

Discovery Care Limited

# Mont Calm Margate

## Inspection report

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Margate  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mont Calm Margate is a residential care home providing personal care to older people who may be living with dementia. At the time of the inspection there were 16 people living there. The service can support up to 31 people in one adapted building.

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

People were living in a much-improved environment. Areas of the service that had deteriorated at the time of our last inspection, had been improved and there was now a plan for further improvements. There was now a system in place to report maintenance issues and to check the required action had been taken.

Improvements had been made to the management of medicines; people received their medicines as prescribed. A new system of checks and audits had been introduced and these had been effective in identifying shortfalls. Action had been taken to rectify any issues found. The provider had increased their oversight of the service.

There was enough staff who had been recruited safely to meet people's needs. Staff understood their responsibilities to keep people safe and reported any concerns they had to the registered manager.

Risks to people's health and welfare had been assessed. There was guidance for staff to mitigate the risks. Accidents and incidents were recorded and analysed to identify trends and patterns. Action had been taken and they had not happened again.

Staff worked with health professionals to make sure people received the support and care they need. People were encouraged to be involved in the service as much as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

The last rating for this service was Requires Improvement (published 23 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 4 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and environment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mont Calm Margate on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mont Calm Margate

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We spoke with one visiting health professionals. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with two professionals who have contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises was properly maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Previously, the building had not been well maintained. At this inspection the shortfalls had been rectified. The thermostatic valves were now correctly adjusted and there was hot water in all areas of the service. Hand basins that were previously unsafe had now been securely mounted. There were now working toilets throughout the service. Floor coverings had been replaced where required. There were now vinyl floor coverings which were easy to clean. There were still more to be replaced but these were in unoccupied rooms. The provider had sourced the flooring and was waiting for them to be laid. An inspection from Kent Fire Service had identified issues with fire safety. These had been rectified and there were plans to renew the fire alarm system.
- There were now additional maintenance staff working at the service. The provider had put in place a new system to report any maintenance issues, this had been successful in rectifying issues. General maintenance was being completed including painting the building and maintaining the gardens. There were safety certificates in place for services and equipment, including hoists, the lift and gas and electric.
- Risks to people's health and welfare had been assessed. When people were living with diabetes, there was guidance in place for staff about the action to take if they became unwell. Some people required a hoist to move around the service, there was clear guidance for staff about how to use the hoist. We observed staff moving people safely using the hoist. One relative told us, "My [relative] is very safe there and very settled."

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, medicines requiring specific storage, recording and administration, had not been managed safely. At this inspection improvements had been made, the records for these medicines were accurate. The stock of medicines matched the records and people had received their medicines as prescribed. Some people were prescribed medicines 'as required' for example for anxiety or pain relief. There was clear guidance for staff about when to give these medicines, how often and what to do if they had not been effective.

- Medicines were stored safely. Room and fridge temperatures had been recorded to make sure medicines were stored at a temperature to remain effective. Handwritten instructions had been signed by two staff to confirm they were correct. Medicines administration charts had been completed accurately.

- Staff had received training to administer medicines. Some staff had received training to administer insulin and record blood sugars. Staff had contacted healthcare professionals following analysis of one person's blood sugars. Changes had been made to the dosage with positive effect.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to report any concerns to the local safeguarding authority. They had worked with the local safeguarding authority when concerns had been raised to keep people as safe as possible.

- Staff had received safeguarding training. They understood how to recognise signs of abuse and discrimination. They felt confident to raise concerns with the registered manager and that action would be taken.

#### Staffing and recruitment

- Staff were recruited safely. Checks had been completed including application forms with full employment history, references and checks on people's identification. Checks were made with the Disclosure and Barring Services (DBS), these checks helped to prevent unsuitable staff working with people who may be vulnerable.

- People, staff and relatives told us there were enough staff. One person told us, "There are always staff around in the lounge." New staff had been recruited and the numbers of staff each shift had remained constant. During the inspection, staff were present in the communal areas spending time with people. When people asked for assistance staff were available and people received the support they needed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed for patterns or trends. Appropriate action had been taken to reduce the risk of them happening again. These actions included pressure alarm mats and testing for infections when people had fallen. Records showed the actions had been effective as people's



falls had reduced once they were in place.

- When concerns had been raised with the local safeguarding team these had been used as learning experiences. Concerns had been raised about the availability of hoists; this had been due to the hoist batteries not being charged. The registered manager now checks the batteries are on charge during their daily walk round.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, systems to monitor the quality of the service had not been effective. The provider had not been proactive when maintenance issues had been identified. At this inspection, the shortfalls from the previous inspection had been rectified. The provider's nominated individual had changed, and they spent more time at the service. They had put new audit and reporting systems in place. One staff member told us, "Yeah you can see the changes (since new NI). We have decent maintenance men now and things happen straight away, you track them down and they fix it the same day which is nice. Things have definitely improved since the last time you inspected."
- The registered manager completed or verified checks and audits covering all area of the service. When shortfalls had been identified, an action plan had been put in place and signed off when completed. The nominated individual had changed the auditing system and checked the audits once they were completed. The nominated individual and registered manager had a supervision meeting every three months. At these meetings they reviewed the previous three months and developed a plan for the next three months.

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

- There was an open and transparent culture within the service. Relatives told us they were involved in the development of their loved one's care plan. Staff knew people well and how they liked to be supported. We observed people being supported in the way they preferred. Staff understood why people asked for items and the meaning these had for them. Staff explained how they took time to get to know people and used this to support them in a person-centred way.
- People had previously been given the opportunity to attend resident meetings, but these had not been successful because of people's cognitive and communication needs. The registered manager now completed quality checks and asked people their opinions about the topic being looked at. These were

recorded and any opinions were considered and implemented if appropriate.

- Staff attended regular meetings, where they discussed the quality of the service, people and any changes to practice. Staff were given time to express their views and opinions about the service. These suggestions had been acted upon, for example, more linen had been bought.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improvement

- Services that provide health and social care to people are required to inform the Care Quality Commission, (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 guidance.
- The registered manager understood their duty of candour responsibilities. Relatives told us they had been contacted when incidents had happened. They felt they were kept fully informed and they felt they could contact the registered manager whenever they needed to.

Working in partnership with others

- The registered manager had been part of the local manager forums to keep up to date during the Covid-19 restrictions. The registered manager had kept up to date with national guidance.
- The service had worked with the local commissioning group and local authority to improve the care provided for people.