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Mont Calm Margate

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

Overall summary

This was an unannounced inspection that took place on 28 August 2015 and 1 September 2015.

The last inspection took place at Mont Calm Margate in December 2013 which found that staffing levels were suitable for the needs of the people using the service. In September 2013 we carried out an inspection and found that improvements were needed with regard to the environment, infection control and supporting staff.

The provider has been in receivership since January 2014 and the receivers have a management company acting as their agents and managing this service.

Mont Calm Margate is situated on the outskirts of Margate. Accommodation includes twenty five single rooms, five of which have en-suite facilities and three double bedrooms that people can choose to share. The service provides accommodation and personal care for up to 31 older people some of whom are also living with dementia or other mental health conditions including schizophrenia. At the time of our visit there were 30 people living at the service.

A new provider was in the process of purchasing the service and had applied to register with the Care Quality Commission (CQC) as the provider for this service. A

Summary of findings

registered manager was not working at the service. A manager was in day to day control and had applied for registration. A registered manager is a person who has registered with CQC to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager understood her responsibilities and accountabilities so people, their relatives and staff were confident in the way the service was managed. However, the manager lacked some knowledge in some areas, including the Mental Capacity Act (MCA) 2005, for example, and was aware that she needed to develop her skills She was keen to access further advice and support to help further develop the service.

The environment, fixtures and fittings had not been maintained in places and areas of the environment were not clean. Systems to keep the environment clean were in operation but were not robust. Health and safety audits were carried out.

Medicines were managed safely to ensure people received their prescribed medicines at the times they needed them. Creams prescribed to people were not always stored safely.

There were systems and processes to monitor the quality of the service. Regular audits and checks were carried out. Most of these were effective and addressed any shortfalls, although the infection control audit had not identified areas of the service that were not clean.

Staff understood the principles of the MCA, although these were not always followed. Some people's assessments were not carried out in accordance with the MCA code of practice and some decisions were made on people's behalf without ensuring this was in their best interest. However, when a person needed support to make a complex decision about their healthcare needs, appropriate support was obtained.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Applications had been made to the proper authorities to ensure that people were not deprived of their liberty unlawfully.

People were protected by safe recruitment procedures and appropriate checks were undertaken when new staff were employed to make sure they were suitable to work with people using the service. Staff received the training they needed to provide safe and effective care. People felt staff 'knew what they were doing'. Staff were given support and supervision and told us they received the support they needed. There were sufficient numbers of suitably skilled and experienced staff on duty to meet people's needs and ensure they received consistent care.

There were effective communication systems and staff shared appropriate information about the people they were caring for. Staff had up to date information about people's needs. Risk assessments were centred on the needs of the individual person and gave staff clear guidance about how to reduce risks to people. Care plans contained individual detailed information about people's likes, dislikes and preferences. The care plans took into account what people could and could not manage for themselves and detailed what support they needed from staff to remain safe and keep as independent as possible.

Staff were responsive to people's needs and offered support in an unobtrusive manner and encouraged people to do things for themselves rather than take over. People told us staff helped them stay independent and that staff were 'kind and caring'. Staff treated people with dignity and respect and listened to what people had to say.

Care staff supported people to do things they enjoyed and to take part in different activities. Outside entertainers, such as singers, visited the service. Plans were in place to expand the activities programme with the support of an activities coordinator. People's religious and cultural needs were taken into account.

People received appropriate health care support and were referred to health care professionals if any concerns were identified. People's weights were managed to ensure they stayed stable. People were offered and received a varied, healthy and balanced diet. Special diets were well catered for and people were supported discreetly by staff if they needed assistance at meal times. People told us they enjoyed the meals and staff knew about people's likes and dislikes.

Summary of findings

Although the complaints procedure was not easily accessible, people were supported to make a complaint or raise a concern. People and their relatives knew who they could speak to and any complaints were acted on and actions taken to address the concern.

There was an open and transparent culture where staff put people at the centre of the service. Staff told us, "Everything we do is about the people who live here" and "This is people's homes and we are here to make sure it is a happy and safe home". People and their relatives were given opportunities to say what they thought about the service. A relative said, "I am involved and included in decisions". People told us they felt involved and staff listened to what they had to say.

