Discovery Care Limited

Mont Calm Margate

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection was carried out on 16 January 2018 and was unannounced.

Mont Calm Margate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mont Calm Margate accommodates 31 people living with dementia in one adapted building. There were 31 people using the service at the time of our inspection.

The registered manager had worked at the service for over 10 years. People and staff told us the registered manager was approachable. 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 the last inspection on 4 January 2017, we asked the provider to take action to make improvements to the way they managed medicines and checked the quality of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe and well-led to at least good. The provider had completed all the actions and the key questions, safe and well-led are now rated good.

The provider and registered manager had oversight of the service. They had improved the checks and audits they completed. All areas of the service had been checked regularly to make sure they met the required standards and any shortfalls were addressed. The views of people, their relatives, staff and community professionals were asked for and acted on to continually improve the service. The provider planned to introduce electronic care records and had visited other services which used these to gather information about the advantages and any disadvantages.

Effective action taken since our last inspection to improve the way people's medicines were managed and they were now managed safely. Staff followed guidance about people's medicines and people received their medicines in the way their healthcare professional had prescribed.

The provider and registered manager had a clear vision of the quality of the service they expected. Staff shared the provider's vision of a good quality service and provided the service to the standard the provider required. Staff felt supported by the registered manager, were motivated and felt appreciated. The registered manager was always available to provide the support and guidance staff needed. Staff worked together as a team to provide the care and support people needed.

Staff were kind and caring to people and treated them with dignity and respect. Staff told us they would be happy for their relatives to receive a service at Mont Calm Margate. Staff described to us how they supported people in private and people told us they had privacy. People were encouraged and supported to be as independent as they wanted to be. Staff had asked people about their end of life wishes and further work was planned to make sure staff had all the information they required before they needed it. People's relatives had complimented the staff on their kindness and care at the end of their relative's lives.

People had enough to do each day and enjoyed the activities on offer. The provider wanted to improve the activities and occupations people took part in and the activities coordinator was enthusiastic about making changes. They were researching activities and occupations for people living with dementia and planned to introduce them in the weeks following our inspection. People had been asked about their spiritual needs and were supported to attended services if they wished.

Assessments of people's needs and any risks had been completed. People had planned their care with staff and received the support they needed to meet their individual needs and preferences. People were not discriminated against. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. People knew how to make complaints or raise concerns and told us that they were listened to and action was taken resolve any worries they had.

Accidents and incidents had been analysed and action had been taken to stop them happening again. The registered manager worked in partnership with local authority safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care.

Changes in people's health were identified and people were supported to see health care professionals, including GPs and dentists when they needed. People told us they enjoyed the food at the service and were offered a balanced diet, which met their needs and preferences. Staff continued to support people to be as independent as they wanted at mealtimes.

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 assumed people had capacity to make decisions and respected the decisions they made. When people needed help to make a particular decision staff helped them. The registered manager had assessed people's capacity to make decisions and decisions were made in people's best interests when necessary. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The service was clean and staff followed infection control processes to protect people from the risk of

infection. The building was well maintained and plans were in operation to maintain and improve the environment and grounds. The environment had been designed to support people living with dementia to move freely around the building.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service. Records in respect of each person were accurate and complete and stored securely.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall of the service.

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.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were now protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

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

Staff practice prevented and controlled infection.

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

Is the service effective?

Good

The service was effective.

People's needs were assessed with them and their relatives when necessary.

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

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

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

The building was designed to support people to be as independent as possible.

Is the service caring?

Good

The service is caring.

Staff were kind and caring to people and supported them if they became worried or anxious.

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

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

Is the service responsive?

Good

The service is responsive.

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

People participated in a variety of activities and told us they enjoyed these. Plans were in place to improve the activities people were offered.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Good

The service is well-led.

Checks completed on the quality of the service had improved and action was taken to remedy any shortfalls.

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

Staff shared the provider's vision of good quality care.

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

for their actions.

The registered manager worked with other agencies to ensure people's needs were met.

Mont Calm Margate

Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2018 and was unannounced.

