

Roy Edward Howse

# Montague House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection took place on 13 June 2018 and was unannounced.

Montague House 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.

Montague House is a privately-owned care home providing long and short term residential care for up to 19 older people. The service is in a residential area of Ramsgate and is a short distance from local amenities. On the day of the inspection there were 17 people living at the service, some of whom were living with dementia.

At the last inspection in April 2017 the service was rated 'Requires Improvement'. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. We asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-Led to at least 'Good'. At this inspection we found that improvements had been made and the breach in Regulation had been met. Risks to people were assessed and staff had guidance to follow to reduce risks to people in the least restrictive way.

The registered manager worked at the service each day and was supported by a stable and established staff team who had been recruited safely. A registered manager is a person who has registered with CQC 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.

People told us they felt safe living at Montague House. They were protected from the risks of abuse, discrimination and avoidable harm. Staff completed training about how to keep people safe and had guidance to support people to stay as safe as possible. Risks to people were assessed, identified, monitored and managed. People had their medicines when they needed them and these were administered by staff who were competent to do so. The registered manager monitored accidents and incidents to make sure people were referred to health care professionals when needed.

People were supported by staff who knew them well. Staff kept their skills and knowledge up to date and met with the registered manager on a one to one basis to discuss their performance and personal development.

People were protected from the risks of infection. The service was clean and tidy and regular checks were made to make sure the environment and any equipment was safe and well maintained.

People and their relatives were involved in planning their care and support. People's needs were assessed

before they moved into the service to make sure staff could meet their needs. They were offered the support of an advocate if they required additional support to help them make decisions about their care. Each person had a care plan which had been written with them and their relatives. These gave staff the guidance they needed to make sure they provided the support in the way people preferred.

People were encouraged to eat healthily and were offered a choice of home-cooked meals. Staff worked with health care professionals to make sure people stayed as healthy as possible.

People had access to private space, communal areas and the garden and visitors were welcomed at all times. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by a caring, kind and compassionate staff team. Staff spoke with people and each other in a respectful way. People's privacy, dignity and independence were respected and promoted. Records were securely stored to protect people's confidentiality.

People were encouraged to keep active and people enjoyed staying busy. They enjoyed a range of activities. People told us they did not have any complaints but felt confident the right action would be taken if they had a concern.

People's preferences for their end of life care were recorded to make sure their wishes could be followed. The staff team worked with health care professionals to make sure people were supported to have a comfortable, dignified and pain-free death.

People, relatives, staff and health care professionals felt that the service was well-led. The registered manager promoted an open and fair culture where people's, relatives, health care professionals and staff views and opinions were valued. There was a culture of inclusiveness.

The leadership of the service was visible. The registered manager understood their responsibilities and notified CQC according to guidelines. Checks and audits were completed to monitor the quality of service and, when needed, action was taken to drive improvements. The staff team worked with health care professionals to promote joined up care. The most recent CQC report was displayed in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse, discrimination and avoidable harm. Risks to people were assessed, identified, monitored and managed in the least restrictive way.

People were supported by a stable and established staff team who had been recruited safely.

People received their medicines safely and on time.

People lived in a service which was clean and hygienic.

Accidents and incidents were monitored. These were discussed with the staff team to ensure that, when possible, lessons could be learned and improvements made.

### Is the service effective?

Good ●

The service was effective.

People's physical, mental health and social needs were assessed and reviewed to make sure they received the right support.

Staff completed regular training to keep their skills and knowledge up to date with best practice. They had one to one supervision meetings to discuss their performance and personal development.

People were supported to eat healthily and were offered a choice of home-made meals. Meals were social occasions when people ate together and enjoyed each other's company.

People were supported to stay as healthy as possible. Staff worked closely with health care professionals to make sure people received consistent and co-ordinated care.

People had access to private and communal space and access to the garden. People were supported to make decisions and choices about their daily life.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, care and compassion by staff who knew them well.

People and their relatives were involved in planning and reviewing their care.

People's privacy, dignity and independence were respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was delivered in the way that they preferred.

People did not have any complaints but felt confident they would be listened to if they did. The registered manager dealt with any minor concerns quickly.

