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The Minstrels Residential Home

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Requires improvement	

Overall summary

This was an unannounced inspection carried out on 4 February 2016.

The Minstrels Residential Home can provide accommodation and personal care for 33 older people and people who live with dementia. There were 25 people living in the service at the time of our inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People were helped to promote their wellbeing, steps had been taken to reduce the risk of accidents and medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way. This included being able to assist people to eat and drink enough. In addition, people had been supported to receive all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions

for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people's rights were fully protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who could become distressed and who needed reassurance. People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff had supported people to express their individuality including pursuing their interests and hobbies. There was a system for resolving complaints.

Some quality checks had not been robustly completed. This shortfall had reduced the registered persons' ability to ensure that people consistently and safely received all of the care they needed. People had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and relaxed way. People had benefited from examples of staff acting upon good practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep people safe from abuse.

People had been helped to promote their good health, to avoid accidents and to use medicines safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. This included assisting people to have enough to eat and drink.

The registered manager and staff were following the MCA and the DoLS.

People had been assisted to receive all the healthcare attention they needed.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed and who needed reassurance.

People had been supported to express their individuality and to pursue their hobbies and interests.

There was a system to resolve complaints.

Good



Is the service well-led?

The service was not consistently well led.

Robust quality checks had not always been completed to ensure that people consistently received safe care.

People had been consulted about the development of the service.

Requires improvement



Summary of findings

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff receiving and acting upon good practice guidance.

The Minstrels Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 4 February 2016 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with eight people who lived in the service and with four relatives. We also spoke with the registered manager, a senior care worker, two care workers, the activities coordinator and a housekeeper. We observed care in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. We saw that they were happy and relaxed when they were in the company of staff. A person said, “The staff are good to us all and very kind.” A person who lived with dementia and who had special communication needs was seen to walk up to a member of staff, link arms and smile when they both danced a few steps. A relative said, “I never have to worry when I leave the service because I’m confident that my family member is safe. I’d know it if they weren’t.”

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had responded appropriately when an external agency had raised concerns about the care provided for a person who lived in the service. This involved the registered manager promptly completing an investigation of the concern and informing the local safeguarding authority of the conclusions that had been reached. These steps had enabled the registered manager to confirm that the person in question had not been placed at any risk and had received all of the care they needed. A relative said, “The staff are kind and helpful. They have the welfare of the people who live in the service at heart.”

Staff had identified possible risks to each person’s safety and had taken positive action to promote their wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had

agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

Records showed that there had been only a limited number of accidents and near misses in the 12 months preceding our inspection that had resulted in people having to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. For example, the registered manager had noticed that a person who had reduced mobility had fallen on several occasions when in their bedroom. In response to this staff had suggested and the person had agreed to move to another bedroom that was nearer to the office. This was so that it was easier for staff to pop in more frequently to check that the person was receiving all of the assistance they needed when they wanted to get up from their armchair.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. A person said, “The staff hold my medicines for me because I asked them to do it otherwise I’d get in a muddle with them.”

Records showed that the registered manager had reviewed each person’s care needs and calculated how many staff were needed to meet them. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the personal care they needed. For example, we noted that call bells were answered quickly and that staff promptly responded when people asked to be assisted to use the bathroom. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service said that there were enough staff on duty to meet their needs. A person said, “The staff are quite busy but all I can say is that I have always had the care I need.” Another person said, “When I ring my call bell

Is the service safe?

from my bedroom someone pretty much comes right away.” A relative said, “I don’t get the impression of staff rushing about too much or people having to wait for long periods. I do see people well cared for by kind staff.”

We examined the background checks that the registered manager had completed before three members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the

Disclosure and Barring Service to show that the staff in question did not have criminal convictions and had not been guilty of professional misconduct. We noted that other checks had also been completed including obtaining references from relevant previous employers. These steps helped the registered manager to ensure that new staff could demonstrate their previous good conduct and were suitable people to work in the service.

Is the service effective?

Our findings

We found that staff had been provided with the support and guidance they needed in order to care for people in the right way. Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development.

The registered manager said that it was necessary for staff to receive training to confirm that they were competent to care for people in the right way. Records showed that new staff had undertaken introductory training before working without direct supervision. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, how to assist people who have reduced mobility and fire safety. In addition to this, most staff had been supported to obtain a nationally recognised qualification in care.

We found that staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. For example, staff knew how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin so that appropriate care could quickly be provided. A relative said, “I do think the staff know what they’re doing because when they help my family member I can see that they’re doing it the way I would.”

We noted that measures were in place to ensure that people had enough nutrition and hydration. Although some of the records were not complete, staff confirmed that people had been offered the opportunity to have their body weight regularly checked. Staff said that this had helped them to reliably identify if someone’s weight was changing in a way that needed to be brought to the attention of a healthcare professional. We saw that several people had been referred to see their doctor who had then prescribed high calorie food supplements to help the people concerned to stabilise their weight. We also saw records that showed staff were checking how much some people were drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. We observed a member of staff gently encouraging a person to drink enough by offering to

make them a cup of tea accompanied by one of their favourite biscuits. A person said, “The staff remind me to make sure I have enough to drink which I know is important but I sometimes forget.”

