RCH Care Homes Limited

Maidstone Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Maidstone Care Centre is a care home providing personal and nursing care for up to 57 older people. At the time of our inspection, there were 43 people using the service. Some of the people using the service were living with dementia and some people received their care and treatment in bed. The building is purpose built, accommodation is arranged over three floors with one unit on each floor. People needing nursing care live on the ground and first floor units, and residential care is provided on the second floor.

People's experience of using this service and what we found
People spoke positively about the home and were complimentary about the staff and new manager. Comments included, "It's a warm and welcoming home, all of the staff are kind" and, "I have no concerns or worries about living here, everything I need is taken care of." However, we identified shortfalls in the service provided to people.

Aspects of people's care plans were detailed and provided clear guidance to staff. However, care had not always been planned to mitigate all risks to people. Where some people had specific health conditions, or experienced behaviour which could be challenging, guidance about how to best support them was not in place.

Although staff had received training about safeguarding, people were not safeguarded from abuse. We found instances where safeguarding matters had not been brought to the attention of the manager and had not been referred to the local authority safeguarding team for investigation.

A system was in operation to check the quality of the service. This had not been fully effective and shortfalls we found had not been identified. Other checks had identified shortfalls, and these had been addressed. Accidents and incidents were analysed, and action was taken to make sure they did not happen again.

The manager was relatively new in post. People and staff told us they felt supported by them and they had acted quickly to make improvements. People and staff had been asked for their views of the service and these had been used to improve the service. The manager was working to an action plan to improve the quality of the service.

Medicines were managed safely and staff worked with other professionals to ensure people's needs were met and processes were up to date.

Infection control practice in relation to the latest COVID-19 government guidance for the use of PPE in care homes was followed to keep people and staff safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good. (Published 25 January 2018).

Why we inspected

We undertook this focused inspection in response to concerns received about the safe care and treatment of people using the service and the governance of the service. This report only covers our findings in relation to the Key Questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to Requires Improvement. 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 Maidstone Care Centre on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches in relation to risk management, safeguarding and checks and audits at this inspection.

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?

Requires Improvement

The service was not always safe.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Maidstone Care Centre

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 three inspectors.

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

The service did not have a manager registered with the Care Quality Commission. A new manager started at the service in May 2020 and has applied but is not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the provider less than 24 hours' notice of the inspection. This was to check if any staff or people at the service had tested positive or had symptoms of COVID-19 and to discuss arrangements for the inspection and PPE required.

What we did before the inspection
We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. The manager engaged in an Emergency Support Framework (ESF) call with a CQC inspector prior to the inspection. This is a supportive conversation CQC has held with providers or managers of all services during the COVID-19 pandemic crisis to check how they were managing. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service about their experience of the care provided. We spoke with eight members of staff including nurses, carers and housekeeping staff as well as the manager.

We reviewed a range of records. This included five people's care records and a selection of medication records. We looked at three staff files in relation to recruitment. We asked the manager to send a range of documents by email to support the inspection. This enabled inspectors to spend less time in the service, to support restrictions to reduce infection during the COVID-19 crisis.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including training records, staff meetings, residents and relatives' meetings and auditing and monitoring documents.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Care plans were in place for each person setting out people's health and care needs. However, we found instances where they identified specific risks, but did not contain guidance about how staff should support them.
- Two people experienced behaviour which was challenging for staff and placed themselves and other service users at risk of harm. Behavioural episodes were monitored and documented, but this information had not been used to formulate a plan about how to support people. There was no clear guidance for staff about possible behavioural triggers and strategies to defuse escalating behaviour so that people were safely and consistently supported. Some behaviours were not well managed, resulting in potentially harmful experiences for other people using the service.
- When people were living with diabetes, generic information was available to care staff about how they might recognise hypo or hyperglycaemic episodes. However, this was not contained in care plans or tailored to individual people. People living with diabetes can be susceptible to circulation problems in their feet and lower limbs, diabetes can also place people at greater risk of serious eye problems. There was no link in care plans to foot and eye care and this was not specifically recorded in people's daily notes. While nursing staff were familiar with signs, symptoms and associated diabetic needs, discussion with care staff did not confirm a clear understanding of how to recognise or link symptoms of change in condition. Recognising these signs in day to day care would help to ensure any changes in condition acted upon at the earliest opportunity.