People's preferences for their end of life care were recorded. Staff worked with health care professionals to ensure people were supported to have a comfortable, dignified and pain-free death.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives, staff and health care professionals told us they felt the service was well-led. The staff team worked closely with each other and with health care professionals to promote joined-up care.

The registered manager understood their regulatory responsibilities and had notified CQC in line with guidance.

Feedback on the quality of service was obtained and changes were made to make improvements.

Regular checks and audits were completed to monitor the quality of service and to drive improvements.

# Montague House

## 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.

The inspection took place on 13 June 2018 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.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury. Before the inspection we spoke with two health care professionals about the service.

We looked around all areas of the service. We spoke with 12 people and two relatives. We also spoke with four members of staff, the registered manager and the provider. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff engaged with people and their relatives. We looked at how people were supported with their daily routines and assessed if people's needs were being met. We reviewed three care plans and looked at a range of other records including three staff files, safety checks and records about how the quality of service was managed.

# Is the service safe?

## Our findings

People told us they felt safe living at Montague House. They said, "I feel safe and secure" and "I most definitely feel safe living here. There is always someone here to check I'm OK".

At the last inspection in April 2017 the provider failed to consistently assess risks and do all that was practicable to mitigate risks. We asked the provider to take action to make improvements and this action had been completed.

At this inspection risks to people had been consistently assessed, identified, monitored and reviewed. The breach of Regulation 12 had been met. The registered manager had sought advice from health care professionals, listened to their suggestions and acted on them. People's safety was monitored and managed. Risk assessments contained the information staff needed to be able to provide care and support to minimise risks in the least restrictive way. For example, when people were living with diabetes there was guidance for staff to follow to make sure people's blood sugar levels remained within safe limits. There was step by step information about what action to take if a person's blood sugar levels went above or below a certain point. Risk assessments were regularly reviewed and updated when any changes were needed. The registered manager monitored accidents and incidents to make sure people were referred to health care professionals when needed. These were discussed with the staff team to ensure that, when possible, lessons could be learned and improvements made.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular training about how to keep people safe. They were confident that if they raised any concern that the registered manager would take the appropriate action. They were also aware that they could escalate their concerns, if needed, to the local authority or the Care Quality Commission. The registered manager reported concerns in line with guidance.

People were supported by sufficient numbers of staff who had been recruited safely and who knew them well. One person commented, "I think there are enough staff and they are always regular staff". We looked at three staff files. These were organised and included proof of identity, references and criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider's disciplinary process was followed as needed.

There was a stable staff team who worked flexibly to cover shifts in an emergency, such as sickness. Following the last inspection the registered manager had used a dependency tool to help them make sure there were enough staff on each shift. They told us this had helped them identify a shortfall of hours as people's needs changed and they had recruited additional staff to make sure people received the support they needed when they needed it. They had also reviewed the night staff arrangements and there were now only 'wake staff' on duty to make sure people could be supported in the case of an emergency. People told us that staff responded quickly when they rang their call bell.

People received their medicines safely and on time. Their medicines were stored, managed and disposed of safely and reviewed by a doctor to make sure they remained suitable. Medicines records were accurate and noted that people had received their medicines as prescribed. Staff were trained to administer medicines and their competency was checked by the registered manager. Some people were offered medicines on a 'when required' basis. There was guidance for staff in people's care plans so they could make sure people were offered them at the right times. When people needed special creams to help keep their skin healthy there were body maps to show where the creams should be applied. The local pharmacy completed an annual audit and the registered manager regularly audited people's medicines to make sure they were receiving them correctly and to check that staff were recording accurately.

People were protected from the risks of infection. The service was clean and staff wore protective equipment, such as gloves and aprons, when supporting people. Domestic staff followed cleaning schedules which were checked by the registered manager to make sure the service was as clean and hygienic as possible. The registered manager told us, "The schedules are a good tool for me – I complete weekly environmental cleanliness checks. If I identify any concerns then these are diarised to be actioned". Action had been taken as and when needed.

