Review of compliance

Maricare Limited Montrose	
Region:	South West
Location address:	Montrose Care Home 40 Prince of Wales Road Dorchester Dorset DT1 1PW
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Montrose Care Home is registered to provide accommodation and personal care for up to 21 older people.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Montrose was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Montrose had taken action in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We previously visited Montrose in February 2012, when we asked the provider to take action because they were not complying with some regulations. The provider sent us an action plan. We made this visit on 28 June 2012 to check that they had made the improvements set out in their action plan, to make sure people were well looked after and safe. We toured the entire home, which enabled us to observe how care was provided and how the home was kept clean. We spoke with three people who lived in the home, two people who were visiting relatives and a visiting district nurse. We also spoke with the manager, two care workers and a cleaner.

One person who lived in the home told us "the staff know me very well". We found that aspects of their life that they talked about were documented in their care plan and were well known to staff. A person who had recently moved in told us they had been fully involved in their assessment and that staff had continued gathering information from them. They had a meeting arranged with the manager and family members, to agree the contents of their care plan. A visitor to another person told us "all the information we have given them has been taken on and we have agreed the needs and how to meet them". They said this included agreeing an individual menu for their relative, which had been kept to.

All the people we spoke with said there were enough staff to meet people's needs without cutting corners. We saw that staff did not rush, and interactions with people included conversation. During the afternoon, two staff spent time in a lounge with a small group of people who lived in the home. They used opportunities that came up to develop conversations with and between people. A person told us, "The staff show interest, give me the time to say what I need". A visitor to the home told us "It's a homely place, people know each other and are encouraged to take part as much as they want".

People in the home told us they saw cleaning going on every day and said their rooms were clean. One person told us their room received daily attention and the cleaner was "meticulous, they pull out the furniture and clean everywhere". We found high standards of cleaning, although a carpet in a bathroom was not a good choice of flooring.

A person who lived in the home said "They are always asking me if I'm happy with things". Another person said "We get various things to answer; they want to know if we are satisfied. We have meetings where we can raise things". A visitor told us "the relatives' meeting was good and the manager is always approachable and responsive".

What we found about the standards we reviewed and how well Montrose was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were protected from the risk of infection because appropriate guidance had been followed. The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider

had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
When we visited the home in February 2012 we found that some people were not directly involved in the assessment and planning of their care needs, before admission or whilst they were living in the home. The provider informed us in their action plan that they had improved their pre-assessment procedure to ensure all necessary information was obtained from people and their relatives. They told us they had reviewed the care plans for all people living in the home and had a programme of six-monthly reviews, to which relatives would be invited subject to people's agreement. The action plan described a key worker system put in place for ongoing review of care plans.

At this visit we spoke with three people that lived in the home and visiting relatives of two people. One person who lived in the home told us "the staff know me very well". We found that aspects of their life that they talked about were documented in their care plan and were well known to staff. Another person who lived in the home told us that through a recent survey carried out in the home, they had requested to see their care plan but had not yet done so. The manager showed us there was an appointment the following week for a close relative of the person to join a review with the person of their care plan.

One person we talked with had recently moved in. They told us they had been fully

involved in their assessment and that staff had continued gathering information from them. They told us they had a meeting arranged with the manager and family members, which was to agree the contents of their care plan. A visitor told us their relative had moved into the home from hospital in February 2012. They considered their relative's needs had been fully assessed when the manager visited them in hospital. They said "all the information we have given them has been taken on and we have agreed the needs and how to meet them". They said this included agreeing an individual menu for their relative, which had been kept to.

Another issue when we visited in February 2012 was that staff were too rushed to always give people the time and attention they needed to live in a dignified way. On this visit, we saw that staff did not rush, and interactions with people included conversation. During the afternoon, two staff spent time in a lounge with a small group of people who lived in the home. A person told us, "The staff show interest, give me the time to say what I need". The person said staff understood their difficulties with memory and helped them cope with this. Staff were "around all the time". Another person said "I get help when I need it". They told us staff respected their privacy and dignity. They chose when to get up and go to bed, when to use their room and when to go to shared areas of the home. All the people we spoke with said there were enough staff to meet people's needs without cutting corners.