We looked at three people's care and support records, associated risk assessments and everyone's medicine records. We looked at management records including two staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider, the registered manager, five staff, and 16 people who use the service and their relatives.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of one inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We spoke with a clinical nurse specialist for older people who had supported the registered manager and provider.

Good

Our findings

People told us they felt safe at Mont Calm Margate and were not discriminated against as everyone was treated as an individual. Their relatives agreed with this. People's comments included, "They [staff] are very fair with their care here and they do listen" and "I feel safe here, I have everything I need and if I need help it's here in a flash".

Since our last inspection improvements had been made to the way people's medicines were managed and medicines were now stored safely. The temperature of the medicines room and medicines fridge had been checked daily and was within the recommended limits. A new system was in operation to ensure medicines remained effective and were not used after their expiry date. The date bottles of medicines had been opened was now noted and all medicines were in date. Specific procedures recommended by the Royal Pharmaceutical Society of Great Britain had been followed when medicines were received into the service. This included two staff checking the receipt of some medicines and signing to confirm they were correct.

Guidance for staff about people's 'when required' medicines was now detailed and contained important information such as, the dose, the time between doses and any possible side effects that staff should watch for. Guidance was available to staff about how people would tell them they needed their 'when required' medicine. For example, changes in people's facial expressions if they were in pain and wanted pain relief. The registered manager had asked people's GPs to review their medicines and was waiting for this to be arranged.

People continued to receive their medicines as prescribed by their healthcare professional. Staff training was up to date and their competency had been checked in the past year. Records of medicines and stock levels were correct. Records were kept when people refused their medicines. The registered manager checked these, reported any concerns to people's GPs and their advice was acted on. The registered manager completed regular medicines checks and action was taken to address any shortfalls. Errors were used as learning opportunities and were discussed with staff at one to one meetings, for example the registered manager had noted that one staff member had not completed some medicines records as they required and has discussed this with them. The records had improved.

Since our last inspection risks to people had been consistently assessed and guidance had been provided to staff about how to support people to remain as safe as possible at all times. Guidance was now available to staff about what action they should take if people living with diabetes blood sugar levels became too high or low. People's blood sugars were checked regularly and recorded. Staff explained the action they would take,

including supporting people to drink water to reduce their blood sugar. A stock of high sugar foods and drinks were kept in case people needed them if their blood sugar was too low.

Guidance was now in place, and followed by staff, about how to manage risky activities people took part in, such as smoking. The guidance included risks to the person and others and how these were mitigated, including staff supporting some people to light their cigarette and making sure they extinguished it in a metal bin.

Risks of people falling had been assessed and action had been taken to keep people as safe as possible while supporting them to remain independent. For example, some people used sensor mats to tell staff when they got out of bed unaided. Staff knew when people were at an increased risk of falling, for example, if they were tired or excited. Staff encouraged people to use equipment such as walking frames to move around safely. One person's relative told us, "[My loved one] is free to move about the home as and when they please but there are staff around to make sure they don't fall".

The registered manager monitored accidents and incidents and reviewed them to identify any themes. When a pattern was identified action was taken to reduce the risk of further incidents. For example, one person had fallen twice. Staff observed the person walking and noted that they did not always use their walking aid correctly and this increased their risk of falling. When the person started to walk with their aid the staff reminded them and observed to make sure they were safe. The registered manager understood their responsibility to report certain incidents to both the Care Quality Commission and the local safeguarding authority and had reported incidents in line with guidance.

People and their relatives told us they were confident to raise any concerns about their safety with staff. Staff told us the registered manager would take action if people were at risk of abuse or being discriminated against. Staff were trained and knew how to recognise signs of abuse and follow the provider's safeguarding policy. The registered manager had raised any concerns they had with the local authority safeguarding team so they could be investigated. Staff were aware of the whistle blowing policy and their ability to take concerns to outside agencies if they felt that situations were not being dealt with properly. People were treated as individuals. The culture of the service was inclusive and everyone was supported to live their life in the way they wanted. Staff knew about people's diverse cultures and personal needs and preferences and supported them in the way they preferred.
Plans were in place and understood by staff about how to support people in an emergency. Each person had a personal emergency evacuation plan (PEEP). The PEEP included important information to help staff evacuate people quickly and what equipment was needed to support people to leave safely. Staff had been trained and told us they were confident to use the evacuation equipment provided.