People were protected from the risk of abuse. Staff knew how to keep people safe and who to report any concerns to. Staff felt able to have a say and raise any concerns if they felt they had to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We have made recommendations that further advice is sought to consider the layout of the environment to ensure it meets the needs of people living with dementia and the manager is supported to further develop her skills.

Summary of findings

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.

The environment was not maintained properly and not all areas of the service were kept clean.

Medicines were managed safely, but not all creams were stored safely in people's rooms.

There were recruitment and selection processes in place to make sure appropriate checks were undertaken when new staff were employed. There were enough staff, with the right skills and experience, employed to ensure people received consistent care.

Risks to people were identified, assessed and managed so that people were kept safe. People were supported by staff who kept them safe and knew how to recognise and respond to abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The manager and staff understood the importance of the Mental Capacity Act (2005) and how to offer people choices, but the principles of the MCA code of practice were not always followed.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and applications had been made to ensure that people's liberty was not being restricted unlawfully.

Staff were supported and received training to help them maintain and develop their skills.

People's health care needs were monitored and health care professionals were involved to help people stay healthy.

People received a variety and choice of nutritious and suitable foods that met their preferred choices.

The layout and signage did not always meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring

People felt well cared for and staff promoted people's independence and respected their choices. Staff knew people well and listened to what they had to say.

People were cared for by staff who respected their privacy and dignity.

Summary of findings

People's records were kept safe and secure so they could only be accessed by staff who were authorised to do so.

Is the service responsive?

Requires Improvement

The service was not as responsive as it could be.

Assessments carried out before a person moved in were not detailed. People had individual care plans which were comprehensive and detailed and staff knew and understood how to support people.

People and their families were supported to be involved in the care people received.

People were supported by staff to take part in different activities that they enjoyed. Activities were being further developed.

People and their families were supported to raise any complaints or concerns and these were acted on. The complaints procedure was not accessible to people.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a manager in post who was in the process of registering with the Care Quality Commission.

The manager lacked knowledge in some areas and needed some further support to develop her skills.

Quality assurance systems were in place and identified most areas of improvement. The infection control audit had not identified areas of improvement needed with regard to cleaning schedules.

There was an open culture between management, staff and people at the service and people felt included.

Staff were positive about the leadership at the service and felt well supported.

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 28 August 2015 and 1 September 2015 and was unannounced. The inspection was carried out by 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 visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with 10 people using the service, one visitor, the manager and eight members of staff including the cook and a cleaner.

We observed the lunch time meals and how staff spoke with people. We looked around the service including shared facilities and people's bedrooms with their permission. We looked at a range of records including the care plans and monitoring records for six people, medicine administration records, staff records, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and meeting minutes.

At our inspection of 3 September 2013 we found breaches of regulations relating to infection control, maintenance of the environment and support for staff.

Requires Improvement

Is the service safe?

Our findings

People were kept safe by staff that knew and understood them. Staff monitored people during the day to make sure they were safe. When people walked around the service staff were present to make sure they were at less risk of falls and this helped people to stay safe. Staff regularly checked on people who stayed in their rooms. People commented that they felt staff kept them safe. One person told us if they needed help they could ask for assistance and said, "That makes me feel confident". Another person said, "They (the staff) always look out for me".

Mont Calm Margate is an old building that needed ongoing maintenance and repair to make sure people stayed safe. Some parts of the building were not safe. The fire escape from the top floor was corroded and rusty and did not look safe to use. We contacted the Fire and Rescue service who visited and have made some recommendations. They will provide the service with a report about any actions they need to take.

The fabric of the building was old and some fixtures and fittings were in disrepair. For example vanity units around sinks needed replacing; shelves were loose in people's bedrooms and there were cracked tiles in bathrooms and toilets. Some of the furniture was old and worn and needed replacing. These hazards could put people at risk of harm.

The inspection in September 2013 found that improvements were needed to the environment and the manager was aware of all these issues and carried out regular health and safety checks to ensure people stayed safe. There was a maintenance person who carried out small repairs, however, the manager was unable to make any significant changes as the service was in administration and was being over seen by a management company that provided support until the service was sold. The management company maintained basic repairs, but did not invest financially to make improvements.

