Temperance Care Limited

Maltreath Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 12 and 13 November 2018. It was unannounced.

Maltreath is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Maltreath provides accommodation and personal care for 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 inspection, there were 12 people living at Maltreath.

There was a registered manager in place who was unavailable on the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service remains good.

The atmosphere at Maltreath was relaxed and friendly. People and staff interacted with kindness and respect. There was an inclusive, supportive and homely culture that reflected the provider's visions and values. People living at Maltreath were supported to live full and enriching lives. Staff knew people well and had the appropriate knowledge and training to keep people safe. Positive risk taking was encouraged to ensure people could maintain skills and experience new things.

There were enough staff to support people and staff continued to have the training and support to provide people with high quality care that responded and adapted to people's changing needs. Staff had a good working relationship with associated professionals, so people received care and support from professionals as and when they required it. Relatives told us that they were kept informed of changes in people's physical and emotional health.

Medicines were stored safely. However, there was not guidance for each person's use of 'as needed' (PRN) psychoactive medicine. Although staff knew people well, there was no guidance to tell new staff what triggers and signs to look out for. In addition, when psychoactive PRN's were given a sufficient explanation was not given. This was an area for improvement.

Daily checks ensured that if there were any shortfalls, these were quickly identified and resolved. The clean and well-maintained premises continued to meet the needs of people and staff knew how to protect people against the spread of infection.

Care continued to be developed in line with developments in the latest and best practice. The provider and manager attended a variety of forums and developments were discussed in team meetings and through

training sessions. Care plans were person centred and thorough and were written in a way that was meaningful to people. Peoples communication needs were assessed and staff used different methods to enable people to communicate their views and choices in their own way, through discussions, reviews and resident's meetings.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with people and their relatives to ensure that care plans and support reflected their care needs. People discussed what they would like to happen if they were to pass away. However, the registered manager did not discuss with people what they would like to happen at the end of their lives, this was an area for improvement.

The manager sought feedback from people using the service, staff, relatives and health professionals and an accessible complaints procedure was available. Complaints, compliments, accidents and incidents were recorded, and these were collected and analysed by both the manager and the provider to identify patterns and if lessons could be learnt. Regular checks and audits were carried out to ensure issues were identified and resolved.

People's information was kept securely in the office and staff respected people's privacy, dignity and confidentiality. The previous CQC rating of 'Good' was displayed in the hallway for people to see.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Requires Improvement**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Maltreath Residential Care Home

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 12 and 13 November 2018 and was unannounced.

One inspector carried out the inspection.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We looked at a variety of different sources of information relating to people, such as; three care and support plans, activity plans and risk assessments. In addition, we looked at surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the deputy manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

We spoke with four people and three members of staff. The registered manager was not available on and following the inspection, but we worked with the deputy manager throughout the inspection.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection, we rated the safe domain as good. We now feel that the service requires improvement.

People living at Maltreath were protected from harm and abuse. Staff knew what signs and symptoms to look out for and knew how to report their concerns if they witnessed or suspected abuse. Staff also knew about the whistleblowing policy and outside agencies. Risks to people continued to be assessed and action was taken to lessen identified risks. People told us that they felt safe living at Maltreath. One person commented, "I feel safe here, it's very comfortable, if you ask for something you will get it".

Some people displayed behaviours that challenged other residents, but staff used de-escalation techniques to manage these behaviours. Staff told us that they would divert people away from each other if there was tension between them. We observed staff de-escalate incidents during the inspection. Staff also encouraged people to take positive risks to enable them to live an enriching and independent life, as far as possible. For example, some people travelled around locally unaccompanied and some went on holidays abroad with the assistance of staff.

There were enough staff to support people. Staff rotas were calculated to meet people's needs and there were protocols to ensure there were enough staff to support people in case of staff emergencies. The rotas were fixed, but the managers and staff covered each other in times of staff sickness. Staff were recruited safely. The registered manager made the necessary checks to make sure that new staff were safe to work with people. New staff took part in an accredited induction programme, and their competencies were checked by the registered manager before working alone with people.

Medicines were stored safely. Staff had the appropriate training to give people their medicine safely and spot checks were carried out by the registered and deputy manager to ensure staff practice continued to be safe. People received their medicine on time and we observed people being supported to take their medicine independently.

Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

People had access to 'as needed' (PRN) medicine, such as paracetamol or cold medicines. Some of these medicines were psychoactive medicines used to help people when they were feeling anxious or distressed. Medicines which help people to calm should be used as a last resort after staff had tried other ways to help the person calm such as distraction or reassurance. Staff told us they knew triggers and signs which indicate they may need PRN medicine, however there was no specific guidance for staff for the use of psychoactive PRN medicines.

In addition, when people were given PRN medicines, it was signed on the medicine administration record (MAR) chart, yet an explanation for why the PRN was given was not recorded. Staff did not complete behaviour (ABC) charts but the deputy manager told us that any explanations were recorded in the daily notes. We reviewed an entry in the daily log which we knew had been a day when a psychoactive PRN had been used. The entry described the person as restless, but it did not detail steps taken before giving the PRN or when the PRN was given.