The premises were maintained to ensure people's safety. Regular checks on the environment were carried out. For example, fire equipment was checked to make sure it was working as required. People's bedrooms and communal areas such as bathrooms and toilets were clean and odour free. People told us the service was consistently clean. One person told us, "I think it is very clean here, my room is cleaned every day and they move the furniture". Consideration had been given to infection control when selecting the furnishing and fittings at the service. New flooring which could be cleaned easily and did not retain any odour was being fitted throughout the building. The kitchen was clean and regular cleaning schedules were followed. Staff, including the chefs had completed infection control and food hygiene training.

Staff followed safe working practices to minimise the risk of the spread of infection. Guidance was in place, understood by staff and followed. Staff wore the relevant personal protective equipment, such as aprons and gloves and had easy access to hot water and soap to wash their hands. Risky items such as razors were

disposed of in the appropriate secure container.

People told us there were enough staff on duty to meet their needs and respond when they asked for assistance. One person's relative told us, "There are always plenty of staff on duty, whatever time of the day I come and I come in everyday". The registered manager kept people's needs under review and adjusted staffing levels accordingly. They had noted that one person's needs had increased and they required more support to remain happy and calm. They had spoken with the local authority commissioning the person's service about this and deployed staff to support the person when necessary. Staff were deployed effectively to meet people's needs during our inspection.

Staff turnover remained low and people received consistent care from staff they knew. Cover for sickness and annual leave continued to be provided by other members of the team. The registered manager was on call out of hours to provide any advice and support staff needed.

The registered manager continued to recruit staff safely as required by the provider's recruitment processes. Recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Checks on staff's experience and character had been completed before they began working at the service. These included the checking of references and Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Good

Our findings

The registered manager met with people and their representatives to talk about people's needs and wishes before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and daily routine. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included Waterlow assessments to assess people's risk of developing skin damage and malnutrition universal screening tool (MUST) assessments to identify risk of losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan people's care and support. For example, the registered manager quickly identified if people had lost weight and referred them to the dietician. The dietician's recommendations were followed and people had put on weight.

A handover was completed between staff on each shift to make sure staff had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off or leave. Tasks we allocated to staff at the beginning of each shift, for example, supporting people with specific needs and serving drinks. The staff were clear about their roles and responsibilities each day and the registered manager held them accountable. For example, if the registered manager noted that a task had not been completed they checked the allocation and discussed the reasons with the staff member.

Staff supported people to maintain good health and to see health professionals when they needed to. At our last inspection one person was not being supported to follow their specialist's advice about how to manage a health condition. At this inspection staff explained the support the person needed and had followed the specialist's advice. Guidance was now in place for staff to refer to. Records were maintained of the support the person had received and these were checked daily to make sure the person was receiving the support they needed. Records demonstrated that the person consistently received the support they needed.

Staff contacted people's doctors when they felt unwell. One person's relative told us, "If necessary a doctor will be called straight away. I have been present when they have needed to do so for another resident and there is no hanging around". People were supported to see health professionals and attend health care appointments. Staff or family members accompanied and stayed with people to offer them reassurance and to help the person tell their health care professional about their needs. People had regular health care checks including eye tests.

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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had completed MCA training and assumed people had capacity. They supported and encouraged people to make choices about all areas of their lives, including how they spent their time and what they had to eat and drink. Information was available to staff about the people's capacity to make decisions and the support they needed. Staff offered people choices in ways they preferred, such as showing them things and using words and phrases person used. Staff identified when people's ability to make decisions changed and supported them to see their GP so possible causes, such as an infections, could be identified and treated.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, the registered manager had arranged for decisions to be made in their best interests by people who knew them well, including staff, advocates and health care professionals. A best interest meeting had been arranged for one person who required dental treatment.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. Some people went out with staff or friends and family, other people went out alone. One person told us, "I can go for short walks as long as they know where I am going". We observed staff take one person out for a walk when they requested. The registered manager understood their DoLS responsibilities and had made applications to the local authority when there was a risk that people were deprived of their liberty.