At the inspection in September 2013 we found there were some infection control risks. At this inspection we did not find any risks to people because of poor infection control procedures. However, some parts of the building were not clean. The fabric of the building made it difficult to maintain cleanliness in some areas. For example, some parts of the environment had an unpleasant odour because carpets needed replacing. There were other areas of the service where cleaning systems had not been effective. Taps and sinks in some bedrooms were not clean and there was lime scale residue and black marks in some sinks. Communal bathrooms and toilets were not clean, floors were dirty and some toilet seats and commodes were marked with brown stains. The en-suite toilet in one person's room was covered in cobwebs and dead flies and in another person's en-suite the pipe between the cistern and toilet was covered in black mould. Some mattresses and divan bed bases were dirty and marked. Net curtains were not clean in some bathrooms and people's bedrooms. Some surfaces were sticky to touch and some walls were stained and marked. The laundry was not clean with dust and debris on the floor. People had not had infections and people thought that the service was clean; however, the standards of cleanliness did not help promote a pleasant environment in all areas of the service.

Cleaning staff had 42 hours a week to clean the service but told us that the service was, "Difficult to keep clean" and that the cleaning was, "Never ending" so staff felt they did not have the time to do everything they needed. There were schedules in place for cleaning staff to follow including mopping floors, vacuuming and daily cleaning tasks, such as cleaning people's bedrooms. There were no deep cleaning schedules, for example systems for more in-depth cleaning to make sure those areas of the building which were not cleaned on a daily basis were kept clean.

The lack of proper maintenance of the environment and the lack of cleanliness of the service are a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the cleaning schedules with the manager. She had previously identified that the standards of cleanliness needed to be improved and had introduced some schedules for staff. Following our visit the manager took further action and implemented new schedules and routines for staff and was carrying out checks to ensure that the cleanliness was improved. We contacted Health Protection England, who visited the service and they will provide the service with a report to tell them about any recommendations that have made.

Qualified contractors carried out checks to make sure the utilities such as the gas and electric supplies were safe. Hoists and other equipment to help people move safely were regularly serviced. Pressure relieving mattresses and cushions were monitored to make sure they were at the

Is the service safe?

correct pressure for the person who was using them. These checks made sure that the equipment was in good order and safe for people to use. Bedrooms and communal areas had automatic closure doors linked to the fire alarm system. Each person had an emergency evacuation plan which noted how they were to be evacuated from the premises, if required, in an emergency, and included any mobility aids required to safely achieve this. Staff told us that there were regular fire drills and knew what to do in the event of an emergency.

People's prescribed creams were not stored properly. Creams and sprays belonging to people had been left in other people's rooms. There was a risk that these creams and sprays may be used by mistake by staff. This was discussed at the time of inspection and the manager made arrangements for creams and sprays to be checked to ensure people had the correct ones in their rooms and that they were stored safely and available to staff.

Audits and checks were carried out on medicines to make sure stocks were at the correct level. There were systems in place for the ordering, checking, disposal and administration of prescribed medicines. All the medicine administration records (MAR) charts we looked at were completed accurately. If a medicine had not been administered for any reason, the correct code was used to explain why. The MAR charts included a photograph of each person to confirm their identity, and highlighted any allergies.

Staff were trained in medicine administration before they gave people their medicines. Staff had completed competency assessments in medicine administration to ensure they had the skills to give medicines safely. Medicines were stored safely in lockable cabinets. Medicines that needed to be kept cool were stored in a special fridge and the temperature was checked daily to ensure medicines remained effective. There was guidance in place for 'as and when required' (PRN) medicines, such as pain relief, so staff knew when to offer this medicine. Staff knew about any possible side effects of medicines they were prescribed. This helped to make sure people got their medicines safely and one person told us, "I know what my medicines are for".

Staff had received training in safeguarding adults and understood the importance of keeping people safe. Staff were able to describe different types of abuse and knew what to do if they were worried about the safety of anyone at the service. Staff told us how and who they would report any concerns to and were confident that the manager would act on any concerns. Staff were aware that they could contact the local safeguarding authority if they felt they needed to. The manager was aware of her responsibilities with regard to safeguarding people. There was an incident on the first day of our inspection. Staff took action straight away to prevent the situation escalating and people were monitored to ensure that the incident was not repeated. The manager contacted the local authority safeguarding team in line with the Kent and Medway Safeguarding Protocols.

