

Roy Edward Howse

Montague House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Montague House is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

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

People told us they felt safe at the service and like living there. However, we found that people were not always safe. People's medicines were not managed safely or in line with good practice. Risks to people were not always updated or considered when changes were made to support. Staff understood their responsibilities to safeguard people from abuse. Until recently there had not been enough staff to keep people safe, staffing numbers had been increased as requested by the local authority safeguarding team.

The registered manager had been absent from the service for some time at the time of the inspection. A large amount of information could not be found or was incomplete. Audits had not been completed and staff recruitment and training files were incomplete. Staff did not always have the training they needed to support people. The provider had relied wholly on the registered manager to keep oversight of the service and was unaware of any of the issues identified at this inspection. Staff told us the deputy/acting manager was supportive and open to ideas, however this had not been true of the registered manager.

Systems were not in place to gain feedback from people about the service. People told us they would tell staff if they were unhappy but records relating to complaints could not be found. People were treated with care by staff who knew them well and who tailored their interactions to each person. People could have visitors at any time and enjoyed taking part in a range of activities.

People received care based on their needs and preferences, however care plans did not always contain the most up to date information. People had access to healthcare as required. There was a choice of food available and it was offered in a way which met people's health needs. 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

Rating at last inspection

The last rating for this service was good (published 06 July 2018.).

Why we inspected

The inspection was prompted due to concerns received about safeguarding concerns and allegations of financial abuse. A decision was made for us to inspect and examine those risks.

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not

examine the circumstances of the incident.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe management of medicines, management of risk, management of complaints, staff training and the overall management of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Montague House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Montague House 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.

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. The registered manager was not at the service at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

three members of staff, the provider, and deputy/acting manager. 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 two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. We reviewed medicines administration records (MAR) and found gaps in the recording. The deputy/acting manager told us that people had received their medicines and staff had forgotten to sign the MAR. However, there was a risk people had not received their medicines as prescribed.
- Some people had medicines which needed to be used within a certain time of being opened. This is to ensure they were still effective or minimise the risk of infection. One person had eye drops which needed to be replaced after 28 days, however we found a bottle still in use after 37 days.
- Due to the changes in management no audits had been completed of medicines and the deputy/acting manager was unaware of the issues until informed by the inspector. The deputy/acting manager told us they would allocate a senior member of staff to monitor medicines moving forward.

Assessing risk, safety monitoring and management

- Risks to people and their care needs, had been assessed and plans were in place to give staff guidance to manage risk.
- Environmental risk assessments were not always completed or updated when required. Actions had been taken to minimise the effect of very hot weather on people. However, staff had not increased observations to ensure that people remained safely in the service.

The provider had failed to ensure safe and proper management of medicines, risks to people were not assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Prior to this inspection the service had been working with only two care staff on duty, some people needed two staff to support them leaving no staff to support anyone in communal areas. Following an incident, the week of the inspection, the local authority safeguarding team had the deputy/acting manager increasing staffing levels to ensure people were safe.
- Staff recruitment files were not readily available, the deputy/acting manager gathered together the documentation they could find. However, the information found did not evidence that relevant checks had been completed for all staff. Some staff did not have references from previous employers or records of criminal records checks. No new staff had started working at the service since the last inspection and records had been available then.

Learning lessons when things go wrong

- Lessons were not always learned. On three separate occasions people had left the service unsupported and had been returned by emergency services. Changes were not made to minimise the risk of this happening again. This is an area for improvement.
- The deputy/acting manager had begun reviewing accidents and incidents for trends and learning.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in relation to safeguarding people from abuse. They could tell us about the types of abuse they may encounter and the actions they would take.
- The deputy/acting manager had worked with the local authority safeguarding team following recent safeguarding concerns to ensure people were safe from further abuse.

Preventing and controlling infection

- Staff used personal protective equipment as required. Gloves and aprons were available and accessible.
- Staff followed good practice in relation to food hygiene and the kitchen area was clean and well maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they felt supported but that they did not always have the training they needed. One member of staff told us they had not completed safeguarding and other basic training despite being at the service for over two years.
- The deputy/acting manager could not find an up to date record of training. Staff files contained certificates for historical training, however, the deputy/acting manager acknowledged that training had reduced since the last inspection in June 2018.
- Staff did not always have regular supervision and this had been impacted by the registered manager not being available in the service. Staff were unable to discuss any concerns or seek feedback on their performance. There is a risk bad practice would not be challenged.

The provider and registered manager had failed to ensure that staff had the training and support required to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- Some areas of the service were tired and would benefit from redecoration. There was no dementia friendly signage to help people living with dementia move around the service.
- People's rooms were personalised and contained photos of loved ones.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service and were reviewed monthly.
- Nationally recognised tools related to skin integrity and nutrition were used to assess risks and plan care.
- People's assessments took into account protected characteristics under the Equality Act (2010) such as their religion or sexuality.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the service One person said, "There is always a good choice and you get plenty to eat."
- People were supported to have food and drink they liked and which met their health needs.
- People had breakfast when they came downstairs and could choose from a range of options.

