

Minster Care Management Limited

Attlee Court

Inspection report

Attlee Street
Normanton
Wakefield
West Yorkshire
WF6 1DL

Tel: 01924891144

Date of inspection visit:
04 September 2018
06 September 2018

Date of publication:
20 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was carried out on 4 and 6 September 2018 and was unannounced on both days. We had previously inspected the home in January 2018 and rated it as inadequate. This was because there were five breaches in regulations for person centred care, dignity and respect, safe care and treatment, staffing and good governance. At this inspection we identified there were two continuing breaches, in safe care and treatment, and good governance. We identified a further breach in safeguarding.

Attlee Court is a 'care home' for up to 68 people. The home was divided into two units; dementia care upstairs, with nursing care and residential care combined downstairs. At the time of the inspection there were 31 people in the home and there was a voluntary embargo on placing any further admissions. People in care homes receive accommodation and nursing or personal care as a single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a newly registered manager in post who had been at the home since April 2018. 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.

We found staffing levels had improved and staff were more effectively deployed. Changes had been implemented to shift patterns so more staff were available to respond to people at busy times of the day. However, staff on the downstairs unit lacked clear direction in their work and at times were not visible within communal areas. Where agency staff were used, their identity was not always checked.

Staff were kind and caring in their approach to people's care on the whole. People's dignity was supported better as staff were available to assist them in a timely manner. There was more meaningful activity taking place and staff spent more time engaging in conversation with people.

Safeguarding procedures were known by staff and there was an increased confidence in raising safeguarding concerns. However, although people's mental capacity was appropriately assessed, where people had a Deprivation of Liberty Safeguard in place, these had expired and had not been followed up in a timely way.

Risks to individuals were not always recognised or managed safely. Accidents and incidents were recorded but there was poor management oversight and analysis or investigation of these. Systems and processes for managing medicines had improved. Care documentation was in the process of being transferred to electronic records, but written care records within each person's room were not consistently completed or information of concern followed up.

People enjoyed the meals and people's individual dietary needs were known. People's access to drinks had improved through more effective deployment of staff at times such as early morning when people may require a drink on waking. However, recording of people's fluid intake was not consistently managed.

The new manager was enthusiastic and confident and we saw some limited evidence of emerging quality assurance systems. However, leadership and management of the home was not robust and quality assurance processes did not adequately monitor practice or identify risks and areas to improve. Systems for communication within the staff team were improving and staff felt more supported in their work.

The overall rating for this service is 'Requires Improvement' and the service therefore remains in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

There was a lack of robust assessment and mitigation of risk.

Staffing had improved, although there were not robust checks made of agency staff identification.

Medicines management had improved, although records for topical medicines did not demonstrate people had appropriate care.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Deprivation of Liberty Safeguards had expired for people and had not been followed up.

Staff were better supported than at the previous inspection.

People enjoyed the meals and there was improved access to drinks.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind and caring in their approach overall.

People said they felt well care for.

There was regard for people's dignity and privacy.

Good ●

Is the service responsive?

The service was not always responsive.

Information in people's care records was not always complete or accurate, although we saw there was work in progress to update these in an electronic format and where this was done there were improvements.

Requires Improvement ●

People had improved access to activities in a meaningful way and there were improvements to resources available to people.

The complaints procedure was known by people and their relatives and they felt the registered manager was approachable if they wished to raise concerns.

Is the service well-led?

The service was not well led.

There were continued breaches since the previous inspection and not enough action had been taken to secure improvements to the quality of the service.

There was a new registered manager in post they were very confident, enthusiastic and visible in the service. However, quality assurance systems were weak and plans for improvement were not embedded at the time of this inspection.

People, staff and relatives said they had begun to notice some improvements in the standards of care for people and they were confident the service was better managed.

Inadequate ●

Attlee Court

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 checked whether the provider is 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.

We inspected the service on 4 and 6 September 2018. The inspection was unannounced on both days. The inspection team on comprised of two adult social care inspectors.

We reviewed all information about the service including information sent to us by the provider as well as liaison with stakeholders including the local authority. This inspection was scheduled partly in response to concerns raised with us about staffing levels and poor quality of care. We had not asked the provider to complete a Provider Information Return (PIR) prior to this inspection, because the inspection was brought forward due to concerns raised. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service, three relatives, four staff, the registered manager, the nominated individual and the provider. We looked at seven records of people's care and records to illustrate how the service was run. We looked at premises and equipment and documentation relating to the safety of these.