Staff knew about whistle blowing procedures and although staff felt that they had not needed to 'blow the whistle' all the staff we spoke with told us they were confident that the manager would act on their concerns 'promptly' and that any concerns were be treated and 'confidentially'. The manager told us what action she would take if any concerns were raised and there were procedures in place to follow if staff used the whistleblowing procedures.

Accidents and incidents were reported and clearly recorded. These were monitored for any trends and patterns to make sure that action could be taken to reduce the risk of further occurrences. For example, it had been recognised that some people were at risk of falling out of bed. A risk assessment was in place for people who were at risk of this and safeguards, such as the use of a 'crash mat', which helps to prevent the person from hurting themselves should they roll out of bed onto the floor, was in place to help protect people from the risk of injury.

Risks associated with people's health, welfare and safety had been assessed and procedures were in place to keep people safe. For example, risk assessments were carried out regarding people's mobility and identified people who were at risk from falls. There was detailed guidance that gave staff the information they needed to support people and about how to use equipment, such as hoists, safely to make sure people were not at risk of injury. Other risks such as nutritional needs, maintaining healthy skin, personal care needs and people's mental health needs were assessed to ensure people were supported safely.

Staff supported people to stay safe and knew about the different risks that could affect people's safety. Staff

Requires Improvement

Is the service safe?

explained to us how they kept people safe and were knowledgeable about any risks that affected people. Staff told us they read the risk assessments and that these helped them to keep people safe and meet their needs.

There were systems in place to recruit new staff. Prospective members of staff completed an application form and attended an interview with the manager. Appropriate checks were carried out including obtaining references from previous employers, checking people's employment history by exploring and recording any gaps in employment and carrying out a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files contained job descriptions and contracts of employment so staff were aware of their responsibilities.

There was enough care staff on duty to keep people safe and meet their needs. People's needs were assessed so that staffing levels could be arranged in accordance with the support people needed. There were extra members of staff on duty at busy times. For example, some people liked to get up early, so an additional member of staff started work at 7.00am to help the night staff. This meant there were four members of staff on duty earlier in the day and people did not have to wait to get up. From 8.00am there were five members of staff on duty all day. Staff gave people the help they needed when they needed it and people did not have to wait when they asked for support.

Staff were allocated specific roles and responsibilities when they came on duty. Staff knew what was expected from them on each shift and took responsibility for their allocated duties so people got the help when they needed it. Staff told us, "We know what we need to do and what we are responsible for. It really helps us to work as a team".

Requires Improvement

Is the service effective?

Our findings

People told us that staff knew how to care for them. They told us that staff checked on them and made sure they had everything they needed. One person said, “It’s very good here" and another person told us, “The staff are very helpful”. People told us they could get up and go to bed when they chose and could choose where they wanted to spend their day. One person told us they liked to spend a lot of time in their room and they could do this. They told us that staff would ‘pop in and check’ on them. Staff responded well to people and knew how to support people.

The Mental Capacity Act (MCA) 2005 is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people’s rights. The MCA states that capacity must be presumed unless proven otherwise and that any capacity assessments should be time and decision specific. People’s capacity had been assessed when they moved into the service. However, these assessments had not always been reviewed, since people moved in, to check that people’s capacity had not changed.

The manager had an understanding of the principles of the MCA, but had not always followed the processes when supporting people. For example, some people had moved bedrooms. Although one person had requested this, other people had been moved for health and safety reasons, such as their mobility had changed and they could not access their room easily. Although this had happened in people’s best interest to keep them safe, the manager had not involved some people or their representatives in the decision about having to move to another bedroom. This did not help to protect people’s human rights as decisions had been made for people rather than with them. The manager was aware that she needed further training and was in the process of accessing this.

The manager had not followed the principles of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware of ‘best interest meetings’ and that some people would need additional support if they needed to make a complex decision. For example, one person needed hospital treatment; the manager had spoken with the person’s care manager and got the person an Independence Mental Capacity Advocate (IMCA). An IMCA’s role is to provide independent safeguards and represent people who lack capacity to make certain important decisions. IMCA’s do not become the decision maker but any information provided by the IMCA must be taken into account as part of the decision making process for the person they are representing.