We saw that when necessary staff gave people individual assistance when eating and drinking so that they could dine in safety and comfort. Staff had arranged for some people who were at risk of choking to be seen by a speech and language therapist. As a result of this, staff had been advised how to specially prepare these people’s meals and drinks so that they were easier to swallow. We saw that the meals and drinks in question were being prepared in the correct way and that this assisted the people concerned to eat and drink safely.

We noted that the written menu provided a choice of dishes at each meal time. We also saw that people were offered drinks and light snacks in between meal times. A person said, “The meals actually are very good here and I always have more than enough.” Another person said, “If you want a sandwich during the night the staff are very willing to do it and you don’t feel like you’re being a nuisance at all.”

The registered manager and staff were following the MCA. This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff had supported people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. For example, we saw a member of staff explaining to a person why they needed to use a particular medicine in order to promote their good health. The person concerned lived with dementia and had special communication needs. After speaking with the member of staff we saw them willingly using the medicine in question. A relative said, “I like how the staff speak with my family member because they’re not condescending or snooty at all. They go the extra mile to be kind and to involve them.”

Is the service effective?

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. For example, we noted that health and social care professionals had been consulted when a person had been at risk of falling in their bedroom. This was because they were attempting to get out of bed without asking staff to provide the assistance they needed. In consultation with these professionals and relatives a special mat had been installed near to the person's bed. This alerted staff when the person stepped on it so that they knew to call to the person's bedroom to check that they were safe.

We found that the registered persons had ensured that people were fully protected by the DoLS. Records showed that the registered manager had applied for the necessary authorisations from the local authority when it was likely that six people who lacked mental capacity may need to be

deprived of their liberty in order to keep them safe. The registered manager said that the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected these people's rights if it was necessary to deprive them of their liberty.

People said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, "The staff are on the ball and straight on the telephone to the doctor if someone is unwell. Sometimes I think that they're a bit too cautious given that we've all lived through wars." A relative said, "I'm very confident that the staff keep a close eye on my family member and call for medical attention as soon as it's needed. They also tell me about it, which I like."

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, “The staff are kindness itself and I don’t have a problem with any of them.” Another person who lived with dementia and who had special communication needs was seen to call to a nearby member of staff who then sat with them so that both of them could sing along to a tune that was playing on the television. A relative said, “I wouldn’t dream of having my family member live here, even if it’s convenient for visiting, if I wasn’t completely confident that they were going to be treated in the right way.” Another relative said, “The staff have been excellent to my family member and that’s made the whole experience of having to use residential care less daunting and easier for me to accept.”

During our inspection we saw that people were treated with respect and kindness. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people’s wellbeing. For example, we saw a member of staff looking out of the window and speaking with a person about the arrival of some early spring time flowers. The person concerned then reflected upon a time on their life when they had enjoyed gardening and growing vegetables for their family. We witnessed another occasion when a member of staff helped a person to dust some family heirlooms that they had arranged on a shelf in their bedroom. We noted that they chatted about the significance of the items they were dusting as they went along.

We observed an occasion when a member of staff who was helping someone find their slippers in their bedroom and was called away to help a colleague. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person’s bedroom where they found the slippers and helped the person put them on. A relative said, “I’ve noticed the staff to be very attentive in general and there’s a relaxed feeling to the place as in any normal family setting.”

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about their

memories of bringing up their children. The member of staff showed a genuine interest in the person’s experiences and contrasted them with how they were managing their own family life.

Staff recognised that moving into a residential care service is a big decision for someone to make and that it can be a stressful thing to do. We saw that staff were spending extra time with a person who had recently moved in so that they could be reassured and comfortable in their new home. In addition, the registered manager said that every effort would be made to assist people to bring their domestic pets with them if the necessary practical arrangements could be made. This was so that people would be able to continue to care for them and enjoy the reassurance of their presence.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people’s private space. Although a small number of the bedrooms could be shared by two people, the registered manager said that in practice people were always offered their own bedroom. We noted that at the time of our inspection everyone had their own bedroom and that these were laid out as bed sitting areas. This meant that people could relax and enjoy their own company if they did not want to use the communal lounges. In addition, we saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. A person said, “My bedroom is my own place and I value the privacy it gives me.”

We noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, “When I

Is the service caring?

call to see my family member I usually stay in the lounge because it's more friendly. However, I've noticed that if a doctor calls the staff always make sure that the consultation takes place in private in the person's bedroom."

We saw that records which contained private information were stored securely in the service's computer system. This

system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

We found that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. For example, we noted that people were receiving the assistance they needed to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person said, "I like the staff popping in to see me at night. I know I'm safe and that there's help there if I need it."