People told us the food was 'excellent' and they had enough to eat each day. One person said, "There is always plenty to eat and drink, you just have to ask for it". Staff had asked people for their feedback about the food and people's responses had been positive.

One person told us, "The kitchen [staff] do ask what we would like on the menu, sometimes. Then they do try to fit it in somewhere". Everyone had been involved in planning the menus and were asked for their views on the food, including completing surveys and chatting to staff. Kitchen staff knew about people's preferences and individual needs, including dietary needs and cultural preferences. Meals and drinks were prepared as people liked, including the size and temperature. One person like their tea hot and staff provided the tea as the person requested and made sure they were safe. Some people required pureed foods to reduce the risk of them choking. These were presented in an appetising way. Low sugar diets were offered to people who needed them. The chef and the registered manager had completed training in nutrition and health, and encouraged people to eat a healthy diet, including fruit and vegetables daily.

If people wanted something which was not on the menu staff prepared it for them. For example, on the day of our inspection one person did not want what was on offer at tea time. Staff offered the person alternatives in a way they understood, including their favourite sandwiches, which they chose. We observed the person eating the sandwiches. One person told us, "I can ask for something, anything, to eat or drink whenever we feel like it".

One person had told staff they would prefer to have their breakfast when they wanted, rather than waiting until after the community nurse had visited and administer their insulin. This could not happen as staff were not trained to administer the person's insulin. The registered manager and two staff had enrolled on a diabetes training course facilitated by the local Clinical Commissioning Group. Their aim was to further develop their knowledge of diabetes and learn how to administer insulin to give people more control over their lives.

When staff began working at the service they completed an induction, based on the Care Certificate and shadowed experienced staff to get to know their role and people and their preferences. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff's competency to complete tasks was assessed to check they had the required skills. For example, staff's competency to support people to take their medicines safely was checked each year.

Staff completed regular training, on topics such as mental capacity, moving people safely and fire awareness, to keep their skills and knowledge up to date. Additional training to help staff perform their roles effectively included, dementia awareness and first aid. A training plan was in operation and included refresher training and additional staff development, such as training around activities for people living with dementia. Most staff had complete vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

We observed staff support one person to move safely using a hoist. Staff checked that they were using the correct sling and method before beginning the manoeuvre. They chatted to the person, explaining what they were doing and giving them reassurance. The person remained calm during the transfer.

Staff regularly met with the registered manager on a one to one basis to discuss their performance and personal development. Staff performance was managed and, when needed, the provider's disciplinary process was followed.

The building was a large converted property which had been adapted to meet people's needs. A plan to redecorate the whole building was underway. New lighting had been fitted in some areas to help people move around more easily. The registered manager considered recognised good practice in the design of environments for people living with dementia when planning the redecoration work. For example, toilet doors were painted yellow to make them easier to recognise. Handrails and signs pointing towards toilets were also painted yellow and yellow toilet seats had been fitted. Staff prompted people to follow the yellow signs and handrails and told us this helped people move around the building more independently.

Some people's bedrooms had been redecorated and people had been involved in planning this with staff. People had brought small items of furniture, pictures and other times into the service to make their bedroom more homely. Staff knew how people liked their furniture and possessions arranged and did not move them. For example, one person like their soft toys arranged in a particular way and another person liked their arm chair in a specific place in front of their television. One person told us, "I'd like more pictures in my room, so [staff member] is going to help me choose some".

Access to the premises, including the garden were on the same level and people moved around without restriction. Plans were in place to improve the garden in the spring so people could be involved in growing fruit and vegetables.

Good

Our findings

People and their relatives told us the staff were kind and caring. Their comments included, "They [staff] are more than kind", "The staff are all very patient, they tolerate quite a lot here without becoming annoyed or irritable", and "All the staff are so gentle and kind with my relative, they really nurture them and want to help". All the staff we spoke with told us they would be happy for their relatives to receive a service at Mont Calm Margate.

Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected.