Other evidence
People expressed their views and were involved in making decisions about their care and treatment. We looked at four care plans. We saw a comprehensive pre-admission assessment for a person who had recently moved into the home. A format for gathering and recording information was being used consistently as a basis for creating person centred care plans. We saw evidence of review meetings with people and their relatives and of forward planning to ensure future reviews take place routinely. All people were allocated a key worker, whose role was to form a close working relationship so they could particularly contribute to people's care plan reviews. A care worker told us key work had been a help in maintaining good communication with people's families and ensuring people were able to keep outside appointments.

The manager showed us a schedule for addressing different aspects of person centred care month by month with the staff group. Topic areas included activities, meal times and equality and diversity. The manager showed us questionnaires they used with all the staff on each of these subjects. These were followed up in individual supervision meetings with staff. We saw that all people in the home had been asked about their spiritual needs, which led to arrangements made for people to maintain involvement in religious activities, where they wished.

Our judgement
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
When we visited the home in February 2012 we found that people were not stimulated. The provider's action plan informed us that two hours of staff time per day was to be allocated to encouraging activity and interaction. They said that as a result of consultation with people living in the home they had arranged a programme of varied entertainers coming into the home and were working on ideas for trips out of the home. They had begun a process of detailed involvement with people about their past and present interests and wishes, which they expected to be completed by September 2012.

On this visit we spoke with three people who lived in the home and two people who were visiting relatives. A person described a trip out in which they had been taken to see many local places associated with their younger days. We saw from staff interactions with them that this experience was used as a reference point in conversations. Staff showed an ability to engage with people on the basis of known experiences and interests. For example, two staff were playing a game with a small group of people in a sitting room. They used opportunities that came up to develop conversations with and between people.

A person we spoke with in the home told us they liked joining group events in the home, such as church services and when entertainers visited. They also had an active social life outside the home, which they said they were supported to keep up. They described active friendships they had formed with other people in the home. A visitor to the home told us "It's a homely place, people know each other and are encouraged to take part as

much as they want".

Other evidence
The manager told us all care plans had been reviewed since our previous visit in February 2012. We looked at four care plans. They were clearly based on assessments of needs and risks for individuals. They gave specific guidance to staff, for example about how to provide a person with personal care or to support at meal times. Daily recording by staff demonstrated that care was given in line with care plans and that concerns and observations were followed up. There was evidence of an efficient written handover system between shifts of care staff. For example, a night staff observation of change in a person's wellbeing led to day staff obtaining GP advice in the morning. This was then reflected in an addition to the person's care plan.

A care worker told us the improvements to care plans and needs assessments made them easier to use. They said that changes in people's wellbeing were recorded and communicated, with consideration whether these should lead to a change to a person's care plan. Another care worker said "we use the care plans all the time". They described how records of a person's eating pattern had led to a change of care plan, which had led to improved nutrition and weight gain. The care worker told us that when a district nurse came, they referred to the person's care plan to check what information needed to be shared.

We spoke to a district nurse, who was attending a person in the home. They told us they visited the home regularly, at different times of day. They said the home made appropriate referrals for district nurse intervention. They found the staff had a good knowledge of the people in the home and were attentive to people's needs. This included making sure people always had access to drinks. The nurse told us the staff in the home cooperated fully with advice and treatment guidance given by visiting nurses. They noted a consistently calm atmosphere in the home and described ways in which they had seen the present manager giving direction to the staff.

The manager showed evidence of an individual information gathering exercise to help people who lived in the home to build a picture of things of importance that made them the people they were. The manager said they and a senior member of staff were doing this work together over a six month period, "going only as far as the person wants to go". The manager told us the outcome would be personalised information to help inform care and activity planning for individuals. They were finding the exercise in itself represented a positive reminiscence activity for people.