Some people had a ‘do not attempt resuscitation’ (DNAR) authorisation in place. People were assessed as to whether they had capacity to make this decision for themselves. Doctors had discussed this decision with people and their relatives, so that everyone was aware of the person’s wishes. These were reviewed to make sure they remained relevant.

Some people had bed rails fitted to their bed to prevent them from falling from bed. If someone lacked the capacity to consent to the use of bed rails, then these could be seen as a form of restraint because they restricted the freedom of movement of the person. Staff must ensure that the use of bed rails is proportionate and that they will reduce the risk of harm to people, such as the risk of them falling out of bed. There were risk assessments in place and the use of bedrails had either been agreed with the person or their families.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. When people moved into the service a check was carried out to look at whether they were being restricted of their liberty. For example, that they would not be free to leave the service when they wanted to and/or would be subject to continuous supervision. Applications had been made to the local authority to help protect people’s rights to ensure they were not being restricted unlawfully.

The environment had not been purpose built to support people living with dementia. The building was laid out over three floors. On the ground floor there were enough communal areas which were spacious and there was room for people to move around without being at risk of trips and falls. There were lots of stairs and small landings so most people needed support to get to their rooms. Toilet and bathroom doors and had been colour coded to help

people locate these. However, many of the bedroom doors looked the same which could make it difficult to help people identify which was their room. There was not a lot of signage to help people orientate themselves and find their way around the service.

We recommend that guidance and advice is sought about best practice in ensuring the environment supports people living with dementia.

Staff worked effectively together because they communicated well and shared information. Staff held handovers between each shift to make sure all staff were kept up to date and knew when people's needs had changed. Staff told us, "We get to know people and know what they like and don't like. It is important to know who we are caring for because then we can provide proper care" and, "We are always kept up to date about any changes".

Staff had received an induction when they started work at the service to help them get to know people. The manager was aware of the new Care Certificate (which are standards that staff working in adult social care need to meet to ensure they can give safe and effective care) and was looking at introducing this. A newer member of staff told us that they had an induction and it had helped them when they started working at the service New members of staff shadowed more experienced members of staff when they first started work so they could get to know people and learn about people's individual needs.

At the inspection in September 2013 we found that staff had not received the training they needed. At this inspection people felt that staff knew how to look after them and staff were supported to take part in a range of training. This included safeguarding, moving and handling, food hygiene, equality and diversity, dementia awareness, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Records showed that staff were kept up to date with their training and there was a training plan in place for any additional training needs that were identified. Staff had either achieved or were working towards a National Vocational Qualification (NVQ). These are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard.

There was a supervision programme in place and this gave staff the opportunity to discuss any achievements, challenges, their responsibilities, training needs, any concerns and receive feedback on their work. Staff told us they were supported and felt appreciated by the manager and that she was available to give them advice and listen to them if they needed to talk about any issues.

People told us they enjoyed the food. One person said, "The food is very good and there is loads of it". Another person told us they were a 'fussy eater', but said, "I can have something different if I want". People were able to choose where they wanted to eat their meals and there were enough staff in the dining and lounge areas to ensure people got the help they needed. People who needed support were helped in a discreet way and staff did not rush people so they had time to enjoy their meal. People did not have to wait for their meals and staff checked that people had the meals they wanted.

At lunchtime there was a choice of two meals. There was a hot option available for the evening meal as well as sandwiches. Meals were prepared fresh each day and looked appetising. The cook told us, "It is important that people enjoy their meals and I try to create a restaurant atmosphere and always make sure that the meals look presentable". He went on to tell us, "People enjoy food more when it looks nice". The cook had researched different types of meals and developed menus that were varied and nutritious so people had a range of options to choose from. People had been involved in helping to choose the menus and the cook checked regularly with people to make sure they liked the meals that were prepared.

Meals were fortified with extra butter, cream and milk powder, when needed, to help support people's nutritional needs and to help people maintain or gain weight. Some people needed additional nutritional supplements such as special drinks and these were prescribed. Staff ensured people had these when they needed them. Some people needed a soft, pureed or diabetic controlled diet and these were catered for. The cook was given up to date information about people's nutritional needs, likes and dislikes so people were offered meals that met their nutritional needs, choices and preferences.