The provider worked at the service each day and monitored the safety, maintenance and upkeep of the building. Since the last inspection some carpets had been replaced and areas of the service decorated. Equipment was serviced to ensure it remained safe and in good working order. Other checks on the environment, such as gas safety, portable appliance testing and hot water temperatures were completed by the provider. Fire alarms were checked and staff knew how to support people to leave the service safely in an emergency. Each person had an emergency evacuation plan which set out people's specific physical and communication needs to ensure they could be safely evacuated from the service. These were in the process of being updated following advice from the local fire and rescue service.

# Is the service effective?

## Our findings

People received effective care which promoted a good quality of life. People felt that staff knew them and their preferences well. A relative noted on a recent survey, 'The staff seem very competent' and 'They know [my loved one] very well'.

People's physical, emotional and mental health and their social care needs were assessed when people were considering moving to the service to make sure staff could provide the right support in the way people preferred. The registered manager and staff worked with people, their relatives, care managers and other health care professionals to make sure people received co-ordinated and consistent care when moving into or out of the service.

Staff completed an induction when they started working at the service. They shadowed experienced staff to get to know people and their routines. New staff, who had not previously worked in adult social care completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

People were supported by staff who kept their knowledge up to date and in line with best practice by completing regular training. Staff met with the registered manager regularly for one to one supervision. The registered manager had completed additional training about supervision to ensure the meetings were as effective as possible. Staff told us they felt supported by the registered manager. Staff had the opportunity to discuss their personal development goals and any additional training they would like to complete. For example, staff spoke proudly about completing additional training on how to administer insulin. They told us that it was a better outcome for people to have their regular care staff support them with their diabetes management rather than visiting community nurses. Insulin administration competency assessments had been completed by a health care professional.

People were supported to eat a healthy diet and to drink plenty. People told us they enjoyed a good selection of home-cooked meals and said, "I enjoy my food. [Staff] say if I want something just ask and I can have it", "The food is good, you get a choice" and "Drinks are regular you get a choice of tea, coffee or orange juice and jugs of water in your room". Meal times were social occasions when most people sat, ate and chatted together in the dining room. When people chose to they ate in their own room and this was respected by the staff. People were not rushed and were able to eat at their preferred pace. Staff offered discreet support when needed and were kind and patient. On the day of the inspection people thoroughly enjoyed a lunch of roast lamb and fresh vegetables. People were asked which vegetables they would like and staff told us that they asked this each mealtime as people sometimes liked to try different things and that they 'should be offered the choice each day'.

People's weights were stable and if staff had a concern they contacted health care professionals, such as a dietician or speech and language therapist, for advice. When people needed additional nutrition, they were

offered special drinks and puddings which were fortified with vitamins and minerals to help maintain their healthy diet.

People were supported to stay as healthy as possible. One person told us, "I am definitely fitter and healthier since I have been living here". Staff monitored people's physical and mental health and referred people to health care professionals when needed. For example, staff had noticed small changes in a person's mood and that they were feeling 'low' more frequently. They contacted the local mental health team for support and advice. A health care professional who had recently visited the service commented, "The relationship with the community nurses is positive and the home are proactively contacting them for advice". People told us they were supported to see their GP and attend hospital appointments and they were able to see opticians, chiropodists and dentists when needed.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff spoke with people's relatives and health professionals when people were unable to make an important decision, such as undergoing a hospital procedure, for themselves to make sure decisions were made in people's best interest. When people had a power of attorney for relatives to make decisions on their behalf this was recorded.

People told us they made day to day decisions and said, "I wash myself every morning and then get help to get dressed, the carers get my clothes out ready for me" and "I can decide when to get up and go to bed, usually go to bed about seven or eight". Staff told us that it was important for people to make as many day to day decisions as possible for as long as possible to help maintain their independence.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one living at Montague House was subject of an authorised DoLS, however the registered manager understood their responsibility to continually assess and review this and to make applications when needed.