Staff recorded in an activities diary when they spent time with people individually and in informal groups in the shared rooms. There was a booked programme of external entertainers coming into the home three times each month. We saw evidence of planning for visits out of the home for individuals and groups, such as to join the community Olympic flame event.

Our judgement
People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke with three people who lived in the home and two people who were visiting relatives. We asked them if the home felt a safe place to live. All the people considered it a safe home. One person told us "I'm lucky I ever came to live here", another said "It's why I came, I wasn't safe at home". A visitor said the home was safe "because they are very open in how things are done, everyone feels it's a community that people want to get the best out of".

Other evidence
When we visited the home in February 2012 we found that some staff did not show a good understanding of risks of abuse, or of their responsibilities to recognise and respond to risks. The home's safeguarding policy was not aligned with the local multi agency protocol for keeping vulnerable people safe and reporting concerns. The provider sent us an action plan. They informed us they had aligned their safeguarding policy with the Dorset multi agency protocol. They told us arrangements were made for all staff to attend safeguarding training. They said all staff would be assessed individually for their understanding of safeguarding by the end of May 2012.

The home's training records showed all staff had attended safeguarding training, or were booked to do the training in July 2012. This training included informing staff how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards related to their work. There were also records of supervision meetings between the manager and each member of staff, in which their understanding of safeguarding issues had been tested and discussed further. This was done in conjunction with recorded observations of care

practice by members of staff, which were continuing.

The provider responded appropriately to any allegation of abuse. The provider took action as we required to ensure the home's safeguarding procedures were in line with the local multi agency protocol. The manager had recently made an alert under these procedures. There was a detailed record of the events that had led to the alert being made, and of the actions taken to keep a person safe.

We looked at records for a person who could display behaviours that caused them and others difficulty. There was evidence of assessment of the possible causes of the behaviour and action taken to reduce an identified source of distress. Evaluation within the person's care record showed the risk of the behaviour occurring had been reduced.

Our judgement
People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
At our previous visit in February 2012 we found very poor standards of cleanliness throughout the home, with risks of cross infection. Essential monitoring of kitchen hygiene was not taking place.

The provider sent us an action plan. They told us that in response to our findings, they had increased the staffing hours allocated to cleaning. They sent us a schedule for ensuring daily cleaning of high risk areas, including all toilets, basins and commodes. They showed us how this was to be monitored. There were detailed new schedules for night time and kitchen cleaning. Arrangements had been made for all staff to complete infection control training by 9 June 2012. They told us they had replaced carpet by more suitable flooring in two en suite bathrooms.

At this visit we toured the entire home and found high standards of cleaning, although the provider may find it useful to note that carpet in a first floor bathroom did not allow for thorough cleaning in such an environment, compared to other flooring options.

We spoke with three people who lived in the home and two people who were visiting relatives. The visitors told us they had no concerns about cleaning standards. The people in the home told us they saw cleaning going on every day and said their rooms were clean. One person told us their room received daily attention and the cleaner was "meticulous, they pull out the furniture and clean everywhere".

Other evidence
There were effective systems in place to reduce the risk and spread of infection. Two cleaners covered six days per week between them. One of them worked four days a

week and had primary responsibility for cleaning all high risk areas such as sinks and toilets. The other worked six days per week, two of them covering the duties of the other cleaner on their days off and four days concentrating on rooms that people occupied. On Sundays there was no cleaner and care staff were required to undertake essential cleaning. Night staff also had cleaning duties, such as vacuum cleaning. All cleaning tasks were identified in cleaning schedules, for example, each night of the week had a different schedule of tasks to be completed. Staff signed to show what they had done. The manager had a record of carrying out spot checks. These showed that when shortfalls were identified they were put right. A member of staff told us "a cleaning plan has been put in, there wasn't one but now it's clear what is expected".