Food and fluid charts were kept for people who were at risk of losing weight or dehydration. People were weighed regularly and referrals had been made to the dietician or speech and language therapist team, if staff were concerned about people's food and fluid intake.

Requires Improvement

Is the service effective?

People were supported to keep healthy. There were procedures in place to monitor people's health care needs. This included information and assessments about how to support people with their nutritional, skin care and continence needs. District nurses were involved to ensure people who were at risk of developing sore skin were supported with the right equipment such as airflow mattresses and specialist cushions. Referrals were made to other health professionals as needed such as to the doctor; chiropodist and dentist to ensure people received appropriate healthcare support.

Good

Is the service caring?

Our findings

People were complimentary about the caring nature of the staff. People told us the staff were, "Exceptional, kind and considerate", "They (the staff) are very friendly" and, "I am looked after properly, the staff are very good". Staff took time to talk to people and listened to what they had to say. People were happy to engage and interact with staff. A visitor told us, "Staff make this place a home".

Staff treated people in a respectful and considerate manner. Staff spent time in the communal areas and chatted with each person at length. They checked people were happy and asked if there was anything they needed. Staff involved people in what they were doing, by asking them their opinions and checking that people were happy with the choices that were being offered. Staff communicated with people in different ways to suit people's different communication needs. Staff crouched down to talk to people so that they could make eye contact with the person and people smiled at staff when they made small gestures such as holding a person's hand.

People were relaxed in the company of staff and were happy to sit and chat with them. Some people could get upset if they thought about things that made them unhappy and staff were quick to respond to give people reassurance which made them feel better. Staff involved people in different conversations and talked about a range of subjects that interested people. There was a lot of laughter at times and at other times, when people wanted to have a sleep after their lunchtime meal; staff were quiet and respectful so people were not disturbed.

Care plans had information about people's lives and their personal histories. This was important because it helped staff to understand and get to know people. All the staff we spoke with knew the people they were caring for. Care plans contained detailed information about people's preferences and how they liked to be supported. For example, one care plan described how the person did not always want to get washed and dressed before their breakfast and staff confirmed that they helped the person when they were ready. Another care plan identified that a person could become frustrated if staff tried to finish off their sentences for them. Staff told us "It is about listening to people and hearing what they want and then we can support them in a way that suits them".

Staff described how they gave people choices. They told us that some people found it more difficult to make a choice about what they wanted to wear or eat, for example. Staff told us, "We need to offer people the right choices because some people can get distressed if we give them too many things to choose from at once". One member of staff told us, "I take time with people and in the mornings I pick a couple of things for people to choose from. If they don't want anything I show them, then I will try something else, until we have found something they like".

Staff supported and encouraged people to maintain their independence. Care plans showed what people could do for themselves and detailed how people managed their own care, where possible. For example, care plans described how some people did not need help to get dressed, but needed help with their shoes, because they could not reach down to put their shoes on. Some people needed assistance with a bath, but were able to wash themselves and the care plans clearly identified this, so people were helped to manage as much as they could for themselves.

Staff described how they supported people to stay as independent as possible and told us, "We encourage and support people to do as much for themselves as they can". One member of staff said, "It is important that people can carry on doing things and we don't rush people or take over". Another member of staff said, "Most people don't want help with their meals so we don't interfere, we just make sure we are about so we can give encouragement". During the inspection staff supported and encouraged people rather than take over tasks for them and this helped people to feel confident that they could maintain their independence. People told us they were helped in a way that suited them and said, "Staff help me but if I can do it myself they let me" and, "I can do most things for myself, but staff are there if I need them".

People's privacy and dignity was respected. Staff told us how they protected people's dignity. When staff asked people if they wanted help or needed assistance to use the toilet, they did this in a discreet manner. Staff routinely knocked on people's doors and one member of staff said, "We always close the curtains, even if people's rooms are upstairs. Care is about being valued as a person and that's

Good

Is the service caring?

what everyone should expect". The manager carried out regular checks on how people were treated with dignity and respect; she observed staff and monitored their interactions with people.