Is the service safe?

Our findings

At the last inspection the rating for this domain was inadequate. There were breaches in regulation 12, safe care and treatment and regulation 18, staffing. At this inspection we found the provider had made adjustments to staff working pattern to enable better deployment at busy times, such as when people woke up. This meant they were no longer in breach of regulation 18. However, we found a continued breach in regulation 12 because people's care was not safe enough.

There was improved staffing available at this inspection, although at times we noted staff were not visible in or near communal areas and this meant some people could not attract staff attention. We observed staff on the ground floor unit lacked clear direction in their work and although there were sufficient numbers of staff on duty there was a lack of teamwork. On the first floor unit, staffing levels were seen to meet people's needs. Overall we found people did not have to wait long periods of time when they used their call bells.

Some people and their relatives said staffing levels had improved. One relative told us, "There's been a difference since the last inspection. I can usually find staff when I come to visit." One person had limited verbal ability to speak with us but indicated through gestures and pictures they were happier with staffing levels. Another person said, "They are always busy but I don't have to wait too long." However, one person told us they had been waiting 50 minutes to be hoisted into a comfortable chair from their wheelchair.

We checked a sample of staff files and saw staff were suitably vetted before working in the home. The registered manager told us when agency staff were used they always obtained a profile of each agency staff to enable staff to be sure of who was coming and to verify their credentials. However, when we checked the records we found no agency profiles were available for the agency staff on duty during the inspection and these had not been obtained.

We spoke with the registered manager about how risks to individuals were managed. They told us they had introduced a 'resident at risk report' for staff to refer anyone who was deemed to be at risk for any reason. This was then discussed in handover meetings so all staff were aware. However, this did not always include full information about individual risks because we found some risks had not been identified, such as through lack of checks of fluid balances.

We found risks within the environment were not identified or consistently actioned to ensure people's safety. For example, on the first day of the inspection we saw the laundry room was unattended and open, with a very hot ironing machine left on. One person was in the laundry room looking for their clothes and this room was freely accessible. We alerted the registered manager to this and they arranged for the door to be locked. However, we saw on two further occasions this was open again and unattended with the ironing machine switched on.

Accidents, incidents and safeguarding were recorded. However, where there was equipment involved in accidents and incidents there was no evidence of further investigation to check for equipment safety issues. At the last inspection we highlighted some beds with wheels in the home which did not have brakes on and

would easily move. At this inspection we found there was still one bed with wheels in use and there had been no action taken to address this.

The systems for managing medicines had improved since the last inspection, although there were still some areas of weakness. We found medicines were stored securely, given as appropriate and recorded. However, we found where people required topical medicines, such as creams, these were not recorded consistently as having been applied. The provider's medicines audit highlighted some minor discrepancies, such as missed signatures and missing tablets, but there was little evidence of any action or investigation done as a result.

There was little evidence of safety or cleaning check reviews carried out for equipment such as wheelchairs and we saw such equipment was not always clean. One relative we spoke with said their family member's wheelchair had not been replaced when it was broken and this meant they were unable to get out of bed.

We concluded there was a continued breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Risk assessments were in people's care plans and these were evaluated monthly. Staff we spoke with knew people's individual risks. We saw staff supported people safely with moving and handling. Staff knew what to do in the event of a fire and confirmed they had received fire training and taken part in fire drills. Records of personal emergency evacuation plans (PEEPs) in people's care files detailed the individual support and equipment each person needed.

Staff understood how to identify the signs of potential abuse how to report concerns. Staff said they felt more confident to report concerns than previously and they were sure the registered manager would support them to do so. We saw whistleblowing information displayed in the home for staff to follow if they had a concern. The registered manager was listed as the person to contact first, although their contact number was the home's telephone number which meant staff would not have another reference if the registered manager was not at work.

The home was visibly clean with no bad odours and we saw cleaning staff were busy throughout the inspection. Staff appropriately used personal protective equipment (PPE) and this was in adequate supply. However, there had been no recent infection control audit and the registered manager was unable to show us what actions had been taken in response to concerns identified by the infection control team at their recent visit. We also identified hoisting slings were shared between different people, rather than being used for individuals, which increased the risk of cross infection.