The provider had failed to assess and mitigate all risks to service users. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people were managed safely. There was guidance for staff to support people when they received nutrition through a PEG (Percutaneous endoscopic gastrostomy where a tube is passed into a patient's stomach through the abdominal wall), stoma care, skin and pressure area care and changes in people's mental health. Staff had a good understanding of how to manage these risks to maintain people's safety. They described how they supported people with complex needs.
- People who used bed rails to keep them safe whilst in bed had appropriate assessments and risk assessments in place. Where people were supported to move using a hoist, there was detailed guidance for staff about the specific size sling the person required. Personal emergency evacuation plans (PEEPS) set out the support needed, for example, the number of carers needed to support them, how they may react and how they needed to be assisted.
- Risks relating to the building had been assessed. Regular checks were completed to ensure action taken

to mitigate risks remained effective. Water temperatures were tested monthly and were within a safe range.

Systems and processes to safeguard people from the risk of abuse

● People were not protected from the risk of abuse. Where some people experienced behaviours that could challenge, they had hit other people using the service.

● Although staff had received safeguarding training, they had not recognised this behaviour as a safeguarding matter. Consequently, of the four instances reviewed, none of these had been referred to the local safeguarding authority for investigation. This placed people at continued risk of abuse.

● When brought to the attention of the manager, they immediately referred the matters to the safeguarding authority. Whilst action was taken during the inspection, people had been exposed to harm and staff had failed to recognise this.

Systems and processes were not established and operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

● At our last inspection in October 2017 we recommended staff follow the policies and procedures in place for recording and reporting of incidents and accidents. This was to ensure consistency in record keeping. This was because some staff had completed body maps to show where the person had sustained an injury, however some staff had not. At this inspection we found this issue had been addressed, but identified another area requiring improvement.

● Accidents and incidents involving people were recorded, however, this did not include incidents of challenging behaviour between people using the service. We discussed this with the manager, who confirmed this would be included moving forward from the inspection. This was identified as an area requiring improvement. We will assess the impact of the changes made at our next inspection.

●The registered manager reviewed accidents and incidents so the care people received could be changed or advice sought to reduce any risks. Proactive measures were discussed with staff, such as, ensuring people had walking aids when they needed them and observing people who were at risk of falls.

● A monthly analysis was completed of falls, accidents and incidents to look for patterns and trends. None had been found.

Using medicines safely

● People's medicines were managed safely. People received their medicine as prescribed. Medicines were ordered, stored and disposed of safely. Medicines administration records (MAR) were examined daily for gaps or errors. If a gap was found it was brought to the attention of administering staff and additional checks established if people had received their medicine correctly. Staff received training in the safe management of medicines, and competency checks ensured their understanding and safe practice.

● Some people were prescribed medicines 'as and when necessary', such as pain relief or when they were anxious. Information was available for staff about how to administer the medicines safely and consistently. The guidance included, why the medicine was prescribed, when the person may need to take it and maximum number to be taken in a 24-hour period.

● Where some people received medicines via their PEG, there were detailed instructions about how it should be given. This included information about the flushing of the PEG with water pre and post administration.

● Medicines audits were completed regularly to check they had been given correctly. When errors were identified action was taken by the manager to prevent a re-occurrence. Staff checked the stock levels each time they administered medicines to check they were correct.

Staffing and recruitment

● People said there were enough staff to give support them and provide the care they needed. People said that staff came quickly if they used the call bell, even at night. One person told us, "There are staff here day and night, they are all good. I know them by name and they know me." Another person told us, "Staffing is not a concern, I have no concerns."

● Staff on duty corresponded with the planned staff rota. During the inspection we observed staff had time to spend with people and people told us they did not have to wait for care and support.