Training records showed that all staff had undertaken infection control training. There was a procedure displayed in the office for managing in the event of an outbreak of infection.

Our judgement
People were protected from the risk of infection because appropriate guidance had been followed. The provider was meeting this standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
WWe spoke with three people who lived in the home and two people who were visiting relatives. However, their comments did not relate directly to this outcome.

Other evidence
When we visited the home in February 2012 we found several shortfalls in how medicines were accounted for and administered to people. People were given medicines with no explanation of what they were for, and some medicines were left in people's rooms. If people were prescribed a medicine to be taken 'as required', staff had insufficient guidance about deciding when it was required.

The provider sent us an action plan in response to our findings. They told us that all staff who were involved in administration of medicines would attend training by the supplying pharmacist in May 2012. They said the manager had met with the pharmacist to ensure an efficient ordering system was agreed. An observation based competence assessment for staff had been introduced. The manager was carrying out monthly medicines audits.

The manager told us that they had undertaken a supervision exercise with staff who administered medicines. This included highlighting the necessity to involve people in understanding their medicines; and to witness and sign for all medicines that were administered. There was evidence of assessment of staff competence to administer medicines. In one instance this had led to a decision that a person should continue to

observe others before resuming responsibility for administration. The manager kept a record of their observations of members of staff carrying out medicines administration, and of regular audits of medicines held in the home. There was a form for recording any medicine error and how it was addressed, although there had been no recorded errors since the form was introduced.

Medicines were safely administered. We spoke with a member of staff who completed administration of medicines at lunch time. They were able to describe in detail training they had received and the procedures they followed in respect of controlled drugs. They demonstrated safe handling and recording of medicines.

We looked at medicine administration records (MAR). Where people were prescribed paracetamol to take if they needed it for pain relief, the MAR showed whether it had been required and given, or not required. This was backed by written guidance that people were to be asked and could indicate whether they required pain relief. However, the provider may find it useful to note that the quantity given was not shown. The manager has shown since our visit that this has been brought to staff attention through a staff meeting. Another 'as required' medicine was in use for one person. There was written guidance on strategies to use to alleviate symptoms before deciding on use of the medicine.

The manager showed evidence of obtaining advice and guidance from the supplying pharmacy. They had agreed a change in the arrangements for ordering medicines, to minimise risks of delay in obtaining the medicines people needed. Where there had been concern about maintaining an adequate supply of a person's medicine, the manager could show an audit trail of how the issue had been resolved.

Our judgement
People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We spoke with three people who lived in the home and two people who were visiting relatives. A person who lived in the home said "They are always asking me if I'm happy with things". Another person said "We get various things to answer; they want to know if we are satisfied. We have meetings where we can raise things". A visitor told us "the relatives' meeting was good and the manager is always approachable and responsive".

Other evidence
When we previously visited the home in February 2012 we found that although management monitored aspects of the service, their findings were not shared with staff or used as a basis for improving the service.

We asked the provider to send us an action plan showing how they would address the shortfalls we identified. The provider sent us a detailed action plan together with evidence of how they were improving the service. They appointed a new manager. The manager told us the providers visited the home weekly and they reviewed progress against the action plan together. We saw that they set monthly objectives for developing the service, related to outcomes from their monitoring of the service. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw minutes from meetings for people who lived in the home, and their relatives, which had been held in March and May, 2012. These showed the home had been open with people about the issues raised through CQC regulation and their actions in response. People had raised a concern through a meeting about some people receiving meals and drinks that were

not hot. The organisation of meal times had been changed in response to this. The development of activities provision was based on feedback obtained from the meetings, and from a questionnaire exercise that had been undertaken in 2011.

A programme of staff meetings through the year had been put in place. Minutes of staff meetings showed the staff were kept involved in developments in the service. A care worker told us "There was no planning. The new manager has made a big difference. Now all the staff are pulling together."

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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