Is the service effective?

Our findings

At the last inspection this domain was rated inadequate because we found there was inconsistent supervision and support for staff. At this inspection staff told us they felt much more supported and said they had received more regular supervision. However, we identified a further breach within this regulation, in relation to safeguarding.

Staff told us they had access to regular training and we saw the training matrix which confirmed this. The registered manager told us where there were gaps, training was identified for staff. They told us they had given a clear directive for staff to ensure all mandatory training was completed. Supervision meetings were delegated to those with line management responsibilities and records showed where this had been completed.

We saw communication between the registered manager and the staff was respectful of each staff's role. The registered manager checked with each member of senior staff whether they needed anything to support them in their work or whether any matters needed to be addressed. Handover information was clear and concise between each shift.

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 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people did not have the appropriate authorisations in place because these had lapsed. We saw little evidence these had been reapplied for on an individual basis according to people's needs. This meant there was a breach in Regulation 13, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Staff told us they had completed training in the MCA and DoLS, and could describe what was meant by capacity and the responsibilities they had when a DoLS was in place. Care plans recorded the assessments of people's capacity to make specific decisions. Records showed how a conclusion had been reached that the person lacked capacity in each area.

Staff mostly consulted with people and gave them choices in all aspects of their care and support, such as where they wanted to sit and what they wanted to eat and drink. However, one person, who was unable to speak verbally communicated with us through gestures they felt very unhappy because they had been

dressed in an item of clothing they did not like. They indicated they had not been consulted or given a choice. We saw this clothing was not suitable for the person's needs or the weather and we raised this with the registered manager who said they would ensure the person's needs were met without delay.

People were supported to access health and social care professionals when needed. For example, care plans showed people had involvement from GPs, district nurses, chiropodists, opticians, advocates and hospital services.

We saw people had much better access to drinks than at the last inspection. Jugs were regularly refilled with drinks for individuals and these were labelled with the date. Staff offered drinks to people at regular intervals throughout the day and there were drinks on view in communal areas for people to access or indicate what they wanted. We saw when one person needed individual support to drink, staff were attentive and ensured the person's individual needs were met.

Information about people's daily care, such as how much they had had to drink, was recorded in a file within their room. However, monitoring of this was not robust. For example, we found little evidence of action taken in one person's record which showed they had very little fluids. We saw from staff meeting minutes dated June 2018, poor standards of completing food and fluid charts had been discussed, yet we saw this was still a concern at this inspection.

We observed mealtimes at breakfast and lunch. People enjoyed the food and the chef understood their individual dietary needs through communication with the staff team and with the people. When people were not eating staff encouraged them and offered alternatives. We saw some very patient interaction when one person did not want to eat anything. The member of staff sat with them and asked what they might like, offering many choices. The member of staff said they would come back in a little while to ask again, and we saw they did so.

People living with dementia were offered simple visual choices of food and drinks. Staff working on the dementia care unit knew people's individual dietary needs and monitored when people were at risk of weight loss. We saw one person who staff were encouraging to eat, enjoyed singing to music but this was preventing them from eating their meal and so staff told us they worked with the person to agree to turn it off during the mealtime.

There was a menu covering four weeks, and people were consulted about the types of meals they would like. We heard the registered manager spoke with the chef about making adjustments to the menus according to the changing season and suggested they hold a group discussion with people to see what changes they might like.

People said they enjoyed the food. One person said, "Aye, it's alright." Another person said "It's what I look forward to, the food is always lovely here."

The dementia care unit had been improved in layout to create more homely areas for people to use. We saw smaller areas within the main lounge where people sat together and watched television or listened to music. At lunchtime we saw a communal area had been rearranged to include dining tables and chairs. We saw people used this area well and enjoyed the social aspect of their mealtime.

Is the service caring?

Our findings

At the last inspection this area was rated requires improvement because people's dignity was not respected. At this inspection we found there had been improvements made and staff were more mindful of ensuring people's dignity in their care. There were dignity champions and signs available for people's bedroom doors asking for privacy during personal care.

