RCH Care Homes Limited

Maidstone Care Centre

Inspection report

259 Boxley Road
Maidstone
Kent
ME14 2AR

Tel: 01622672292
Website: www.ranccare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Maidstone Care Centre is a residential care home providing personal and nursing care to up to 58 people. At the time of our inspection there were 52 people using the service. The service provides support to people who may be living with dementia who require support and nursing care. The service is arranged over 3 floors with lift access.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

There were not enough staff employed to meet people's needs. The service employed large numbers of agency staff, these were not always regular agency staff. People were not consistently supported by staff who knew their needs. Potential risks to people's health and welfare had been assessed but there was not always guidance in place for staff to mitigate all the risks.

Medicines were not always managed safely. Accidents and incidents had been recorded and some analysis had been completed but more detail was needed to reduce the risk of them happening again. The provider had organised bespoke dementia training for staff, however, very few staff had attended, and the recommendations had not been consistently deployed.

There had not been a consistent management team in place to drive improvement and the service continued to be in breach of regulations. Audits had been completed but action had not always been taken to rectify the shortfalls identified. A new manager had started the week of the inspection, they had already identified most of the shortfalls found at this inspection. Following the inspection, they supplied evidence of the improvements they had put in place.

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.

People were supported to remain as independent as possible, and their privacy was respected. People and relatives were invited to meeting to express their concerns and suggestions, the provider had responded to suggestions, including the employment of a receptionist at the weekend. Complaints had been investigated and apologies given when the complaint had been upheld.

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
The last rating for this service was requires improvement (published 27 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and the provider continued to be in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
We received concerns in relation to risk management, staffing levels and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, caring 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.

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 requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well -led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Maidstone Care Centre

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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Maidstone Care Centre 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. Maidstone Care Centre 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 a week and planned to submit an application to register.

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. 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 9 people who use the service and 4 relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, head of quality and governance, interim manager, the provider, associate practitioner, nursing staff, wellbeing staff and care staff including agency staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 9 people's care records and multiple medicine administration records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, such as audits, meetings, monitoring, and training were reviewed. After the inspection we spoke with the local authority.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and mitigate all risks to people. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

● At the last inspection, risks to people's health and welfare had not always been managed affectively. At this inspection, care plans did not always contain guidance to support people safely. Some people required a catheter to drain urine from their bladder, there was not clear guidance about what drainage bags to use and when to change them. Records of when catheters had been changed were not accurate, some changes had been recorded in the daily notes but not in the clinical notes. There was a risk the catheters would not be changed when required.
● There was not always guidance in place for staff to follow and keep people safe. People receiving oxygen used concentrator machines, the filters in the machines need to be washed and changed weekly, as per manufacturers guidance, there was no guidance for staff about when this should be done. There was no record the filters had been cleaned. Some people had mobile oil radiators in their bedrooms, there was no risk assessment in place to minimise the risk of people getting burnt or falling over them. This was put in place during the inspection.
● Accidents and incidents had been recorded, there was a basic analysis to identify patterns such as times and days of the week. This information had not been investigated further to include details such as, staffing levels, if the same staff had been present or reviewed to check if action taken had been effective. There were limited evidence incidents had been investigated such as unexplained bruising, especially if people had been assessed as being non-compliant with personal care.

The provider had failed to assess and mitigate all risks to people. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Checks had been completed on the environment and equipment used by people to make sure they were safe. Regular checks had been completed on hoists and slings and fire equipment.

Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

● Medicines were not always managed safely, some improvements had been made but there continued to be shortfalls. Some people were prescribed medicines on a 'when required' basis for example, to help with anxiety or pain relief. Protocols for these medicines were not always available or did not have person centred guidance for staff about when to give the medicine, how much and how often. Some protocols for different medicines were identical, this did not reflect the reasons for giving the medicines and the effect expected. These protocols are important when agency staff, who do not know people well, are assessing if people require the medicine, to make sure they receive consistent support.
● Staff were not always following national guidelines about transcribing medicine administration records (MAR) charts following a verbal order by a prescriber. Staff told us they did not always get written confirmation from the prescriber. Where an entry was double signed on the MAR, staff did not always ensure that the witness had been present at the time of the verbal order being given to ensure that the person writing the MAR had fully understood the prescriber's instructions. Failure to follow this guidance can lead to unintentional and avoidable errors.
● Staff were not always directly following the advice given by the pharmacy. One person was prescribed liquid medicine, and this was being given in coffee rather than the juice or water that was recommended on the pharmacy advice document. Some brands of the medicine can interact with coffee which could lead to a person not getting the intended therapeutic effect. Staff were also placing all a person's medicines into a drink to be administered covertly at once. Good practice is to administer medicines one at a time or with the smallest volume of drink possible so they can be sure that a full dose of the medicine has been taken.

