# Hamberley Care (Brampton) Limited

# Montague House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

About the service
Montague house is a residential care home providing personal and nursing care for to up to 70 people. The service provides support to older and younger adults who may be living with dementia. At the time of our inspection there were 43 people using the service. The service is set up over three floors. People had their own bedrooms with access to en-suite toilets and share communal areas such as lounges, dining rooms, cinema room, café, hairdressing room, spa bathrooms and a large garden. There were also 6 suites for those that wanted a bedroom, ensuite and their own lounge.

People's experience of using this service and what we found
Medicines were not always managed in a safe way. Some of the systems for monitoring this were not implemented effectively. The risks to people's safety and well-being were assessed and planned for, however, risk assessments and care plans sometimes needed more detailed information. Staff knew people well, so this had not had any impact on people. Not all staff had completed fire drill training.
Incidents, accidents and complaints were investigated and learnt from.

People living at the service and their relatives were happy. People knew the staff and management team, they felt able to raise concerns and felt well informed about the service. People liked staff and had a good relationship with them.

People's needs were assessed, monitored, planned for and met. The staff worked closely with other healthcare professionals to identify and address any changes in their needs. People had enough to eat and drink and they enjoyed the food. There was a wide range of different social and leisure activities and people were able to take part in these.

There were enough suitably qualified and experienced staff. They were well supported and had access to a range of training and information. There was good teamwork and communication. Staff felt supported by the manager.

There was a range of systems designed to monitor and improve the quality of the service. These included checks by the management team and senior managers within the organisation.

The environment was suitable and well maintained.

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.

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

Rating at last inspection and update
This service was registered with us on 30 November 2021 and this is the first inspection.

Why we inspected
This inspection was undertaken as it is the first inspection since registration.

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.

Enforcement and Recommendations
We have identified breaches in relation to the safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-led findings below. | **Requires Improvement** |

# Montague House

**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
Two inspectors carried out this inspection.

Service and service type
Montague House 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. Montague House is a care home with 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 not a registered manager in post. A new manager had been in post for since September 2022 and had submitted an application to register. We are currently assessing this application.

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 (PIR). 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 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, 3 nurses, well-being staff, the chef and care staff.

We reviewed a range of records. This included 4 people's care records. We observed medicine administration and reviewed a sample of associated records. We looked at 2 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including audits, staff training, policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The administration and management of medicines was not always safe and we were not assured people always received their medicines as prescribed.
- The records of the administration of medicines and the levels of medicines in stock did not always tally.
- One controlled drug had been recorded incorrectly in the controlled drugs register. This could have meant the wrong medication could have been administered. The site of medicated patches were not always being rotated as required to avoid skin irritation.

The management of medicines was not always safe. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training and competency assessments before administering medicines.
- The manager took immediate action to ensure there were clear records of where medicated patches should be applied and investigated the difference in stock levels and records.

Assessing risk, safety monitoring and management

- Risks people faced had been identified and assessed, with action taken to enhance safety.
- However, information about risk management was not always detailed in people's care plans. For example, one person's care plan did not include the information that they required support using a hoist from their bed to a shower chair.
- Those people at risk of developing a pressure ulceration had specialist equipment in place to prevent any skin breakdown. People's care plans had not always been updated to include current wound information.
- Environmental checks and servicing of equipment were undertaken to ensure safety. Although staff were always available in the home that had completed the fire marshal training, not all staff had completed a fire drill.

- The manager addressed our concerns about people's records and fire drills during the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to promote safety and minimise the risk of abuse.
- Staff had completed safeguarding training and understood their responsibility to keep people safe. They said they would raise concerns about anyone being harmed with their line managers. One staff member told us, "There is a culture here where you can raise concerns."

● Any safeguarding concerns were reported to the local safeguarding team and CQC, as required.
● People told us they felt safe at the home and relatives had no concern about safety.

Staffing and recruitment
● People were supported by staff who had been safely recruited. People's right to work in the UK and Disclosure and Barring Service (DBS) checks had been completed before new staff began working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
● There were enough staff on each shift to ensure people's basic care needs were consistently met and people were supported in line with their care plans. The manager used a dependency tool to assist them with assessing individual needs and staffing levels. People told us there were always staff available to assist them.
●Staff were trained to meet the needs of people. Staff had completed mandatory training prior to working independently and had support of colleagues and members of the management team.