Staff gave people privacy. One person told us, "I like to keep myself to myself and my privacy is important to me and the staff all respect that". Another person said, "All the staff knock before entering my room and they know not to enter before I have replied to the knock on the door". Staff knocked on people's bedroom doors before entering and maintained people's privacy when they provided their care, including keeping people covered when helping them get washed. Personal, confidential information about people and their needs was kept safe and secure. The provider had a social media policy requiring staff not to share information about people or the service and staff followed this.

People told us staff treated them with dignity and respect. Some people wore discreet aprons to protect their clothes as mealtimes. People had a choice of two different types of apron, including old fashioned fabric aprons with pockets in, which they liked. People were referred to by their preferred names and were relaxed in the company of each other and staff. We observed people, their relatives and staff chatting and laughing together throughout the day. People had been asked if they had any preferences about the gender of the staff member who supported them and these were respected. We observed a male staff member assisting men to have a shave. People told us they were pleased about this.

Staff worked together to supported people to maintain relationships with people who were important to them, and visitors told us they could visit freely. People's friends and families were able to join in with activities. One person's relative told us, "All the staff here know our history and both our likes and dislikes, it is like a home for me too and I really enjoy coming in and always feel welcome".

People were actively involved in making decisions about their care and were supported to maintain their independence. One person told staff they would like to go out for a walk. Staff supported the person to do this and offered them their hat and gloves, as the weather was cold. The person refused the hat and gloves

and became upset. Staff reassured the person they did not need to wear them and took the hat and gloves with them when they went out for a walk, in case the person changed their mind. One person told us, "I can get as much or as little help as I need and the staff adhere to that".

Some people had mentioned to staff that they would like ice-cream in an ice-cream cone. The registered manager had arranged for an ice-cream van to visit the service regularly and ring the bell to tell people it was there. People went to the van with the support of staff and chose their ice-cream. Photographs showed people smiling while eating their ice-creams.

Everyone we spoke with said staff had time to spend with them. One person told us, "I don't get rushed, ever, I take my time and they take their time when they help me. That's how I like it and that's how it's done". Staff spent time listening to people to make sure they understood what people wanted.

Staff understood how people told them about the care and support they wanted, including the words and gestures they used to. Information about people's communication continued to be available for staff to refer to in people's care plans. Staff took time to wait for an answer when they chatted to people and asked them questions. Staff sat next or bent down to speak with people at eye level. One person responded, "Oh that's better" and smiled, when a staff member bent down to chat to them. Another person called all staff by the same name at times. Staff followed the guidelines in the person's care plan and referred to each other using the name when chatting to the person. This reassured the person and they responded to staff's questions such as, "Would you like [name] to help you?"

When people were worried or anxious staff reassured them. During our inspection one person was upset and was shouting out. Staff responded promptly and followed the guidelines in the person's care plan to reassure them. Staff sat with the person, listened to what they were telling them and responded in a quiet calm way. The person calmed quickly and staff offered them a hot drink as they knew this helped the person relax. Staff knew what upset or worried people such as noisy places and crowds and made sure people avoids these situations.

People had been asked about their cultural and spiritual beliefs and were supported to follow these, including attending church services. Staff had plans in place to communicate with people when English was not their first language. They described to us how they had supported one person to communicate using a translations application of a tablet computer. This had been successful and staff planned to use it again if a person moved into the service who did not speak English.

Most people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. 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. The registered manager had supported people to request an advocate when they needed support.

Good

Our findings

People and their relatives told us they had been involved in planning and reviewing their care with staff. People's relatives commented, "I am totally involved with my [loved ones] care and the planning and support required. The staff always chat and ask how [my loved one] likes things done" and "I have seen my relative's care plan and there is nothing I could add or alter". People had detailed care plans which contained information for staff about their needs and the support they required. This included what people were able to do for themselves and how they preferred their support provided by staff.

People's care plans continued to be written in the first person for example, 'I am able to …'. Staff provided support in the way described in people's care plans. For example, one person chose not to eat in the dining room during our visit. Staff followed the guidance in their care plan and supported the person to eat in another room they chose.

Any changes to people's needs or areas to be monitored were recorded in the staff communication book as well as people's care plans. Staff told us this helped them to catch up when they returned from leave or days off.