Staff we spoke with told us how they ensured people's dignity and privacy. We saw staff knocked on people's doors before entering their rooms and ensured people had privacy in bathrooms. On occasion, however, we noticed some people in their rooms had their catheter bags and incontinence products on full view which was not dignified. We saw the registered manager spoke respectfully about people who lived at Attlee Court and referred to them as ladies and gentlemen.

We observed kind and caring interactions on the whole between staff and people who lived at Attlee Court. Most staff were respectful and attentive to people's needs and communication was polite and supportive. On occasion we noted the minority of staff were not as caring in their approach and their manner with people was not always supportive. We discussed this with the registered manager as we saw this detracted from the otherwise caring exchanges we saw taking place. The registered manager assured us they were already aware of this and were observant of staff interaction with people.

We saw one person was nervous about being moved in the hoist. A member of staff distracted them by singing a song with them and another member of staff ensured there was a blanket covering the person's legs, and gave reassurance when going up and coming back down. Staff checked people were comfortable and made effort to support them further, such as by offering a cushion. We saw people spontaneously hugged staff and staff responded affectionately.

People told us staff were caring. One person said, "They are lovely, so good to me." Another person said, "There's usually a friendly face, they mean well." One relative we spoke with said, "My [family member] is definitely happy here, I just know and I would know straight away if they weren't."

Staff on the dementia care unit were sensitive to people's needs and patient in all interactions we saw. The atmosphere on the unit was very calm and relaxed. People were encouraged to express their views and staff involved them in making daily decisions about their care and support.

Is the service responsive?

Our findings

At the last inspection we rated this domain inadequate because staffing levels had a direct negative impact upon people's needs being met and we found care was not person centred, timely or responsive. At this inspection we found there had been some improvements to ensure staff were more available to respond to people's needs. We noticed call bells were answered in a timely way overall and we saw staff responded immediately to an emergency alarm.

There was an improved atmosphere in the home and people were calm, settled and relaxed. We saw some activities taking place and people were interested and involved. For example, we saw there was 'musical bingo' and 'play your cards right' played with a group of people on the downstairs unit. The activities staff knew people well and we saw they engaged people in meaningful conversation. They told us about activities that had been carried out, such as a recent seaside activity, and activities that were forthcoming, such as a 90th birthday party. At times though we saw people downstairs sat for long periods without interaction, or in the lounges with the television on but without watching. We saw one member of staff changed the television programme without consulting the people in the lounge.

One person who was unable to communicate had a booklet with pictures to support them in making their needs known to staff. We saw staff sat with the person and used this communication tool. The registered manager told us they were considering improving this through the use of technology.

On the dementia unit we saw staff were attentive to people. There were more resources for people to engage with and these were freely accessible. We saw a digital calendar which reminded people of the day and date and we heard staff patiently chatted with people about what day it was, and repeat this when one person forgot.

In care records we saw people's life history was detailed and it was evident through staff conversations with people, they knew the things that mattered to each person, such as the names of people in their family.

We saw some care records were available electronically and the registered manager told us all care records were in the process of being transferred to electronic documents. They said this was a phased plan and they wanted to make sure staff were confident and the information was accurately uploaded in phases, rather than for the whole home all at once so that the system was implemented thoroughly.

We saw information in people's care records was not always complete or accurate, including for end of life care, although where records were kept electronically we saw these were up to date and information was easy to find. The registered manager told us the work to ensure care records were accurate and well maintained was ongoing, and they were confident information would be improved once the systems were electronic. They told us the new system allowed for the management team to monitor the quality of people's care more closely, as managers could access the system remotely as well as on site.

People and their relatives said they knew how to complain and they felt the new management was

approachable for them to raise any issues. The record of complaints showed due process was followed and responses made by the registered manager.

Is the service well-led?

Our findings

At the last inspection we found the home was not well led and there were breaches in regulations. There was ineffective leadership and poor quality assurance checks resulting in inadequate standards of care for people. At this inspection there was a new registered manager in place who had been working in the service since April 2018. There was also a newly appointed deputy manager who offered supported to the registered manager. We found some improvements were beginning to take place, although progress was slow and there remained areas of weakness in how the service was managed that still needed to be addressed.

The registered manager told us they had been supported by the regional manager and the director as well as the provider, since coming into post. They said senior managers from the organisation had been present regularly to support them to instigate and implement necessary changes since the last inspection. The registered manager told us they had an open door policy which we saw in practice, and we saw they were very visible in the home and knew the people who lived there. We saw the registered manager greeted people, staff and visitors with courtesy. The registered manager was confident and enthusiastic about changes that needed to be made to improve the quality of the provision.