We raised these concerns with the deputy manager and on the days following the inspection, they sent us revised PRN administration forms which required staff to provide an explanation when a PRN was given. They also created PRN guidance for each person, however this did not contain specific information on triggers and signs to look out for. This remains an area for improvement.

The registered manager and staff carried out checks to ensure the environment and equipment used by people were safe. Health and safety checks were carried out, as well as fire safety checks and drills. A recent fire inspection found that improvements were required, however, the registered manager had taken action to address areas for concern. On the day of inspection, a company specialising in fire systems visited the service to provide a quote for the required work. Staff were aware of peoples 'Personal emergency evacuation plans' (PEEP) and a grab bag containing PEEP's, fire maps and protocols were used to ensure staff knew how to support people if there was an emergency. Business continuity plans were in place and staff knew what to do in the event of an emergency.

The premises were clean and well maintained. Staff had infection control training and we saw staff using personal protective equipment (PPE) such as gloves and aprons when cleaning and cooking.

Staff continued to learn from any identified issues and shortfalls. Accidents and incidents were recorded and analysed for patterns and trends.

Good

Is the service effective?

Our findings

Maltreath provided people with the care and support they needed to live an independent and fulfilling life. People's support centred around their needs and preferences in line with current guidance. These needs were assessed when people moved into Maltreath to ensure they could be given the right level of care and support. Peoples support plans were reassessed through a series of reviews to ensure they reflected changes in people's needs and preferences.

People were given the care and support that they needed. Staff told us they felt supported and valued by the management. They had regular supervisions and yearly appraisals. A member of staff told us; "We have supervisions where we discuss my development and any training I want. I did a NVQ and they supported me".

A range of face to face training was given to staff, including; person centred care, adult protection and first aid. Staff told us that the courses were helpful as they reminded them of how best to support people and keep up-to-date with changes in the law. One person told us; "Most of the training is related to [residents]" and that they could discuss training ideas in meetings, for example; dementia training. New members of staff underwent an induction period of training, competency assessments shadowing experienced members of staff before working alone with people to ensure that people were cared for safely.

Staff were aware of peoples nutritional and hydration needs. Hot and cold drinks were available throughout the day. People were asked about menu choices for the week and people told us that there was always a variety. They also told us that an alternative if you did not fancy the meal on the day. One person said; "The food is very good, I've never had anything to complaint about and I used to be a chef, so I know about it".

People at Maltreath were supported to live a healthy life. Staff worked closely with health care professionals to deliver person-centred care and treatment. A doctor had recently written in the professional survey; 'Very good feedback also received from other professionals visiting. Deserve praise for managing needs of complex patients very well'. Staff knew people well and were receptive to changes in their behaviour which might indicate that the person was unwell. Staff told us that one person was sleeping more than usual and that another person was losing weight. Staff had raised both concerns this with the GP who was currently investigating with other health professionals.

When people visited health professionals or were admitted to hospital, staff took a condensed version of peoples care plan, along with their medical administration record chart. Staff did so to ensure health professionals knew how to care for and support people away from Maltreath.

The premises met the needs of people living at Maltreath. The environment was clean and tidy, and a cleaner worked at the service six days a week. Previous local authority inspections and relative's surveys had picked up on the dated décor at Maltreath. The registered manager had taken swift action, by repainting communal areas and people's bedrooms if they consented. Peoples rooms displayed their pictures and personal belongings. Staff had converted a room previously used as a smoking room in to a quiet, rest room

for people who want to sit quietly and relax.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and it was clear that the staff at Maltreath were. The local authority had been out to conduct capacity assessments and staff had understanding of MCA and DoLS.

Staff offered people choice and always sought consent. When people refused, this was respected by staff and fed back to the registered manager. Staff told us that people's capacity fluctuated with their mood and amount of sleep, so when people refused medicines or food, they would often try again later that day.

Good

Is the service caring?

Our findings

The atmosphere at Maltreath was calm and friendly. When we arrived, people and staff greeted us warmly. One person told us, "It's nice here, it's comfortable, I'm well looked after and there is no agro." Another said; "I think they care about me, I have been living here for a long time".

People went to church and took part in different activities. Some people living at the service were more independent than others. Those who could, used public transport to travel around independently. Staff also went out with those who were less independent, a person told us; "Sometimes they go out with me. [The registered manager] sometimes takes us to the cinema". People had also expressed the wish to travel abroad and they were supported to do so by staff, travelling to Portugal and Turkey in recent years.

It was clear staff knew people and how they communicated their concerns and emotions. People communicated their decisions and choices verbally, so they did not have any specific communication needs. However, some people lacked capacity to make decisions for themselves. In these situations, family members and independent mental capacity advocate (IMCA) were involved to ensure decisions were made in people's best interests. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Peoples care plans contained information relating to their life before Maltreath. We asked staff about this and they could tell us about people and their interests. The activities coordinator talked to a person about when the person worked on submarines and about their interest in trains and technology. In the person's care plan, we saw that staff were reminded to discuss technology with the person to keep their skills and passion alive. When we visited the persons room, they showed us all of their different gadgets and a sign from a steam train they adored.