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
● People's friends and relatives could visit them at any time without the need to book an appointment. One relative told us, "As visitors we are always made to feel welcome. We can visit whenever we like and there is always tea, coffee and cake available."

Learning lessons when things go wrong
● A record of accidents and incidents was maintained. The manager reviewed these to ensure appropriate action was taken to minimise a reoccurrence, and to identify possible trends. The provider's quality and senior leadership team also reviewed accidents and incidents to ensure appropriate action had been taken in response.
● People had been assessed for the risk of falls. Measures were in place to minimise falling, but if a person had fallen several times, incident reports were analysed to identify any trends.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support ; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they were supported by the service. Assessments included the support people required including their individual needs, any identified risks and preferences.
- People's healthcare needs were assessed, monitored and met. Staff supported people to access health or social care professionals as needed. A person told us the doctor visited weekly, and they could see them at other times if needed.
- Staff knew what to do if a person became unwell or needed additional support.
- Other medical professionals including optician and chiropodist also visited the service.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role effectively.
- Staff told us they felt training was sufficient and they were given opportunities to further their knowledge. Staff also told us they had started to receive supervisions since the new manager had been in post and this helped them to feel more supported in their roles.
- The manager told us that the process of inducting new staff was in the process of being changed to make it more effective. Staff also completed the Care Certificate if they had not already done so. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough food and drink that they enjoyed. Staff monitored people's food and fluid intake as well as their weight. Staff took appropriate action if there were concerns about any of these areas.
- People were offered a choice of main meal and were asked the day before what they would like to have. However, we saw that people could change their mind on the day and this was respected. People also told us if they did not like either of the choices on the menu they could request something else. A person told us, "The food is like a first class hotel. If I don't like what's on the menu I talk to the chef and [they] will do whatever I want."
- The chef observed the lunchtime experience and actively asked people for feedback about how mealtimes could be improved. A person told us they had requested to have salad at tea times and this had been provided.

● We observed lunch time on the first day of the inspection. Not all of the staff serving the food were aware of people's dietary needs. The manager responded to this by ensuring that information was easily available in the dining areas.

Adapting service, design, decoration to meet people's needs

● The environment was suitable and well maintained. The home was divided into different areas, each with communal spaces and individual bedrooms. All bedrooms had ensuite toilets, showers, and handwashing facilities. Bedrooms had been personalised and people could bring their own belongings and furniture when this was agreed by the provider. We saw people enjoying the communal areas such as the café with their friends and family.

● The home was light, warm and well ventilated. A lot of thought had gone into providing a homely feel. Furniture and furnishings were suitable and in good condition.

● There was specialist equipment, such as adjustable beds, hoists and accessible bathrooms for people who needed these. The bathrooms included a privacy curtain so people were confident that even if they didn't want to lock the door their dignity was still maintained.

● There was a range of signage and information designed to help orientate people.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider ensured people consented to their care in accordance with the MCA. For people who lacked the mental capacity to make decisions, the provider had obtained DoLS authorisations and worked with people's family or representatives to make decisions in their best interests.

● Staff undertook training to understand about MCA and DoLS. They helped people to make decisions by offering choices and presenting these choices in ways people understood.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were well treated and supported. They had good relationships with staff. People told us the staff were kind and caring. We observed the staff being polite, friendly and attentive. Staff explained what they were doing and offered people choices. Staff from all departments knew people well and addressed them individually and respectfully. This helped to create a homely atmosphere.

● Staff knew the little details about people that mattered to them. For example, a person's care plan stated they liked to have a spoon with their cappuccino so the froth didn't ruin their lipstick.

● We saw lots of positive interactions. This included 1 person returning from hospital and staff and other people were excited to see them and welcomed them back. A person commented about the staff, "You wouldn't find anyone better no matter where you went."

● Staff received training in equality and diversity so they could support people in ways that did not discriminate against them and championed their rights. People's religious and cultural beliefs were considered and respected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence was promoted and respected. People were supported to be independent when they wanted this and were able. The provider supplied a range of equipment to help people be independent. People told us they were able to do some things for themselves.

● Staff understood the importance of maintaining people's confidentiality. Staff knocked on bedroom doors before entering and used the person's preferred name.

● People and relatives told us they were given the opportunity to share their views about the care provided. Some people did tell us that they would like to be more involved in reviewing their care plans. The registered manager had already identified this, and action was being taken to ensure people felt included in the planning and reviewing of their care.

