linen changes and a lock was requested for a person's bedroom door. Records showed that these concerns had been investigated by the registered manager and action had been taken to ensure each one had been resolved, involving the complainant throughout the investigation. Actions included speaking to the catering company to ensure a

wider variety of vegetarian options was offered, a meeting with the house keeping staff and organising a lock for the person's bedroom door.

People were offered a range of activities to meet their needs and interests. A four-week activity programme was in place which included activities such as, film afternoon, manicures, baking and games. An afternoon tea trolley was available to people each day which included various themes such as, cheese and biscuits, strawberries and cream, sweets, gateau and cream teas. People could access the trolleys prior to the afternoon's activities. The service kept rabbits and guinea pigs in the garden which people could access and view throughout the day. On the day of our inspection people were observed holding and stroking a rabbit which the staff had brought indoors. People were observed smiling and in a cheerful mood when the rabbit was out. The morning activity consisted of reading the 'daily sparkle' newspaper. This was a newspaper the registered manager had signed up to which was sent daily, this talked about what had occurred on the current day, but in the past. The registered manager told us they had planned to use the summer house, in the garden, as a coffee shop in the warmer weather.

Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. People's wishes had been respected if they had chosen not to discuss things. No one living at the service at the time of our inspection required support with care at the end of their life.

## Is the service well-led?

### Our findings

People knew the registered manager well; they were comfortable speaking with them throughout our inspection. The registered manager had a good relationship with people and staff; they had worked at the service for two years, and, had worked with the provider for a number of years. One person said when speaking about the registered manager, "She's alright, very obliging. If there isn't anything I like to eat she will get things in for you, very obliging."

Relative spoke highly of the registered manager. One relative said, "Fabulous woman. Constantly asking what else do you want us to do and is there anything else your mum needs." Another relative said, "Very nice, I spoke to her yesterday and this morning."

Staff told us there was visible leadership within the service, and, an open culture where they were kept informed. The registered manager was based at the service for five days a week and used various ways to communicate with the staff team. These included, handovers between shifts, communication books, memo's to staff and team meetings. These methods ensured staff had up to date knowledge about people, the service and the wider organisation. Team meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment.

Staff told us they enjoyed working at the service, with people, the registered manager and other members of the staff team. One member of staff said the felt the registered manager "listened" to them, which is something they had not experienced in their previous role. Another member of staff said, "I love that it's another family. I think that everyone is very friendly and it feels like home."

Following the recent incident the registered manager had been working with the local authority safeguarding team, to make improvements to the way things were recorded by staff. The registered manager had developed an action plan which they were working through. The areas for improvement we found at this inspection were included in the action plan; however, they had yet to be fully completed. The registered manager told us they felt supported by the provider, who they saw on a regular basis. The provider had invested in an audit manager to support the registered manager through the improvements that were required. The audit manager visited the service on a weekly basis completing audits of a sample of daily notes, food records and care records; any actions were then discussed with and completed by the registered manager.

Systems were in place to monitor the quality of the service that was being provided to people. In addition to the weekly audits carried out by the audit manager, audits were also completed by the registered manager on a monthly basis, including health and safety, incidents, complaints, medicines management and an audit of people's care records. However, the audits had not identified the shortfalls we found during this inspection. These audits generated action plans which were monitored and completed by the registered manager. The actions were also monitored by the audit manager and the provider. Actions that had been completed included a replacement lock on the clinical waste bin and medicines that required returning to

the pharmacy.

The registered manager attended the registered manager's forums and the registered manager's meeting chaired by social services. The registered manager attended meetings chaired by the commissioners; these meetings discussed the current contracts. The provider had signed up to a quality monitoring system that would send through any updates or changes to legislation. These actions enabled the registered manager to keep up to date with any relevant legislative changes.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly. However, there had been a recent outbreak of the norovirus which had been reported to the Public Health England (PHE), but it had not been reported to the CQC. The registered manager told us they were unaware that this was also reportable to the CQC. Following our inspection, the registered manager sent through a notification, in retrospect. Nevertheless, they had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. For example, the complaints policy, staff recruitment and selection, disciplinary and diversity and inclusion policy and procedure. Staff knew where to access the information they needed.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The failure to provide person centred care and support to meet people's assessed needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The failure to provide specific support to meet people's nutrition and hydration needs was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>