There was a feeling of mutual respect between people and staff. A person told us; "Staff treat people with respect, they talk to them nicely". One person commented; "I feel a lot safer here – there is nice company, we all sit down and talk".

Staff understood the importance of independence. Staff told us; "Some clients are independent but need prompting. You encourage them, show them how to do things, rather than doing it for them". We saw that people often stripped and made up their beds. Some helped with their laundry and prepared meals with staff. A person told us; "I do cooking and clean my room out".

People's privacy and dignity were protected. A person told us; "If you want it, you get private time. I go up to my room if I need some private time". Others used the rest room to relax in quietly. Staff explained how they protected people's dignity, "If we need to talk about something personal, we don't say it in front of other people. We take them aside and go off to change. One person has showers in the evening, so we have to shut the curtains".

Information relating to people was kept confidential and staff understood their responsibilities to do so.

Good

Is the service responsive?

Our findings

they got on well with staff and "If I felt unwell or was unhappy they would notice".

When there were changes in people's emotional or physical health, these were written in each person's daily log and transferred across to their care plan. Staff also told us that they would feed this back to colleagues at staff handover, so they were immediately aware of any changes. We saw that one person's blood sugar levels had been checked in the morning and were raised, so staff notified their colleagues not to give the person any snacks before lunch. This was in line with guidance in the person's care plan.

A member of staff told us that they had researched a person's condition when they had recently been diagnosed. Guidance had been added to the person's care plan. However, the staff member told us that the person was the first at Maltreath with the condition, so they wanted to familiarise themselves with it as soon as possible, to provide the right level of care and support. They had also discussed it with the registered manager who was organising for specialist training to be given to all staff.

People expressed themselves verbally and regular meetings confirmed people's choice of how they wanted to be supported and by whom. One person commented; "Once a month we meet up to have reviews where we talk about my support". People's family and friends also took an active role in people's care and support. One person told us that their sister visited regularly and took part in the monthly reviews. A member of staff told us how one person requested that they only receive support with personal care from females and that preference was respected.

The admission process captured peoples spiritual, sexual and cultural needs and these were revisited formally and informally to ensure peoples emotional needs continued to be met. One person was supported to attend the local church weekly as this was important to their spiritual wellbeing.

People told us that they would feel confident raising concerns and complaints and felt they would be dealt with promptly. There were not any complaints on record, however we saw that comments made by professionals had been investigated appropriately to improve the service. For example, the redecoration of the service following a local authority visit.

Staff at Maltreath were not recording peoples end of life wishes. However, staff had asked people if they would like to put in place pre-planned funeral arrangements. One person consented to this and staff assisted them to set up funeral arrangement with a local funeral director. Staff had also asked people if they would like support to access a will writing service.

We discussed this with the deputy manager who told us that this topic would be difficult to broach with some as people struggled with depression and anxiety. However, they confirmed that this was an area for improvement that they would look at for the next inspection.

Good

Is the service well-led?

Our findings

People and staff spoke fondly about the managers at Maltreath. A friendly, respectful atmosphere was clear to see. The provider, registered and deputy manager knew people well, and they worked alongside staff and people to provide them with appropriate support. The supportive nature of Maltreath was clear when we saw people and staff make use of the manager's open-door policy on the day of the inspection. One person said; "I know the registered manager very well, they are around a fair bit usually". Another commented; " I'm well looked after, it is nice and cosy here". A member of staff told us; "I feel very comfortable here, I get support from the management and the staff. The staff here are very supportive, we work as a team".

Staff carried out basic checks on a daily and weekly basis, including; medicines and health and safety. The managers would review these checks to ensure no errors had taken place, if there had been any shortfalls these were discussed with staff in supervisions, staff meetings and reminders placed in the communication book. The local pharmacy also conducted a medicine's audit every six months to ensure medicines were stored and administered appropriately. Following the last medicines audit, staff had taken immediate action to implement their suggestions.

Surveys were sent to people, their relatives, staff and health professionals to obtain their views and feedback about the quality of service. The registered manager then reviewed these to see whether there were any patterns, trends of areas for improvement. Feedback was positive about the people's safety, the quality of care, the staff and the leadership.

The registered manager attended forums and received newsletters from the local registered managers forum. We saw that the registered manager had discussed ideas from the forum with staff in meetings, having been inspired by a service with consecutive outstanding ratings. Other developments in best practice and legislation was also discussed in staff meetings. For example, the registered manager explained what the new General Data Protection Regulation (GDPR) meant for Maltreath, and staff asked questions for clarification. The deputy manager also attended forums on the registered manager and provider's behalf – recently attending a Kent County Council forum regarding the 'red bag scheme'. This scheme aimed to improve the consistency of care provided to people when they visit and move between different health services.

The registered manager and staff continued to work in partnership with key organisations, such as mental health teams, multidisciplinary teams and commissioners, to ensure people received co-ordinated and consistent care and support.

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 check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating.