

Selsey Care Company Limited

The Old 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 Old Malthouse Care Home is a residential care home providing personal care to 24 people aged 65 and over with various support needs, including both physical needs and dementia, at the time of the inspection. The service can support up to 34 people.

The building consists of a converted older building with additional wings added. The separate wings have various communal areas, including lounges and a garden.

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

People at the home were safe. People we spoke to were happy and there were enough staff to support people when they needed it. Healthcare professionals who worked with the service told us they had no concerns about staff or safety at the home. Medicines were managed safely using a new electronic medicines administration system. Staff knew people well enough to be able to tell if they were becoming distressed and to modify the care they gave, a staff member told us "We are like a family and you know if someone is getting upset."

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.

The registered manager and the deputy manager were supportive of the staff and staff told us they were happy to work at the home. Healthcare professionals who worked with the service told us the home was well managed by a "professional" registered manager. One health care professional said, "In my experience with working with the Old Malthouse, I have found them to be professional and compassionate to their residents." Another told us, "I think the service is safe and that the staff work well with the GPs."

The registered manager and the senior team carried out audits to monitor safety. Information received from audits was used to improve the service. The registered manager kept relatives informed about changes within the service due to COVID-19, for example visiting arrangements. Relatives and friends were informed where appropriate about the care needs of people and were asked for their input via surveys.

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 13 August 2019).

Why we inspected

We received concerns in relation to the safety of people's care, and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

The Old 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 Care Act 2014.

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 team consisted of two inspectors.

Service and service type

The Old Malthouse Care Home is a 'care home'. People in care homes receive accommodation and 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.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, the visits coordinator and cleaner.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to three relatives of people who used the service. We also spoke to four more members of care staff. We continued to seek clarification from the registered manager to validate evidence found. We received feedback from three healthcare professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. Staff understood there were different kinds of abuse, they knew who to tell if they suspected anyone was at risk. A staff member said, "I am confident in recognising signs of abuse and know that concerns would be acted upon. The registered manager would address them. I am aware of the whistle-blowing procedure if we don't feel heard."
- Staff knew people well enough to be alerted to changes in their behaviour that might show distress in people who were living with dementia and were unable to express themselves clearly.
- There were safeguarding policies in place and staff received training in keeping people safe. Training for safeguarding was up to date.

Assessing risk, safety monitoring and management

- The registered manager assessed risks within the home and ensured risks were reduced to keep people safe. For example, there were bedrooms upstairs in one wing of the building that were accessed by a flight of narrow stairs or stair lift as well as a conventional lift. The registered manager did not use these bedrooms for people unless she was sure they could remember to use the lift. This ensured the risk of falls on the stairs was reduced.
- People had personal risk assessments and staff had information to explain how to reduce any risks identified. We saw various risk assessments, including for falls and skin integrity. A relative told us, "The carer supported [my relative] at the last visit, he helped them and stopped them from falling, they weren't at their best and just wanted to walk around."
- Care plans included risk assessments to reduce the risk of isolation in people who were looked after mainly in their rooms. The risk assessments reminded staff to check people more frequently and we saw staff look in on people and ask if they needed anything. One person's risk assessment informed staff they enjoyed music and had information on music to play in their room.
- The registered manager or deputy manager carried out risk assessments and were involved with best interest decisions if people were unable to consent to measures to keep them safe. For example, the use of bed rails or wheelchair lap belts to reduce the risk of falls.

Staffing and recruitment

- Staff were recruited safely. Staff files were kept up to date and there were records of training and supervisions as well as one to one meetings with senior staff.
- Checks were completed for staff before they began working at the home in line with safe practice. These included checks of previous employment and full employment histories, suitable references and checks to

ensure staff were safe to work with people in care, such as checks with the disclosure and barring service (DBS).

- There were enough staff to care for people safely. Rotas showed sufficient staff were employed throughout the day and night and what we saw confirmed that. People were well supported by staff who visited people in their bedrooms regularly throughout the day. We saw staff interacting with people in the lounges and if a bell rang staff were quick to answer.