- Lunch was a social event and people enjoyed chatting with each other and staff as they ate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care when required.
- When people were living with long term health conditions such as diabetes they were supported by staff to understand their condition. Care plans gave guidance about when medical professionals should be contacted.
- Staff worked closely with health professionals such as district nurses to meet people's needs.
- Staff had completed training with community nurses to enable them to administer insulin to people. This enabled the person to have more flexibility around when they ate and had their medicines. This information had not been updated in the person's care plan.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff offered people choices and supported them to make decisions. Staff understood the principles of the MCA and DoLS.
- Staff told us, "As long as people understand the decision and the possible consequences then it is up to them."
- DoLS authorisations had been requested when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring, kind and knew them well.
- One person was speaking of nicknames they had given the staff and they were all positive names and everyone in the room joined in and laughed together.
- Many of the staff had worked at the service for a number of years and had built strong relationships with people and their loved ones.
- One person told us, "The staff know me and my family, we always chat about what is going on with them. They show a genuine interest."

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones were involved in planning their care. One person told us, "I know what is in my care plan, I helped write it."
- People would let staff know on a daily basis what they would like to do. One person told us, "They are very good I tell them what I want and they help me out."
- Staff knew people well and used their knowledge to support people to make choices and reassure them as needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They spoke discreetly to people about using the bathroom.
- People were encouraged by staff to use their mobility aids to maintain their independence. They were patient and did not rush people when they were moving around the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The deputy/acting manager could not find any documentation relating to the management of complaints. They were aware that some complaints had been received, however we were unable to check if these had been dealt with appropriately.
- People told us they would tell staff if they were unhappy about anything. One person said, "The staff always listen, not that I have anything to complain about."

The provider and registered manager had failed to operate an effective system for recording and handling complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and their care plans reflected this. However, care plans were not always updated to contain the most up to date information. For example, changes in people health support needs.
- People's care plans gave details of their life history and who was important to them.
- Staff tailored their interactions to each person and spent time chatting with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was not available in accessible formats.
- The registered manager had not considered people's needs in relation to understanding information shared with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could have visitors at any time and loved ones often spent time at the service joining them for meals or spending time in the garden.
- People took part in a range of activities which they told us they enjoyed.

End of life care and support

- People could stay at the service until the end of their life if they chose.
- Advanced care plans had been developed with people's GPs which detailed what medical interventions people wanted.
- People's care plans included information about how they would like to be cared for at the end of their lives.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not been at the service for some time and in their absence the previous deputy manager had taken on the role of acting manager.
- There was a large amount of documentation which was missing or could not be located. Audits had not been completed since the last inspection in June 2018.
- The provider had not had oversight of the service relying on the registered manager to run the service and inform them of any concerns. Information had not been shared and the provider was surprised by the shortfalls identified at this inspection.
- The registered manager had not previously included the deputy/deputy/acting manager in the running of the service which resulted in them being unaware of when information needed to be shared with CQC or other agencies. The deputy/acting manager had submitted notifications with support from the local authority safeguarding team.
- The provider was unaware of their responsibilities under duty of candour and stated they left all tasks related to regulations to the registered manager.

The provider and registered manager had failed to assess, monitor and improve the quality of care, failed to mitigate risks relating to medicines management and failed to maintain accurate and complete records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following recent incidents, the deputy/acting manager had been open and transparent with people and their loved ones about what had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- No records could be located relating to surveys or feedback from people.
- People had stated they did not want to have residents' meetings as a result people did not have any input into the service.
- Staff told us the registered manager, was dismissive of their concerns and did not listen to their views. For

example, in relation to staffing levels.

Continuous learning and improving care

- There was no culture of learning and improving care for people. Actions had not been taken following incidents to minimise the risk of them reoccurring.
- There was no documentation related to reviews of accidents and incidents available. The deputy/acting manager was starting to pull together this information on the day of the inspection.
- The deputy/acting manager had completed some risk assessments and planned changes following one of the incidents which prompted this inspection after encouragement from the local authority safeguarding team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and staff told us that the deputy/acting manager listened to them and was very supportive.
- Individual staff focussed on people getting quality care and meeting their needs despite the previous lack of direction.
- Staff worked closely with other professionals such as district nurses and physiotherapists to ensure people's needs were met and they were supported to maintain their independence.
- Staff had worked with local community nurses to improve their knowledge and understanding of good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe and proper management of medicines, risks to people were not assessed and mitigated.
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider and registered manager had failed to operate an effective system for recording and handling complaints.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to assess, monitor and improve the quality of care, failed to mitigate risks relating to medicines management and failed to maintain accurate and complete records.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager had failed to ensure that staff had the training and support required to carry out their role.