● People told us staff offered them choices each day. We observed this happening. Staff respected people's decisions.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided care and support that met people's individual and reflected their preferences.
- Care plans varied in detail, and some would benefit from more information. This was discussed with the manager and the provider's representative, who had the organised care plan training was brought forward.
- The staff knew people well and were able to describe their needs and how they wanted to be cared for. People and their relatives confirmed this explaining how people received personalised care.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs which were established through the initial assessment.
- Each person's care plan contained information on how they communicated their care and support needs and choices. The manager stated that they would be looking at providing a care plan in an audio form for people who this may be more accessible for.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At Montague House instead of care assistants they had the role of homemaker which incorporated the tasks carers, housekeepers and companions, all in one person. This role was still being developed. There was also a well-being and lifestyle coach who coordinated activities. The wellbeing and lifestyle coach was extremely motivated to provide activities and opportunities people could enjoy and look forward to participating in both inside and outside of the home.
- People were offered a range of activities and opportunities to socialise. People attended regular events outside of the home such as singing in a local dementia choir and attending church services and social events.
- People told us they enjoyed the in-house activities. These included yoga, pet therapy, fish and chip evening, cookery presentations by the chef, visits from the local children's nursery and library.
- For 1 person the staff had sensitively facilitated meeting up with their family out of the home. This had meant family time was a really positive experience for the person and avoided them feeling unsettled when

their family member left the home.

Improving care quality in response to complaints or concerns

● The provider investigated and learnt from complaints. There was an appropriate system for dealing with complaints and concerns. People using the service and their relatives knew how to raise a concern and felt confident these would be dealt with. One person told us, "If I wasn't happy about anything I would talk to one of the homemakers or the manager."

● There had been no formal complaints since the new manager had been in post. The manager advised that any "small niggles" were always dealt with immediately to avoid the need for any formal complaints to be raised. People confirmed this to be the case. One person told us, "I complained about my radiator not working and even the manager came and tried to fix it."

End of life care and support

● Care plans included basic information about people's preferences for resuscitation, end of life care and for any arrangements after death. The manager said they worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life experience surrounded by the people they wished to be by their side. The manager was arranging for all staff to complete end of life training.

● A relative told us they had seen how supportive the manager and staff had been when a person was receiving end of life care. This was also the theme of thank you cards the home had received.

Requires Improvement

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There were systems in place to monitor quality and safety. However, medicines audits had not always identified where improvements to medicines management were needed. The staff had not always followed the provider's policy to carry out stock and record checks each week. This meant some issues had not been identified. However, following our inspection, the manager took steps to address these concerns.
- The staff and management team carried out a range of other audits and checks. When problems were identified they implemented plans to put this right. They were also supported by the provider's quality assurance team who helped to identify any areas for improvement and ensured they were carried out in a timely manner.
- The management team had daily and weekly meetings to discuss the service and individual people. This helped them to have a good oversight of where improvements were needed and ongoing support and care needed.
- The manager was committed to their role and aimed to achieve high quality care for people alongside a dedicated staff team. People, their relatives and staff all spoke positively about the new manager and how they felt improvements had been made since they had been in their role. The manager worked closely with staff providing 'hands-on' care to people when needed and leading by example.

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

- The service had a positive culture that promoted people's choice and independence. People using the service, relatives and staff felt happy and that they could raise any concerns if they needed to.
- People's relatives told us they felt involved in care planning and were reassured by open and ongoing communication from the manager.
- Staff meetings took place regularly; staff told us they were able to share their views and the manager's door was always open for any discussions.

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 provider understood their responsibilities under duty of candour. They had reported incidents to CQC as required, had investigated adverse events and been open and transparent with stakeholders about these.

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

characteristics

● The provider engaged well with people and their relatives. There were regular meetings for people living at the service, relatives and staff. These included open and transparent discussions about things that had gone wrong, planning for the future and what was working well.

● The provider asked stakeholders to complete surveys about their experiences and the results of these were analysed to help develop improvement plans.

● There were a range of suitable policies and procedures which reflected legislation and best practice guidance. Information from these were discussed with staff. There were regular meetings for the staff to help keep them informed about regulatory requirements.

Working in partnership with others

● Staff worked with other professionals to ensure people's needs were met appropriately. The manager commented on their positive working relationships with other professionals.

● Referrals were made for people to relevant professionals when required for specialist advice and support. For example, dietitians and speech and language therapist.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>How the regulation was not being met:<br><br>People who use services were not protected against the risks associated with unsafe management of medicines.<br><br>Regulation 12(2) |