People were able to choose whether to spend time together in communal rooms or to spend time in their rooms. There was seating in both the front and rear gardens where people and their visitors could spend time in the nice weather. A small vegetable patch was growing seasonal vegetables. People told us they enjoyed watching the wildlife in the garden. People were able to personalise their rooms as they wished and were encouraged to have photos and pictures put up to make it as homely as possible. Staff had partially covered some mirrors in the service and explained that sometimes, people living with dementia may find mirrors upsetting and cause distress as they may not always recognise the person looking back at them. They said this had made a difference to people living at Montague House.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. They said, "The staff are all good, they chat all the time and have taken the trouble to get to know me" and "Carers are all good, they have an awful lot of patience". A member of staff commented, "[Since the last inspection] the atmosphere has lifted and people are really happy".

Staff spoke with people in a gentle caring way and, when needed, spoke slowly and were patient in waiting for a response. Staff knew people well, including their background, life history and their preferences. The registered manager had recently begun a new project to incorporate a pictorial page in people's care plans with further detail about people's likes, dislikes and any things they would still like to achieve. This was 'work in progress' and the registered manager was already arranging for people to be able to do the things they would like, such as taking a walk in the park and going for an ice cream.

People's needs were responded to in good time. Staff were able to spend quality time with people and listen to them. Staff told us they enjoyed being able to sit with people and chat about their past. They worked closely as a team and supported each other. They spoke with each other in a caring and respectful way.

When people became unsettled or anxious the staff were quick to respond. They knew people well and understood what may trigger a person to be upset and how best to support them and reassure them. For example, staff had identified that a person responded very well to music if they were agitated. This had been written into their care plan and we saw that when music was played this person quickly became settled and relaxed. A health care professional told us, after a recent visit to Montague House, "Staff had begun playing music that [this person] liked and were singing and dancing with the other residents as well as [this person], very much including them into the social group which [this person] was clearly enjoying and their anxiety was reduced.

People were involved, as far as possible, in the planning, management and reviewing of their care. They were actively involved in making decisions about the levels of support they needed. Most people had friends and family to support them however staff were able to provide extra support from advocacy services if needed. 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.

People's privacy and dignity were respected and promoted. People told us that staff always knocked on their doors and waited for a reply and that they closed the doors when they were being supported with their personal care. Staff were polite and discreet when they spoke with people about their personal care. People's records were stored securely in a locked room to protect people's confidentiality.

People were encouraged to remain as independent as possible for as long as possible. For example, some people told us they preferred to get themselves washed and only have staff help if they needed it. Staff

respected people's choices about how much they would like to do themselves. When people wanted to they helped around the service, for example setting the table or folding napkins.

People told us their friends and family were able to visit whenever they liked. Relatives commented, "Staff are always friendly. They let me know if [my loved one] needs anything. They always ring to inform me if they are going to call the doctor" and "I can visit any time and always get offered a cup of tea". Records in the visitors' book showed people had relatives popping in regularly at different times of the day. Staff said, "So many relatives come in now – it has really increased. They interact with everyone so for those who don't have many visitors it is nice because they are included as well".

## Is the service responsive?

### Our findings

People received care and support which was agreed with them, personalised and responsive to their needs. People and their relatives told us they did not have any complaints about the service or staff.

Each person had a care plan, which they signed, and was written with them and their representatives to make sure they received the right levels of care and support. Care plans contained guidance for staff about how people preferred their support, their likes and dislikes, what they would like to do themselves and what support they would like to have. People's preferred night time routines were also recorded. When people's need changed their care plans were updated to reflect the changes so that staff would provide the right support. Care plans were also reviewed each month by the registered manager.

People were supported to follow their religious beliefs and arrangements were made for visiting clergy. People told us it was important that they were able to continue to follow their beliefs. One person commented, "The church come in with communion regularly".

People told us they were encouraged to keep their body and mind active. A health care professional told us they had noticed an increase in activities and people spending more time socialising with each other. There were photographs in the dining area of people enjoying a range of activities, including jigsaw puzzles, eating meals together and spending time in the garden. The garden had been decorated with bunting for the royal wedding and people told us how much they had enjoyed the occasion. A relative had noted on a recent quality survey, 'It is nice to see the residents sitting at the table doing different things. There are sweets and cakes on the table for residents which I think is a nice touch'. Staff spent time thinking of new ideas. For example, a member of staff bought sunflower seeds and people potted them up and were having a competition to see who could grow the tallest sunflower. The registered manager told us there were plans to introduce regular coffee mornings which would involve people's families and friends.