Using medicines safely

- Medicines were stored and administered safely. A medicines trolley was used by staff as they moved around the home administering medicines. We saw the trolley was locked if staff needed to leave it, for example to support another person.
- When the medicines round was complete the medicines trolley was stored in a locked room. Controlled drugs were stored safely, and medicines that did not fit in the trolley were kept in a locked cupboard. Medicines were well ordered and in date.
- Staff told us they had just begun using a new electronic medicines administration system which would allow more detailed audits of medicines. They showed us benefits of the new system compared to paper charts, for example the way the system reminded staff of missed doses, double checked the correct medicine was used using barcode technology and showed a running total of medicines stock enabling reordering as necessary.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager listened to complaints and learned from errors. A relative told us about a communication problem between staff and the family which caused them some upset. The registered manager apologised for the error and ensured the person's care plan was updated so it would not happen again. The relative told us, "They did apologise ... and there have been no mistakes since."
- Staff told us they were confident to report errors as they knew the service had a culture of learning from mistakes. A staff member said, "They really encourage a no blame culture here, we talk through any errors made, for example on medicines audits. There is a really healthy atmosphere. It's much better that things are addressed so we can improve, and staff are really good at this."

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us there was a positive culture at the home. A staff member said, "There is an open line of communication with management. They're always there if we need anything. The majority of people that work here are local, we're all neighbours. Everyone is familiar with each other and support each other."
- Staff cared for people in a person-centred way. We saw staff interacting with people in friendly ways that showed they knew people. A member of staff told us, "I think care here is good, it's a very homely home. People are always put first. It's their home, not our workplace. We try to promote independence as much as possible. I'm really passionate about providing person centred care."

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

- The registered manager understood the duty of candour and was always quick to speak to relatives if there were incidents at the home or if people's care needs changed. A relative told us, "[My relative] had a couple of falls, but [staff] contact me straight away, they seem on the ball."

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

- The registered manager was well supported by a group manager who visited monthly. The provider of the service was available by phone if needed. The registered manager told us, "The group manager visits once a month, he reviews our audits. If I request things from him I usually get them."
- The registered manager worked with a deputy manager and two team leaders. The rota was organised so there was a senior staff member on each shift to support staff.
- Audits were carried out and information gained from them was used to plan changes and improvements. For example, medicines audits were used to spot errors, and to ensure correct medicine stocks. A staff member said, "Audits are revised every year to ensure we're fresh, catching everything and minimising risk."
- Audits on the COVID-19 risk were carried out monthly. Room audits were carried out to look at any risks in people's room such as damaged furniture or call bells.
- The registered manager kept a spreadsheet of any incidents and accidents to ensure constant monitoring and to enable action to be taken in response to any repeated incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were able to feedback ideas to staff to ensure there were activities they enjoyed. The activities coordinator told us, "The registered manager has an open-door policy. I can feedback ideas that I'm gathering from residents, staff, from other forums etc and she's always receptive. She is open to finding out what we can do to improve activities for people."
- The registered manager used a regular survey to obtain feedback from relatives and professionals about their experience of care at the home and responded to any concerns. A staff member had reviewed the replies and appropriate responses were sent to families. Most concerns raised on the survey were about lack of visits over the past year, but staff explained COVID-19 guidance was being followed.
- The registered manager was flexible towards staff needs, for example a member of staff who found online learning difficult told us, "The registered manager is aware I take longer and is understanding with this."

Working in partnership with others

- Staff contacted healthcare professionals when they were needed. A healthcare professional said, "I visited last week and was impressed with the two senior care staff. They were very much on the ball about the person I visited. They also asked me to check on another resident they were concerned about, which I was happy to do."
- Professionals we contacted spoke highly of the service and of communication with the registered manager. Another healthcare professional told us, "In my experience with working with the Old Malthouse I have found them to be professional and compassionate to their residents."
- The registered manager worked with other healthcare teams to keep people safe and well. Local GPs had weekly video calls with the home during the COVID-19 pandemic and had recently begun visiting regularly in person again.