Care plans contained information about people's religious and cultural preferences. Care plans showed what people's different beliefs were and how to support them. Arrangements were made for people to be visited by members of local churches and people were supported to attend Communion if they wished. There were no restrictions on families visiting and relatives confirmed that they could visit when they wanted. They told us that they were always made welcome.

People's care plans and other records were kept in an office. These records were only accessible to staff, so information was kept confidentially. Staff were given information about how to maintain confidentiality.

Requires Improvement

Is the service responsive?

Our findings

People did not know much about their care plans, however, people were involved in how their care was provided in other ways because staff spent time with people talking to them and listening to what they had to say. People told us, "I get the support I need". The manager was trying to encourage families to be more involved so they could contribute to people's care.

Staff noticed when people's needs changed and talked to people about how they could help them which supported people to be involved. For example, staff told us how they identified that one person was not eating their meat. They spoke with the person who told staff they were having difficulty 'chewing the meat'. Staff spoke with the manager who got advice from the dietician and this resulted in the person being provided with a softer diet so they could continue to eat and enjoy their meals.

Staff were responsive to people's needs. Just before lunch some people needed assisting to the toilet and other people needed reassurance because they did not know it was lunch time. Staff anticipated who needed support and reassurance and were ready to support people before they became upset, which helped to reduce people's anxiety. One person became disorientated during our visit and shouted for assistance. Staff came quickly, supported the person and helped them find their way and gave them comfort.

Before people moved into the service an initial assessment was carried out which included people's physical and personal care needs. These initial assessments were not very detailed but once people had moved into the service, a full and detailed assessment was carried out, which took into account all the aspects of people's care needs.

Care plans contained detailed information about people's needs and were individualised to the person. They included details about people's personal care, communication, health, mental health, nutritional and mobility needs. Care plans also included what people's social needs were and how to reduce the risk of isolation if people stayed in bed for any reasons. People's individual needs were clearly described with guidance for staff about what people could and could not manage, how they liked to be supported and how involved they could be in their care. Some people could not be involved in their care because they could not communicate their needs to staff, but care plans showed that staff could still include people by talking to them and explaining what they doing to help people. Personal preferences, choices and independence were a key theme of each person's care plan, so although people were not formally involved in preparing their care plan, they were included and consulted about how they wanted to be supported.

The way the care plans were set out meant that staff could access the information easily. They were reviewed on a regular basis or when people's needs changed so staff knew how to support people. Staff were involved in developing the care plans and were allocated as keyworkers to people, which meant they took responsibility for making sure that people had everything they needed. Staff told us they read the care plans and that they gave them the information they needed to give the right support. When staff told us how they supported people and what people's preferences and choices were, this matched the information in the care plans. People confirmed that staff supported them in a way they liked.

An activities coordinator was due to provide activities for 16 hours a week and this was being introduced the week following our inspection. Whilst there had been no activities coordinator in place, care staff had supported people with a range of activities and pastimes to keep them occupied and entertained. There were plans to increase activities once the coordinator was in place to give people more choices.

People could choose what activities they wanted to take part in and during our inspection there were impromptu games of skittles and ad-hoc quizzes that people joined in with. Staff supported people with 'pamper sessions' by giving people manicures. Staff interacted positively with people, and gently encouraged people to join in an activity. Staff spent time talking with people and included them in conversations and general 'chat'. Conversation was a key part of the activities programme where staff sat and talked with people and reminisced about local history and talked to people about their lives.

Some people preferred to spend time in one lounge which was used for films and shows that people could watch and enjoy. During our inspection some people were watching 'Riverdance' and were enjoying the music. Other people sat in a quiet lounge where they could read magazines and enjoy some peace and quiet away from the busier areas of

Requires Improvement

Is the service responsive?

the service. Some people enjoyed using computers and accessed the internet. One person told us how much they enjoyed using their computer. Other people liked to do 'jobs' around the service and one person was being supported to help the handyman paint the shed.

Outside organisations provided keep fit sessions with armchair exercises and entertainers such as singers and musicians visited to provide people with additional activities to take part in. Some people went out to the local shopping centre if they wanted to. A friends and family barbeque had taken place on the August bank holiday weekend and people told us this was a great success and that they enjoyed it.

There was a complaints procedure in place which showed how people could make a complaint and who they could complain to. This gave people timescales and reassurances that any complaints would be investigated and responded to. The complaints procedure was on display but it was in the entrance hall and was not easy for people to access. The manager and staff supported people to make complaints and raise any concerns.

Staff sat and talked with people when they reviewed people's care plans and checked that people were happy with the care they received. Staff told us how they monitored people on a daily basis and watched people's facial expressions for any signs of upset. Staff said if they thought people were upset about anything they immediately asked people if they were unhappy and what they could do to help. Staff reported any concerns to the manager. People told us that they would speak to staff or the manager if they were worried about anything. There had been one verbal complaint made by a relative about activities. This had been responded to and action taken to improve the activities on offer

Requires Improvement

Is the service well-led?

Our findings

The provider was in receivership and had not been in control of the service since January 2014. Mont Calm Margate was being overseen by a management company whilst it was in the process of being sold.

The manager had worked at the service for eight years before becoming the manager in April 2015. She was in the process of registering with the Care Quality Commission (CQC). The manager was aware that she lacked some knowledge in certain areas, such as the Mental Capacity Act (2005). She was also aware that she needed support to further develop her management skills and was keen to access any advice and support she could get. There are organisations and groups that support managers and share good practice; these would help the manager further develop the service.

We recommend that the manager accesses additional support through a reputable source to further develop her skills.

The manager knew and understood people who used the service and supported staff to provide safe and effective care. People felt the manager was available and always 'ready' to talk to them. One person told us they had a good relationship with the manager and the staff. The manager was knowledgeable about the service, understood where improvements needed to be made. Staff told us that the manager had 'made a difference' and they felt the service was 'heading in the right direction'.

Staff told us they felt listened to and that their opinions mattered. One member of staff said, "I spoke to the manager about something and she looked at how we provided care to one person and we changed it so we could meet their needs better". The member of staff went on to tell us that this gave them confidence to be able to raise any matters they wanted to bring to the manager's attention. Systems for whistle blowing were in place and actions were taken if staff were not performing to the best of their abilities through supervision and disciplinary procedures. The manager had been made aware of an issue relating to confidentiality and actions had been taken to ensure that people could be assured that their privacy was respected. Staff were supported to take part in meetings where they were able to contribute positively by sharing their ideas and raising any concerns if they had any. Staff meetings showed that staff were listened to and this helped staff to feel included.

Staff knew what was expected of them and what their roles and responsibilities were. Staff felt they were part of a team that worked well together and understood people's needs. Staff told us, "We can rely on each other and know that we are all here for the residents". Another member of staff said, "There is a brilliant atmosphere here and I feel it really rubs off on people. They smile when we smile and it is important to be smiley, it makes people happy".

Staff were clear about the culture of the service. Staff told us that people were at the centre of everything they did. They told us how they encouraged people to be independent and promoted people's rights. One member of staff said, "There is no point in being in a caring job if you don't care" and another member of staff said, "This could be my Mum or Dad and we need to make sure people stay safe and secure".

People's opinions mattered. Staff checked with people on a regular basis and listened to what they had to say. A survey had been carried out about meals and the menus had been changed to reflect people's choices. The manager was actively involving relatives by sending out questionnaires and asking relatives to be involved in reviews of people's care. One visitor told us they, 'felt included in any decisions that needed to be made' regarding their relative and said, "It's good teamwork".

There were systems in place to monitor the quality of the service. Regular audits were carried out to monitor the on-going progress and safety of the service. Audits included checks on the kitchen, food hygiene, call bell systems, mattresses, privacy and dignity, autonomy and choice, risk assessments, health and safety, equipment, medicines, care planning and staff training. Most of the audits were effective and identified any shortfalls and actions were taken to address these. However, the infection control audit had not been fully effective in identifying areas of the service which were not clean. Following our visit we were told of further actions that had been taken to address this.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role

Requires Improvement

Is the service well-led?

safely and to the required standard. Staff knew where to access the information they needed and when we asked for information it was readily available. Records were well maintained and kept in good order.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC checks that appropriate action had been taken. The manager was aware of this and reported events appropriately.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The premises were not always kept clean and well maintained.** Regulation 15 (1) (a) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **Care and treatment was not always provided with the consent of the service user.** Regulation 11 (1) (3)