People's concerns and complaints were listened to and responded to and used to make improvements. The registered manager monitored complaints and compliments. There had been no formal complaints received in the previous 12 months. The registered manager had recorded any 'minor niggles' and taken action to resolve them before they became formal complaints. The provider's complaint policy and process was available and displayed in the service. People and their relatives said they would not hesitate to speak with the registered manager or staff if they had any concerns and that any concerns would be resolved. People said, "I would be happy to complain if there was a problem – you just have to talk to people and things can be resolved" and "I would be happy to say if I was not happy about anything". No-one had any complaints.

People's family and friends were asked their views on the quality of service their loved ones received. Comments were positive and included, 'We are always asked for our opinions and suggestions'.

When people's health had deteriorated the staff worked closely with health care professionals, such as community nurses and the local hospice team, to make sure people had a comfortable, dignified and pain

free death. A health care professional told us, "The relationship with community nurses is positive and the home is contacting them for advice when they need to". People had access to pain relief and specialist equipment they may need at the end of their life. Some people had funeral plans and this was recorded to make sure their wishes could be followed. The registered manager was looking at ways of recording people's end of life wishes more consistently and agreed that this was an area for improvement. We will follow this up at the next inspection.

## Is the service well-led?

### Our findings

People, relatives and staff told us they thought the service was well-led. People said, "The manager is very efficient, kind and understanding" and "Good management team, no problem with their ability to run this place". A relative commented, "The manager is very approachable, the owner does the garden and chats to us if we are out there". A health care professional who had recently visited the service told us, "It was such a pleasure to see the pride the home staff and residents take in their home and to get a feeling of inclusiveness between them all".

The provider and registered manager had a shared vision to provide people with individualised, quality care which promoted their dignity and independence. Staff spoke passionately about people being involved in as many decisions about their care as possible. The registered manager promoted an open and fair culture where people's, relatives, health care professionals and staff views and opinions were valued. There was a culture of inclusiveness. People also looked after each other. For example, one person noticed another had not finished their last spoon of pudding so helped them. There was a mutual respect between people and staff. Staff recognised the value of spending time with people rather than be focussed on tasks. People and staff spent time chatting and laughing with each other. There was a lot of laughter throughout the day of the inspection.

The registered manager worked at the service each day and was supported by an established and stable staff team. They provided on-call cover outside working hours to offer advice and support when needed. Staff received regular constructive supervision and appraisal when they discussed their personal development and performance. Staff told us they felt supported by the registered manager and the provider. Regular staff meetings were held to discuss improvements at the service.

Staff understood their roles and responsibilities. They knew about the provider's whistle-blowing policy and that they could take any concerns to external agencies, such as the local authority or CQC, if they needed to. Staff were able to access policies and procedures. Records were stored securely to protect people's confidentiality. When we asked for information during the inspection it was available and up to date. Staff said they could make suggestions about the day to day running of the service, that they were listened to and had their opinions valued by colleagues and the registered manager.

People told us they had regular residents' meetings and could make suggestions about all aspects of the service. One person commented, "If I've ever suggested anything it has always been taken seriously". People felt listened to, valued and that action was taken to shape and improve the service. A variety of topics were discussed including the menu, activities and the environment. For example, two people told us they were very pleased that curry had been added to the menu following their suggestion at a recent meeting. Another person said they had been supported to start knitting again after mentioning that they would like this as an extra activity.

Regular audits were completed by the registered manager and provider to ensure they had a good oversight of the service. Checks included the environment, health and safety, infection control and medicines

management. Care plans were reviewed and updated as needed. Accidents and incidents were monitored and health care professionals were contacted when required to make sure people received the right support.

The registered manager attended local registered manager forums to share ideas and best practice. They and the staff team worked in partnership with local health care professionals, such as commissioners and the clinical commissioning group, to support the care provision and ensure joined-up care.

The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. 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. The most recent CQC report was displayed in the service. At the time of the inspection the provider did not have a website.