MMCG (2) Limited

Minster Grange Care Home

Inspection report

Haxby Road
York
YO31 8TA

Date of inspection visit:
17 November 2023
21 November 2023

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02 January 2024

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Minster Grange Care Home is a residential care home providing personal and nursing care for up to 62 people. The service provides support to people with physical disabilities and older people, some of whom are living with dementia. At the time of our inspection there were 40 people using the service. People are supported across 3 floors. Each floor has its own communal areas.

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 the Care Quality Commission (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.

Risks to people were not appropriately assessed, monitored, and managed. People's care plans did not always reflect their current needs. Lessons had not been learnt following previous CQC inspections. There were not enough staff to provide safe and person-centred care. Staffing levels were increased for the second day of our inspection. Medicines were not always managed safely.

The mealtime experience for people was poor. People had to wait long periods of time for meals and there was limited choice. Due to staffing levels, people did not always receive personal care in a timely manner.

People were generally supported to have maximum choice and control of their lives although staffing levels impacted this. Staff tried to support people in the least restrictive way possible and in their best interests, although again staffing levels impacted these practices.

The provider failed to make and sustain necessary improvements. There was a lack of clear and positive leadership. The service had a poor regulatory history and failed to improve despite professional input and assurances from the senior management team. There was no registered manager. Staff spoke of a poor culture and some staff felt they were not treated equitably.

The building was well maintained, and regular health and safety checks were completed. The service was clean and tidy. Staff were kind and caring, and worked hard to support people in line with their choices and preferences. However, this was restricted by staffing levels. Staff had received appropriate training for their roles and were knowledgeable about people's needs. The operations director and nominated individual were responsive to our feedback.

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 14 June 2023) and there were multiple 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 the provider remained in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels and the quality of care delivered. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective, and well-led.

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

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 changed from requires improvement to inadequate based on the findings of this inspection.

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

Enforcement
We have identified breaches in relation to staffing, dignity and respect, safe care and treatment, and good governance.

Whilst enforcement action was proposed and being processed, the provider submitted a voluntary application to de-register this location and therefore enforcement action did not proceed.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. The provider has submitted a voluntary application to de-register this location.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Minster Grange Care Home

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
This inspection was carried out by 3 inspectors and a regulatory co-ordinator.

Service and service type
Minster Grange Care Home 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. Minster Grange Care Home 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.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 17 November 2023 and ended on 8 December 2023. We visited the location's service on 17 and 21 November 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and 3 relatives about their experience of the care provided. We spoke with 18 members of staff including the manager, the deputy manager, the operations director, nurses, senior care workers, care workers, lifestyle co-ordinators, kitchen staff and agency staff. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.

We requested an action plan during the inspection in respect of our inspection findings.

Inadequate

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 inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to robustly manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not appropriately assessed, monitored, and managed. Weekly weights were not in place for people at risk of malnutrition and who had been identified as requiring this level of monitoring.
- People's care plans and risk assessments did not always clearly reflect any changes in their needs. One person's condition had significantly deteriorated but the care plans had not been fully updated to reflect this.
- Clear guidance was not always in place for people who required regular repositioning, and daily charts did not always record that people were repositioned sufficiently.
- Good information was in place to help guide staff to support people who communicated through behaviours which may challenge others. However, there were not always sufficient staff available to follow this guidance.
- Night-time fire drills had not taken place. A night-time fire drill was arranged and carried out immediately following our feedback.
- Lessons had not been learnt following previous CQC inspections. Issues identified at the previous inspection had not been resolved. Similar themes of concern were present at the previous 4 inspections and sufficient improvements had not been made or sustained.

This failure to robustly manage risks to the health, safety and welfare of people placed people at risk of harm and was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The building was well maintained, and regular health and safety checks were in place.
- Some areas of people's care and support plans contained a good level of person-centred information.

Staffing and recruitment; systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have sufficient staff to provide safe and person-centred care.

This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

● On the first day of our inspection there were not enough staff members to provide person-centred care and ensure the safety of everyone using the service. This had been fed back to the provider previously.
● The insufficient staffing levels impacted the quality of care staff were able to provide. We observed people left in wheelchairs for long periods of time. Some people did not receive personal care in a timely manner. Staff did not have time to interact with people. One staff member told us, "[Staffing levels are] dangerous. Altercations can happen, people are left in wet pads, and it can be a long time between personal cares."
● There were not enough staff on the first day of our inspection to ensure people were always safeguarded from the risk of abuse. There were insufficient numbers of staff to appropriately supervise people and to offer interaction, reassurance, and distraction if people became distressed.
● The provider had not improved staffing levels following feedback at the previous inspection. The provider had not identified that there were insufficient staff to ensure the safety of people using the service.