We noted that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was standing at a junction between two hallways was becoming upset. A member of staff who was at the end of one of the hallways saw that the person was undecided about where to go next and approached them. The member of staff then suggested that they both sat down in a nearby seat and have a chat. The person smiled, became relaxed and quite soon suggested that they both return to one of the lounges where afternoon tea was about to be served. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who supported people to pursue their interests and hobbies. People said that they were supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. During the course of our inspection we saw people being assisted to play board games, enjoying artwork and being engaged in reading newspapers and books. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. Although the activities coordinator had not kept accurate records of the support

they provided to people who spent a lot of time in their bedrooms, we saw that they were calling to see the people concerned. This was so that these people also had the opportunity to become involved in activities that interested them and were not placed at risk of becoming isolated.

During our SOFI we observed the way in which three people who were sitting in the main lounge were supported to enjoy their time over a period of 30 minutes. We noted that on a number of occasions each person enjoyed contacts with staff who asked if they were comfortable and chatted with them. One of these people said, "There's usually something going on each day and when the activities person isn't here the other staff do activities in the lounges. I can't say I get bored." A relative said, "There's a pretty lively atmosphere in the service. It never seems to feel dull or gloomy."

We noted that there were arrangements to support people to express their individuality. People were assisted to meet their spiritual needs including being offered the opportunity to attend a regular religious service. In addition, we noted that a relative had been supported to make arrangements for a person to attend the church they had used before they lived in the service. We also noted that suitable provision had been made to respect each person's wishes when they came to the end of their life. This enabled staff to assist relatives in making arrangements that respected and celebrated their family member's life.

The registered manager and staff recognised the need to promote diversity in the service. Although no one living in the service at the time of our inspection had requested special meals, the cook said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who used English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative said, "I've never had to even think about complaining. If there was a problem I'm sure that the manager would be helpful as they always have been to this point." We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had

Is the service responsive?

a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any complaints in the 12 months preceding our inspection.

Is the service well-led?

Our findings

The registered manager said that they had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way and medicines were safely managed. However, we noted that some of these had not consistently identified problems which as a result had not been quickly resolved. For example, we noted that there were shortfalls in the way staff had recorded the support they had provided for some people to maintain a healthy body weight. This had increased the risk that the people concerned might not consistently receive all of the assistance they needed. Another example involved the problems we found in the arrangements used to help people to avoid the risk of becoming isolated. We noted that suitable records were not being kept to show how well people who spent a lot of time in their bedrooms were being supported to enjoy their hobbies and interests. This increased the risk that they would not reliably receive all of the assistance they needed to meet their wishes and to remain engaged with other people living in the service.

In addition, we found that some of the quality checks completed in relation to the accommodation had not been robust. We noted that one of the checks that the registered persons said was necessary to ensure the reliable operation of fire safety equipment was overdue. We also noted that although other checks of the accommodation had been completed they had not always been effective. For example, we noticed that there was a steep flight of stairs leading from the first floor to a ground floor fire escape. Although there were attachments on the wall to enable the stairs to be cordoned off from the first floor we found that they were not in use. This resulted in the risk that people who lived in the service would fall into the stairwell and injure themselves. This risk had not been identified by the registered manager's quality checks. After we brought this to their attention they assured us that immediate action would be taken to address the problem.

People who lived in the service said that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible changes they might like to make to the menu. In addition, we noted that people had been invited to meet with the registered manager on an individual basis to

discuss any improvements they wanted to see introduced in the service. Records showed that the registered manager had acted upon people's suggestions. For example, they had made arrangements for the furniture in a person's bedroom to be arranged in a different way so that was easier for them to rest on their bed during the day. A person said, "I can say what I want I think about this place but in general what I think is that it's pretty much okay."

People and their relatives said that they knew who the registered manager was and that they were helpful. When we arrived at the service at 8.00 am we found that the registered manager was taking part in a handover meeting with night staff. Staff said that the registered manager made a point of attending these meetings so that they knew what was going on. We also noted that during our inspection visit the registered manager regularly spoke with people who lived in the service, relatives and with staff. We found that the registered manager had a detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. We noted that there was a senior care worker in charge of each shift and we saw them coordinating the work that was undertaken by staff so that there was a planned approach to delivering care. We also saw that during the evenings, nights and weekends there was always a senior member of staff on call who staff could contact if they needed assistance or advice. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. For example, the registered manager had introduced a new

Is the service well-led?

system when providing staff with introductory training. The system in question is recognised nationally to be a robust way in which to ensure that staff have the knowledge and skills they need to provide people with the right care. In addition, we noted that the registered manager was about to attend a course administered by the local authority that

is designed to signpost senior residential care staff to current developments in good care practice. These measures helped to ensure that people who lived in the service received care from staff who provided care in accordance with good practice guidance.