Routines were flexible to people's daily choices. One person told us, "I make my own time table for the day, get up when I want and come and go to the lounge when it pleases me". We observed staff offering people choices and providing the support they required. For example, people were offered a choice of drinks throughout the day and staff checked how much milk and sugar people would like. Staff knew people's preferences and offered these to them if they were having difficulty making a choice. One person's relative told us, ".My [loved one] can decide when they want to get up and when they want to go to bed. They do wander around a bit in the early evening but they [staff] always make them as comfortable as possible so they stay in bed. They are good like that, very caring".

Staff planned people's end of life care with them, including consideration of any advanced decisions and their cultural and spiritual preferences. The registered manager kept people's advanced decisions, including decisions not to be resuscitated under review and supported people to change their decisions when they wanted to.

People and their relatives had informed staff about some of the decisions they had made for the end of their life including funeral arrangements. The registered manager was in the process of having more detailed conversations with people about their end of life wishes and was writing care plans with them. Records

showed the people who had chosen to receive their end of life care at Mont Calm Margate had been supported to do so by staff and health care professionals. Arrangements had been put in place to make sure people had the pain relief they needed. People's relatives had complimented the registered manager and staff on their kindness and care.

People told us they had enough to do each day and were offered a variety of leisure activities. People chose which activities they took part in and were free to peruse pastimes they had enjoyed before they moved into the service in their bedroom, for example, one person told us they enjoyed watching television in their bedroom. Another person told us, "I keep busy during the day and sometimes I go to join in with painting or something and then I go back to the tranquillity of my room".

An activities coordinator was deployed during the day and supported people with group and one to one activities. There was an activities programme, this was planned around people's needs and was flexible to people's daily requests. One person's relative told us, "[My relative] is not able to do much but they [staff] always involve them in activities which is nice to behold. A big smile comes across my relative's face when the music comes on". During our inspection people took part in armchair exercises to help them remain as mobile as possible and played ball games which they enjoyed. Some people liked to go out for regular walks and staff supported them to do this.

The provider felt a wider range of activities should be on offer to people and had discussed this with the activities coordinator. The activities coordinator was enthusiastic about making changes and was researching activities and occupations for people living with dementia at the time of our inspection. The provider had purchased a lap top computer for people to use with staff, and this was being used for reminiscence activities. Staff knew what areas of people's past to discuss and which not to. For example, staff told us some people enjoyed talking about wartime experiences and others did not.

A process was in place to receive and respond to complaints and was understood by the registered manager and staff. People and their relatives told us they had not needed to make any complaints but were confident to raise any concerns they had. People and their relatives commented, "If I am worried I won't hesitate to call someone, I go straight to the manager if I am really worried" and "I don't have any worries about it here but if I did I would feel most confident to raise a concern of any nature with the manager and staff". The register manager kept an oversight of any complaints and concerns and completed a monthly check. No complaints or concerns had been raised.

Information about how to make a complaint was displayed at the service and the registered manager was developing a more accessible version to make sure everyone had the information they needed. The registered manager spoke with people often and checked if anything was worrying them. Any minor concerns people or their representatives raised were resolved quickly.

Good

Our findings

The registered manager had worked at the service for over ten years and knew people, their relatives and staff well. The support the registered manager received from the provider had increased since our last inspection and the provider now visited several times a week. The registered manager and the provider met regularly to discuss the service and the registered manager's performance. Records of this were now maintained.

The registered manager kept their skills and knowledge up to date, including attending training alongside staff and workshops provided by the local clinical commissioning group. They understood the role of the Care Quality Commission (CQC) and the requirements of the fundamental standards. They worked in partnership with the local authority commissioners to ensure people's needs were identified and they received the care and treatment they needed. For example, one person had told staff they would like to move to another area. The registered manager had informed the service commissioner and shared information with them and other providers assessing the person's needs. The person was waiting to move to another service in their preferred area. The registered manager attended training provided by the local clinical commissioning group to improve their knowledge and practice. For example, the registered manager and staff had attended training around colostomy care and this had increased their confidence to offer a service to someone with this need if they wanted to move into the service. The registered manager contacted outside agencies for advice and guidance when it was required including the Clinical Nurse Specialist for Older People.

