

Temperance Care Limited

# Maltreath Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Maltreath is a residential care home providing personal care to up to 12 people. It specifically provides a service for people with mental health needs and some who are living with dementia. At the time of our inspection there were 7 people using the service. Maltreath accommodates people in one building.

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

There had been a change management of the service since our last inspection. People, staff and relatives spoke positively about changes that were taking place at the service.

People's records did not always contain the guidance and information needed to give people the care and support they needed in the way that suited them best. Detailed guidance was not always available to staff about how to mitigate risks to people and provide their care in the way they wanted. Staff were knowledgeable about people's needs and know what action to take if risks occurred.

The registered manager had not always informed the Care Quality Commission (CQC) of notifiable events that happened at service in a timely way. They had realised this shortfall by the time we inspected and informed CQC retrospectively.

The provider and manager had a vision of how the service needed to develop and was striving to develop and improve the service offered to people. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits had been completed. When shortfalls had been identified, action had been taken and plans were in place to continue with the improvements.

People lived in an environment that needed upgrading and refurbishment. The management team had a renovation action plan in place. Significant works had been completed and there were on-going improvements throughout the service.

People told us they felt safe at the service. Staff had completed training in safeguarding and knew how to recognise and report abuse or neglect. Accident and incidents were recorded and analysed to look for trends and themes. Lessons had been learnt when things had gone wrong, and the management were open and honest about mistakes they had made. Action had been taken to reduce the risk of them from happening again.

The service had a safe recruitment process which ensured only suitable staff were employed. There were enough staff on duty to make sure people received the personal care and support they needed when they needed it. Staff had the appropriate training to enable them to carry out their roles effectively.

Staff had been trained in the administration of medicines. People received their medicines as prescribed,

and the administration records were well kept. When people needed 'as and when' medicines there was guidance in place, so people were given their medicines consistently and safely. Staff had positive links with social and healthcare professionals which promoted people's wellbeing. Visiting professionals told us, "Maltreath has been very responsive and will not only follow professionals' advice but actively seek it in order to ensure they are following the right procedures and advice."

People were involved in planning changes at the service and the registered manager acted on feedback received from people and staff. Staff offered people choices in areas of their life and staff respected decisions they made. People told us they were supported to remain independent 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

The last rating for this service was good (published 14 December 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

#### Recommendations

We have made a recommendation regarding improving records.

The overall rating for the service remains 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 Maltreath 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, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Maltreath Residential Care Home

## 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 Health and Social Care Act 2008.

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 1 inspector.

#### Service and service type

Maltreath is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Maltreath is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the inspection We spoke with 3 people who use the service. We spoke with 5 members of staff including the registered manager, deputy manager, (the deputy manager was also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider), senior carers and care workers. We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed including policies, health and safety checks, meeting notes, accident and incident records and audits. After the inspection we spoke with 2 relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people had been identified and action had been taken to protect people from harm. Risks to people were monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full step by step guidance for staff on what action to take if the risks occurred.
- Some people were at risk of their mental health becoming unstable. They communicated this by expressing feelings or an emotional reaction to others and staff. There was guidance in place on the action to take to prevent this from happening but not what to do if a person actually started to become distressed.
- Other people had fragile skin which was at risk of becoming sore or easily injured. The risk assessments said what to do to prevent this happening but not what action to take if it occurred.
- Staff used their training and experience, supported by the leadership team, to manage risks and keep people safe and knew what to do in these circumstances. (This was a recording shortfall which will be looked at in the well-led section of the report).
- The registered manager completed a robust analysis of accidents and incidents to identify any patterns or trends. The action they had taken to reduce risks had been effective.
- Risks within the environment had been assessed and mitigated. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition. A visiting professional said, 'The home has had and still is under construction, but they have managed this well, they have also managed the disruption to the people very well'.

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

- The registered manager and deputy manager had undertaken safeguarding investigations and concerns appropriately and worked with the local authority safeguarding team to resolve and learn from any concerns. People told us they felt safe living at Malreath. People were relaxed in the company of staff and other people.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the registered manager would deal with a concern appropriately. Staff understood the whistleblowing policy and who they could speak to if they thought people were at risk. Staff we spoke with said, "I would tell the registered manager or deputy manager. I would check to make sure the right thing had been done but I know they would."
- Staff knew they could report any concerns to the local safeguarding authority.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The manager and deputy manager understood of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

