

Healthcare Homes Group Limited

The Malthouse Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Malthouse Care Home is registered to provide residential care, for older people. The home can accommodate up to 34 people. At the time of the inspection there were 30 people using the service.

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

People told us they felt safe living at The Malthouse Care Home. A health and social care professional said people were "genuinely in safe hands."

People had personalised and regularly reviewed risk assessments which helped to minimise risk related to areas of their lives such as mobility, dietary intake and skin integrity.

The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely and were only administered by staff with the relevant training and competency checks. People told us they received their medicines on time and as prescribed.

There were enough suitably trained staff on shift to meet people's needs. Staffing levels had recently increased. People told us they were supported in a timely way. Our observations confirmed this.

Accidents and incidents were reported and analysed to identify any themes and trends. This helped prevent a re-occurrence. Learning was shared within the home and between sister homes.

Although staff said they felt appreciated by the management within the home there was mixed feedback from staff about provider recognition of their work. We raised this with the provider for follow up. A staff survey was currently underway.

The home had a friendly, open and supportive culture. Staff said they felt proud to work for The Malthouse Care Home and described the culture as "like a family."

People and relatives described the registered manager and deputy manager as approachable and keen to resolve issues when raised. Staff said the registered manager had brought a number of improvements since coming to the home including increased staffing levels and improved activities provision.

Staff were actively encouraged and supported to gain new skills and qualifications.

Annual surveys were held to gain feedback from people and relatives which was analysed and used to drive improvement. Positive feedback had been received in a recent survey.

A health professional spoke positively about the home, felt it was well managed and described it as "a home from home."

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

Rating at last inspection

The last rating for this service was good (published 24 November 2017).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Malthouse Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Malthouse Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, area manager, team leader, carers and kitchen staff. We received written feedback from eight staff including care team leaders, carers, maintenance, head chef, administration and activities. We received feedback from two health care professionals who work with the home. We made general observations throughout the inspection, noting care practices and interactions between staff and people.

We reviewed a range of records. This included three people's care plans. We looked at multiple medication records and three staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Relatives agreed. Comments included: "I do feel safe very much so", "Yes I do feel safe – I am being looked after really well" and, "Yes we do feel [name] is safe and [name] feels safe too." A professional fed back to us, "I very much think people are safe there. People are genuinely in safe hands."
- Staff had received safeguarding training and demonstrated a good understanding of the signs and symptoms that may indicate a person was experiencing harm and abuse. They knew how to report such concerns both internally and to external agencies such as CQC and the local authority.
- Staff said they would feel confident to whistle blow should they see or hear about abusive or poor practice. For example, one member of staff said, "I feel if I had any concerns they would be dealt with in a speedy and professional manner."

Assessing risk, safety monitoring and management

- People had individual, regularly reviewed risk assessments which identified specific risks in their day to day lives and how staff should work with them and relevant others, such as health and social care professionals, to minimise the risks. This covered areas such as skin integrity, mental health and wellbeing, dietary intake and mobility.
- Regular maintenance checks were carried out to ensure the safety of the home and specialist equipment people required
- Risks to people from fire had been reduced by staff fire training, fire drills and servicing of fire equipment and systems. People had a personalised evacuation plans which provided guidance for staff and emergency services in how to get them out of the home safely in the event of a fire.
- Due to layout of the home there was potential for some people in end of corridor rooms to be at risk of social isolation. Management had recognised this and encouraged those people to take part in activities and prioritised them for one to one sessions to ensure inclusion. Where required, people had personalised isolation care plans.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff on shift to meet people's needs. We observed people's call bells being responded to promptly. A person expressed, "Whatever I want someone will help me with it." A relative said, "The staff all do an outstanding job. They are busy but I think there are enough." A staff member told us, "Our staffing levels seem to be much better recently."
- The service had robust recruitment and selection procedures. This included verified references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and were only administered by staff with the relevant training and competency checks. People received their prescribed medicines on time. For example, two people told us, "Medications are regular and accurate – I never have a problem" and "I get my medication regularly and on time and I am happy about that."
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered consistently.
- Medicines were stored correctly, with temperature checks undertaken within the medicines room and fridge. Opening dates were written on liquid medicines to ensure they maintained safe use.
- Medicines requiring stricter controls by law were stored correctly in a separate, secure cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was fully open to visitors. A relative confirmed, "There is no problem with visiting at any time – we come at all different times and it's never a problem."

Learning lessons when things go wrong

- Staff completed accident and incident reporting forms and body maps where appropriate. These were reviewed and signed off by the management team. The process included reflection on the nature of the incident, type of injury sustained, themes or trends and identification of steps required to prevent a

recurrence.

- Lessons learnt were shared via handovers, team meetings and supervision.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although staff said they felt appreciated by the management within the home, there was mixed feedback from staff about provider recognition for the work they did. We raised this with the registered manager and area manager to consider. A confidential staff survey was currently underway with all encouraged to be as open and honest about their thoughts.
- Managers and staff had a good understanding about their roles in helping people to stay safe and well and providing good oversight to maintain quality standards.
- Management systems and auditing provided robust oversight. Audits covered areas such as unannounced day and night visits by management, call bell response, health and safety, completion of care records and medication.
- The registered manager understood CQC requirements to notify us, and where appropriate the local safeguarding team, of incidents including potential serious injury, safeguarding issues and disruption to the service. This is a legal requirement.
- Staff were actively encouraged and supported to gain new skills and qualifications. Staff comments included: "Supervisions are great to encourage further training", "I have been offered further training to do a national vocational qualification in dementia care which I am looking to start in the new year" and, "I am always offered to extend my skills when I have supervision."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies.

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

- The home had a nurturing, supportive and cheerful culture. Staff got on well with the management team which created a caring and supportive atmosphere. Many staff were positive about the culture describing it as "like a family." A staff member commented, "The staff work well as a team, ready to lend a hand if needed and good at looking out for each other and residents."
- Staff enjoyed working at The Malthouse House Care Home and felt supported by colleagues. Almost all

said they were proud to work at the home. For example, one staff member said, "We've got a good team. It's like my second home. I am very proud of working here." The registered manager said, "The staff team as a whole are fantastic, they are very open, approachable, flexible and supportive. Collectively we are all making a difference."

- Staff were positive about the registered manager. They told us the registered manager had helped increase staffing levels, obtain staff lockers and improve activities provision. One staff member said, "The management team are always supportive, understanding show empathy and respect towards each staff member and resident."

- People, staff and professionals expressed satisfaction with the management of the home. For example, one person said, "The registered manager and deputy manager are very approachable, and any concerns are sorted quickly." Staff comments included: "[The registered manager] is always at hand" and "The registered manager and deputy manager are good leaders. They are very approachable. They take time to listen, always give us support and guide us to the correct decisions." A professional stated, "The home is better with [name of registered manager]. Good leadership quality from [registered manager]. [Name of deputy manager] has always been good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual surveys were used to gain feedback from people and relatives. Results were analysed and used to drive improvement. The last survey was from May-September 2022 with a very good response from both relatives and friends (27) as well as people (30). Feedback was very positive. Action was taken where opportunity for improvement was identified.

- The home was a registered 'Safe Haven.' A 'Safe Haven' is a safe place for someone to go, who is in a state of confusion due to any form of dementia-related illness. The person can be taken to the 'Safe Haven' while they wait for a responsible person to be found or for means to get home and is a preferred alternative to a police station.

- The home had developed and maintained good working relationships with external health and social care professionals which was supporting good care and treatment. A health care professional expressed: "[The Malthouse Care Home] is as close as you get to a home from home. Never had a concern about the home. Care has always been good."