● Staff felt they had enough time to spend with people but commented staffing would need to be reviewed as occupancy increased. The manager confirmed that was their intention and used a nationally recognised dependency tool to help plan the number of staff required set against people's needs.

● Staff were recruited safely, nurse registrations were checked and valid.

Preventing and controlling infection

● The provider had put in place a 'no visitor' policy inside the service to protect people and staff from the risks of contracting COVID-19. There was clear signage on the outside of the front door about this. Essential visitors were provided with single use surgical face masks if needed. There was guidance around the service reminding people to be no closer than two metres apart.

● There was an infection control lead at the service. Staff had received infection control training and additions training about COVID-19. For example, donning and doffing PPE.

● The service was clean, tidy and smelled fresh. Additional cleaning took place to decrease the risks of contracting and the transmission of COVID-19. We observed this happening. PPE was well stocked and placed at regular intervals through the service for ease of use by staff.

● People living at the service and staff had received regular COVID-19 tests. Temperature checks were carried out regularly to monitor symptoms of COVID-19 to reduce the risks of transmission.

Requires Improvement

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; Continuous learning and improving care; 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 provider's audit system did not ensure all shortfalls were identified, so action could be taken to address them. The manager and provider completed regular audits. However, these were not sufficiently detailed to thoroughly examine some important areas of care planning. The shortfalls we found in care planning and risk assessments had not been identified as areas for improvement.
- Additionally, although incidents and accidents were recorded and analysed, this information was incomplete. This was because audits did not review episodes of challenging behaviour between service users as incidents. There was no method of oversight and, where instances of challenging behaviour warranted referral to safeguarding authorities, referrals were not made.
- Staff were clear about their roles, line management and accountability, however, some staff had failed to recognise incidents of abuse and take the required action set out within the services' policies and governing protocols.

The provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits had been effective, and action had been taken to improve the service. For example, medicines audits had found air conditioning was required to control medicine storage room temperatures. This had been discussed with the provider and agreed. The manager had also introduced daily checks for missing signatures on MAR charts together with the observation of practice for medicine administering staff.

- One staff member told us, "We welcome the new manager, it feels like a new start with fresh ideas". The manager had developed an improvement plan which they continued to compile and kept under review. Some actions to reduce risk, such as, observation of care practice, correct emergency signage and securing of storage room doors had been completed. Other actions were on going. These included a comprehensive review of all care plans and risk assessments and regular fire drills.
- The management team were clear about their roles and responsibilities. They had assessed and planned how staff at increased risk of COVID-19 would be protected in the event of an outbreak at the service. The

provider had conspicuously displayed the Care Quality Commission quality rating in the service and on their website, so people, visitors and those seeking information about the service were informed of our judgments. The manager understood the duty of candour requirements. They knew when they were required to notify CQC of events that had happened at the service.

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

- People were asked their views through meetings and surveys, although not everyone we spoke with was aware that this happened. We reviewed some surveys people had completed and found the results were positive. The manager had identified the need to extend surveys to staff and visiting health and social care professionals and were in the process of doing so.
- Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use. Families were kept updated and the service had recently introduced outdoor visiting sessions with relatives in the garden.
- We saw feedback about the service from a relative during the inspection. They wrote, 'It was such a nice visit to know that someone was talking to her and she responded to a few things I said. We are all as a family so grateful to you both and other staff at Rochester suite for all the care and kindness you show to our mum'.
- The manager held staff meetings where staff could raise issues and information could be shared. They had also introduced flash meetings to communicate important messages to staff.

Working in partnership with others

- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly. Where people needed support from other health care professionals, referrals had been made. These included, for example, occupational therapists, tissue viability nurses and the community mental health team.
- People were referred to advocacy services when they needed to make important decisions about their lives.
- The manager was part of a local registered managers COVID-19 communication group which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including CCG staff and the local authority safeguarding team.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate all risks to service users. Reg 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to investigate safeguarding matters or ensure systems and processes were established and operated effectively to prevent abuse of service users. Reg 13 (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided or to mitigate the risks relating to the health, safety and welfare of service users. Reg 17 (1)(2)(a)(b)