#### Staffing and recruitment

- Visiting professionals told us, 'We have found that they always have enough staff and work well as a cohesive team. The registered manager and deputy work well together to lead the team and staff respect them; this reflects well to the good level of care'.
- There was enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing fluctuated day to day to allow for people to take part in the activities. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff told us they felt staffing levels were sufficient and that staff worked well as a team. Staff said, the registered manager had recently employed new staff, and this had made a difference.
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The staff used an electronic system to assist in managing people's medicines. Medicines were managed in a safe way. People received their medicine on time and when they needed them. Medicines that require special storage were managed appropriately.
- People had plans in place with regards to medicines they needed. When people had medicines prescribed 'as and when necessary' (PRN), information was available for staff. The guidance included why the medicine was prescribed and when the person may need to take it. To ensure the medicine was given consistently and safely.
- Regular audits on medicines had been done to make sure they had been given correctly. Medicine was ordered, stored and disposed of safely. The electronic medicines administration records (MAR) were complete with no gaps or errors in recording.
- Staff received training in the safe management of medicines, and this was refreshed every 12 months. Staff competencies in giving people their medicines were regularly checked. Staff told us, "We've had training and we check the medicines for any errors."

#### 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 supporting people living at the service to minimise the spread of infection.



- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider was facilitating visits for people living in the service in accordance with the current guidance

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things from reoccurring.
- Lessons learned were shared with the staff team.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Management quality assurance checks of key areas of the service had been completed but they had not identified the shortfalls found at this inspection. Quality assurance audits had not identified that risk assessments records did not have guidance on the action staff needed to take to take to mitigate risks and action to take if risks occurred.
- Following the inspection, the registered manager sent us updated risk assessments. There were still areas that needed more guidance for if the risk did occur. When we spoke with staff, they knew what action to take to make sure people were as safe as possible.

We recommend the management seek advise and guidance from a reputable source to develop and improve care plans and risk assessments records.

- Other quality assurance checks and audits identified areas that needed improvement. Medicines, fire safety, incidents and accidents and finances were audited regularly, and action take to address any shortfalls. The service had a continuous environmental improvement plan which identified shortfalls and action to be taken by whom and when. Upgrading and refurbishment of the interior and exterior of the service was underway and continuing.
- People said and indicated they were happy and contented with the care and support they received from management and staff. Visiting professionals and staff spoke highly of the registered manager and deputy. Staff were clear about their role and were positive about the management team. Comments included, "The management team are very supportive. We all get on well together" and "The communication between everyone is good. We all know what we are doing and when to do it."
- Visiting professionals told us, "We have always found Maltreath to be an approachable, caring and a conscientious team" and "I would say the staff have a good understanding and identifying people's needs because I have had experience of Maltreath management asking for my input or advice when they had identified a change in need, or are pre-meeting needs."

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

- 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. Prior to the inspection the registered manager had not done this in a timely way and on one occasion had not informed the CQC until prompted. Notifications

had been sent retrospectively. This had been an oversight by the registered manager and lessons had been learnt.

- The registered manager now understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). and had systems in place to report appropriately to CQC about reportable events. This is an area for improvement, and we will check it has been sustained at the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff understood the aims and values of the service to provide personalised care and support and this was the culture amongst the staff team. People were involved in planning how the service was run and how it could develop.
- People were supported to do as much as possible for themselves and live fulfilling and active lives within Maltreath and in their local area. The deputy manager told us that because of the pandemic some people had lost confidence to go out on their own. They were supporting people to regain their independence by slowly reintroducing to the local area with staff support.
- A visiting professional said, "They have reached out on occasions and recognised training needs, which were identified within their care needs. They have also taken links and registered with links for online training companies. The registered manager and deputy manager seem to have good networking, they have always been pro-active to understanding what training, opportunities, support and initiatives are becoming available to Care Homes."

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

- The registered manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected. People were communicated with in ways they understood and suited them best. People had a 'voice' and their views were listened to and acted on.
- The registered manager sought feedback from people and those important to them to help to develop the service. People were supported to take part in regular house meetings where they discussed what they would like to do, menus and holidays.
- Staff told us they had supervisions with the registered manager who was supportive with their role. The registered manager also held team meetings where staff could discuss issues and ideas.
- A relative said, "They always let me know what is happening with my (relative). They often send a message to let me know how things are going."

Continuous learning and improving care: Working in partnership with others

- The management team were keen to learn and develop themselves and the service. They had a vision of how the service needed to develop and was striving to develop and improve the service offered to people.
- The service had good working relationships with other agencies, including local primary care services, the local mental health team and social services. Staff commented they all worked together and approached concerns as a team. A member of staff told us, "We can go to [registered manager] whenever we want, she listens to us
- Visiting professionals told us, "The management team seem to be very approachable and open to working closely with health and social care" and "They have reached out on occasions and recognised training needs, which were identified within their care needs. They have also taken links and registered with links for online training companies. The registered manager and deputy manager seem to have good networking, they have always been pro-active to understanding what training, opportunities, support and initiatives are

becoming available to Care Homes."