At our last inspection we required the provider and registered manager to make improvements to the way they checked the quality of the service. At this inspection we found the registered manager had made improvements and now checked all areas of the service regularly, including medicines, activities, privacy and dignity and infection control, had improved since our last inspection. Effective action had been taken to address any shortfalls found to improve the quality of the service. The provider and registered manager had identified areas of the building required refurbishment and tracked these on a continual improvement plan. The planned showed the tasks had been prioritised and were being completed. For example, hallways and been redecorated and new lights had been fitted to make it easier for people to move around independently.

There was a culture of openness; staff, the registered manager and provider spoke with each other and with people in a respectful and kind way. Staff told us the registered manager was approachable and supportive and was always available to give them advice and guidance. A staff member told us, "Nothing is every too

much for the manager", other staff agreed. One person's relative said, "I can talk with the manager at any time of day or night. I have never been made to feel a nuisance and they are always willing to listen and help. Even if I just want a friendly chat or a bit of reassurance that I am doing the right thing leaving my [loved one] here".

The registered manager and provider had a clear vision of the quality of service they required staff to provide and had recently introduced a 'commitment' to people and staff. This included, dignity, respect, care and equality and stated; 'By concentrating on individual abilities, rather than disabilities, we aim to support each person to maintain and maximise their independence'. Staff shared this vision and provided the service as the provider and registered manager required.

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the registered manager and provider. Other staff had made similar comments at a recent staff meeting. Staff worked together as a team to provide people with the care and support they needed. Staff told us they worked well as a team and "we are all equal". Team work was discussed at staff meetings and at the last meeting one staff member had commented, 'Everyone works well with each other here. I feel supported by the team when I'm on shift'.

The registered manager led by example and supported staff to provide the service as they expected. This included checking staff were providing care to the required standards by working alongside them and observing their practice. Any shortfalls were addressed immediately and used as learning opportunities. Some staff had been allocated particular roles, such as weighing people. Each staff member was allocated tasks at the beginning of each shift. The registered manager checked that staff were fulfilling their responsibilities and held them accountable. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. For example, at a recent staff meeting the registered manager had reminded staff they were responsible for tasks they were assigned on the daily allocation and needed to speak with a senior staff member if they were finding it hard to complete them on a particular day so they could be completed by another member of the team.

Staff understood their roles and knew what was expected of them. They told us they could refer to the provider's policies and processes for guidance at any time and these were accessible to them.

The providers and registered manager encouraged people, visitors, staff and community professionals to feedback their experience of the service and had told them what they would do in response. For example, at the staff meeting on 11 January 2018, a staff member had feedback, 'We could do with some new bedding as some of the bedding has seen better days'. The provider had informed staff they would purchase new bedding and it would be at the service the following week. The bedding was at the service when we arrived to complete our inspection. Another staff member had mentioned that the picture on the television people watched in the lounge was not good because of the aerial. The provider had purchased a new aerial that day and arranged for it to be fitted.

The registered manager continued to send out quality assurance surveys to people and their relatives. The last one had been sent in December 2017 and one response had been received. The registered manager was changing the questionnaires to make them more user friendly and planned to encourage visitors to complete them when they came to the service. The responses in the one survey received had been positive, including 'friendly, homely, caring' and 'environment looking a lot brighter'.

The staff had received a number of compliments over the previous 12 months. Comments included, 'Thank you for all the care you have given [person's name]. You have been so kind' and 'Thank you for all the care

you gave [person's name] and the kindness you showed. It meant a lot to all of us'.

The registered manager told us the provider was investing in the service and supplied them with items they needed. For example, armchairs in the lounge had been replaced. The provider and registered manager aimed to continually improve the service and improvements had been made to the service and the environment since our last inspection.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it. The provider and registered manager were considering introducing electronic care records to reduce the time staff spent completing records and improve the management information they had about the quality of the service. They had visited other services which used electronic records to understand the benefits and any potential shortfalls and were using this information to inform their purchase of an electronic records system.

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 like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating in the entrance to the service.