The provider had failed to manage medicines safely. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Following the inspection, the manager sent us updated care plans for covert medicines and confirmation from the pharmacy about the fluids medicines can be added to.

Staffing and recruitment
● There were not enough staff employed at the service, this placed people at risk of not receiving safe care. The service employed large numbers of agency staff, there were occasions when over half the staff providing support were agency staff including nursing staff. There were systems in place to make sure agency staff had the information they needed but these were not always effective. Agency nurses told us, they had not received a comprehensive induction before taking charge of a shift, daily handover sheets did not always contain detailed information about people's medicines needs.
● Some people living at the service had specific needs as they were living with dementia. Staff had completed an online dementia course, some staff had attended an in-depth face to face course. The course was for new staff but records showed the course was poorly attended and some of these staff no longer work at the service. There was a risk people would not be supported by staff with the required skills. Staff told us, they had not received regular supervision to discuss their skills and training needs.
● Staff told us, there was not enough staff. One member of staff said, "This is the big problem, we need 1 more person to help – sometimes I feel I am unable to meet the needs of the person because there isn't enough time so sometimes people don't get washed and dressed at the time, they like best and have to wait longer especially if someone needs two people for moving/handling."

● The manager acknowledged the need to employ more staff and told us there were staff going through the recruitment process. There was a recruitment day organised, so potential staff could meet the management team in an informal setting.

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled staff to meet people's needs. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were recruited safely. Checks had been completed before staff started work at the service, there was a full employment history, references from previous employers and 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.
● Checks had been completed to make sure nurses were registered with the Nursing and Midwifery Council.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The first and second floors had a strong odour from the carpets, the provider told us, the carpets were going to be replaced shortly after the inspection. Some bathrooms were being used as storage and people were unable to access them. The manager asked for these to be cleared during the inspection. Some equipment such as bath chairs were not always clean, the manager was made aware of this during the inspection.
● 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 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
Relatives told us they were able to visit when they wanted and were always made to feel welcome.

Systems and processes to safeguard people from the risk of abuse
● There were systems in place to recognise and report abuse and discrimination. There were not always formal procedures in place to protect people from abuse. One person managed their own money, they gave staff money to buy them 'bits and pieces'. Staff had recorded this in the daily records and informed who oversaw the unit. There was no risk assessment or formal system in place to record and monitor the process to protect the person and staff involved. We discussed this with the manager who agreed a formal system would be put in place.
● Staff were able to describe the signs they would look for if people were suffering abuse. They were able to describe how they would report the concerns and they were confident the management team would take appropriate action.
● The management team had reported concerns to the local safeguarding authority to be investigated. They had worked with the local authority to take action to mitigate the risk of incidents happening again.