The registered manager told us they had assessed the priorities for improvement upon coming into post and they had spent time trying to improve the culture and morale within the staff team. Some staff we spoke with said morale was improving and the registered manager was approachable. We saw the staff on the downstairs unit lacked direction and organisation; at times we saw they did not work efficiently together, with some staff not knowing where their colleagues were within the unit or what tasks to undertake.

We found there were insufficient checks carried out of quality and safety. Records of some audits were in place but these still did not provide evidence of robust checks and these had not been consistently carried out or show who had completed them. For example, the registered manager told us they did daily walkarounds, but we found these were not done daily or recorded consistently. Agency staff documentation was not up to date. We saw audits of mattress checks, but there were none dated since May 2018. We asked the registered manager if any mattress audits had been done since May 2018, but they were unable to confirm and could not recall having done any. We saw a mattress audit action plan dated August 2018, but no corresponding audit. The action plan showed there were concerns with some mattresses, but there was no evidence what had been done about this.

The most recently dated infection prevention and control audit was dated 4 April 2018 and there was only one other available, which was not dated or signed. We discussed with the registered manager this should have been given greater priority as we were aware there had been concerns raised by the infection prevention and control nurse during their monitoring visits.

We saw a monthly health and safety audit dated 29 June 2018, but there were no further audits after this date. The monthly maintenance and grounds audit checklist was not dated or signed. The audit of the nurse call system was blank. The latest laundry audit was dated 11 June 2018 and there was no evidence of any further checks since. We saw a spot check of people's room folders, but this was blank. The most recent

home manager audit was dated 2 July 2018 and there was no detailed evidence of what actions had been taken in response to any issues identified as needing improving. Where people's weights were recorded, we saw concerns were not always carried forward to the following record to ensure consistency of monitoring.

There was a lack of consistent checking, cleaning and monitoring of equipment to ensure it was safe for people to use. Although we saw the night cleaning rota included wheelchair cleaning, we saw this equipment was visibly dirty and there were no management reviews of any cleaning to ensure this was carried out. The registered manager told us the maintenance staff member was responsible for cleaning the wheelchairs but when we spoke with them they said they only checked the working parts were safe.

Accident and incident recording was sometimes conflicting in detail and not all matters had been reported to the care quality commission as required. Records of accidents and incidents were not scrutinised in sufficient detail to ensure there were no repeats. For example, one person had a recorded accident in which they sustained a skin tear and it was stated this may have been caused by a buckle on a sling. Yet there was no evidence this had been followed up to make sure the equipment was safe, or such an incident would not be repeated.

We spoke with the registered manager about the lack of up to date and consistent monitoring of quality in the home and they acknowledged this was an area they needed to improve upon. They told us they were working closely in partnership with the local authority to make necessary changes and they welcomed any support being offered to address the improvements needed.

We concluded there was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The registered manager held flash briefings which we were told happened twice daily, although we found these were only carried out when the registered manager was present and not every day. We observed one flash briefing which was very well organised and took place between the registered manager and key staff from each role. There was clear communication and the registered manager checked with each member of staff whether there were any matters of individual risk or health and safety. Staff we spoke with said they found the flash briefings very useful.

People, staff, relatives and visiting professionals told us the new registered manager was making improvements and there had been a positive difference in how the home was run. One relative said, "The new manager is like a breath of fresh air." They told us they were aware of the previous inspection findings and said there had been a marked improvement in the standards of care since the new manager came into post. One person we spoke with said they knew who 'the new boss' was and they told us they were often walking around the home and stopped to say hello.

Although we found there had been some improvements since the previous inspection, these were not implemented at a pace that assured us the home was well managed. There were weaknesses and inconsistencies in the systems and processes to assure the quality of the provision. It was not possible at this inspection to find sufficient changes had been embedded or would be sustained.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	There was a continued weakness in the assessment and management of risks.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Deprivation of liberty safeguards has lapsed and not been reapplied for in a timely manner.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	There were some improvements noted, but continued breaches in some regulations and there was little evidence of robust quality assurance at this inspection.
Treatment of disease, disorder or injury	