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.
● People's capacity to make decisions had been assessed. When people were unable to make a decision, a best interest meeting was held, including professionals and relatives who knew people well. The outcome of these meetings had been recorded.
● Staff told how they supported people to make choices. Staff were observed asking people how they wanted to spend their time or what they wanted to drink. Care plans had guidance about how to support people to choose appropriate clothing and nutrition.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 told us the staff were caring and treated them with respect while supporting them. One person told us, "Staff are very nice", and "Staff are friendly and helpful". Relatives told us, "All the staff have been very kind and supportive, and I enjoy having some friendly banter with them." A visitor told us, they had brought some flowers for the staff to say thank you for their support and kindness to them and their friend, while they were receiving end of life care.
- During the inspection, staff addressed people in the way they preferred. Most people were happy to be addressed using their first name, however, one person wished to be known by their title. All staff, including agency staff, addressed the person correctly as they wished.
- People told us, they were supported to meet their spiritual and religious needs. One person told us, "I will attend a service if I wish to."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care and to make decisions. Staff required a photo for a person's records, the person had concerns about the storage of the photo and who would haven access to it. Staff discussed their concerns with them and agreed a process they were happy with. The person had their photo taken, staff showed them where the photo would be used and then went through the process of deleting the photo from the computer. The person was reassured by this and thanked the staff for their understanding.
- People had been supported to complete a life history document and staff were aware of people's history and how this may affect people's needs and support. People's preferences to the gender of staff they wished to support them was recorded and adhered to.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected, and people were supported to be as independent as possible. Staff knocked on people's doors before entering, some people had specific requests when staff entered their rooms, and these were respected.
- Staff spoke to people quietly and respectfully, when asking if they needed support. People told us, they were supported by staff when they asked for support. One person stated, staff helped them to clear up their room after they had washed and dressed. People mobilised using equipment such as walking frames, people used specialist cutlery when eating their meals, to support people to be as independent as possible.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities) Act 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

● The service has been rated requires improvement at the last 3 inspections with continued breaches of regulation. At this inspection, there had been some improvement but there continued to be breaches of regulations. Since our last inspection, the registered manager had left, the service had been managed by 2 interim managers. A new manager had been employed, they had begun working at the service the week of this inspection. The new manager had identified the areas for improvement including those identified at this inspection. They had already made some changes, had started to work on an action plan and responded to requests during the inspection such as moving equipment out of the bathrooms.
● Audits had been completed on aspects of the service. Audits had identified some shortfalls, but these had not always been rectified. Medicines audits had identified gaps in the signatures to confirm medicines had been given, this continued at this inspection. Care plan audits had identified some shortfalls, and these had been rectified by the auditor, however, they had not identified the shortfalls found at this inspection. There continued to be limited oversight to ensure people received the fluids they needed, or equipment had been cleaned as required.
● Senior managers completed 6 monthly compliance visits. A visit in September had identified furniture being stored in bathrooms, this had been agreed as an area for action but had still not been completed at the inspection. At our last inspection, it was identified the environment did not always meet best practice to support people living with dementia, including pictorial signs, different coloured doors, and memory boxes. At this inspection, there had been no improvement, and the environment still did not meet best practice guidance.
● Staff had not always received regular supervisions or appraisals to support them and discuss their practice.
The provider had failed to assess, monitor, and improve the quality of the service. This is a continued breach

of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 constant change of management and use of agency staff had not always promoted a positive and empowering culture within the service. People told us, they had not always been supported in the way they preferred, including not being able to get up and go to bed when they wanted. Relatives had raised concerns about people not receiving their personal care until midday, which people had found upsetting. Since the new manager had started improvements had been made. Professionals told us, following the inspection, they had found them responsive, and people were now receiving their personal care when they wanted.

● Some people were not living on the most appropriate unit for their needs, staff were not always able to provide the support they needed. Since the inspection, plans had been put in place to move people to the most appropriate unit. The manager told us, they would make this part of the initial assessment before people moved into the service.

● Relatives had been informed when accidents or incidents had occurred. When the management team changed, people and relatives were told, and they were open about the challenges the service faced. Complaints received had been investigated and an apology issued when the complaint had been upheld.

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

● People and relatives were invited to regular meetings to discuss any issues they may have or suggestions to improve the service. Relatives had expressed concern about how long it took to answer the phone and door at the weekend. The provider had now employed a receptionist to work at the weekend to improve the service for relatives.

● There were regular meetings each morning, involving the staff in charge of each unit, to discuss people's needs and any concerns. General staff meetings had not been held regularly, but staff told us they felt confident to raise any concerns with the current management team.

Working in partnership with others

● The staff team liaised with other health professionals including specialist nurses and dieticians, to support people's needs.

● The new manager had started to build relationships with the local health and social care team.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate all risks to people. The provider had failed to manage medicines safely. Regulation 12 (2) (a)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor, and improve the quality of the service. Regulation 17 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled staff to meet people's needs. Regulation 18 (1)