This failure to have sufficient numbers of staff on duty to provide safe and person-centred care placed people at risk of harm and was a continued breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The operations director increased staffing levels immediately following our feedback. On our second visit to the service there were enough staff and people received care in a timely manner.
● The provider had safe recruitment procedures in place.
● Most people we spoke with told us they felt safe. Comments from people included, "I feel safe, the staff look after me really well" and, "I would say it is safe here, I like it and feel comfortable."

Using medicines safely
● Medicines were not always managed safely.
● Some people were prescribed medicine to assist with bowel movements on a 'when required' basis. There was no effective system in place to monitor when this medicine was needed. One person did not have a bowel movement for a significant period of time, and staff had not administered the 'when required' medicine. Staff were unaware of this issue until we brought it to their attention.
● People had missed doses of their medicines as they were not in stock. This placed people at risk of harm.
● Medicines were not always stored safely. On 2 occasions, a medicines room was left unlocked and unattended. On the first day of the inspection, prescription thickener was not stored securely and could potentially be accessed by people using the service who might not understand the dangers of this.
● We could not be assured people received their creams as prescribed, as there were gaps in the administration records.

This failure to manage medicines safely was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The operations director responded immediately to our feedback and reviewed everyone who received 'when required' medicines for their bowels. A system was implemented to trigger a review if someone had not had a bowel movement for 48 hours.
● The medicines rooms were tidy and organised, and medicines were stored at the correct temperature.

Controlled drugs were managed in line with guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting which was in line with government guidance.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
- The mealtime experience for people was poor. Meals were frequently late, and people were waiting for significant periods of time. We observed people becoming distressed due to the wait.
- On the first day of our inspection there was no choice offered at lunchtime. A 'light bite' menu was advertised around the home, but there was no evidence this was offered to people. People who required a modified diet were not given any choice at mealtimes.
- People did not know what was on the menu each day. There were menus set on the tables, but these did not reflect the food offered.
- There were no separate dishes prepared for people who required a fortified diet.

This failure to provide a positive mealtime experience was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Staffing levels meant that care was not always delivered in a person-centred way and to a good standard. People did not always receive personal care in a timely manner, staff did not always have time to interact with people, people were left sitting in wheelchairs for long periods of time, and people did not receive their meals on time.

This failure to provide care in a dignified manner was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff worked hard to support people in line with their choices and preferences as best they could but were restricted by the staffing levels.
- People's needs were assessed but were not always reflected in their plan of care.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
- The provider had failed to make improvements to the quality of the care provided, despite input and involvement from multiple professionals.
- Staff made referrals to healthcare professionals appropriately and in a timely manner. However, guidance and information from professionals was not always clearly incorporated into people's care plans.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● DoLS were in place where appropriate or had been applied for. The manager had oversight of any conditions relating to the DoLS.
● Best interest decisions were undertaken where people lacked capacity for a particular decision.

Staff support: induction, training, skills and experience
● Staff had received appropriate training.
● Staff had the appropriate skills and experience needed for the role. Staff were knowledgeable about people's needs, and we observed many lovely interactions between people and staff.
● Staff had their competency checked in key areas such as medicines administration.

Adapting service, design, decoration to meet people's needs
● The design of the service met people's needs. There were different and pleasant communal spaces for people to use, including an indoor garden area and outside space.
● The decoration of the service was dementia friendly, and people were able to personalise their rooms.

Inadequate

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. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 improve the quality of the care, robustly manage risk to people and maintain accurate and complete records. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● The provider failed to make and sustain necessary improvements. Quality assurance processes were ineffective. Since the provider took over Minster Grange Care Home, the location had never achieved a CQC rating of good. The service had a poor regulatory history. This was the fifth consecutive inspection the provider has been found to be in breach of regulation, with similar concerns identified at each inspection.
● The provider continued to fail to robustly manage risks to the health and safety of people using the service. The provider continued to fail to ensure records were completed, up to date, and robust. One staff member told us, "Things have not changed since the last inspection, and we have not been told of any sort of action plan."
● Minster Grange Care Home has a condition of registration that it must have a registered manager. There was no registered manager in place at the time of the inspection and there had been no registered manager since August 2022. We are dealing with this breach of a condition of registration outside the inspection process.

This failure to improve the quality of the care, robustly manage risk to people and maintain accurate and complete records was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider and operations director were open and responsive to our feedback. The provider informed us there had been recent changes in the senior management team with a view to improving quality consistently across the organisation.

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

● There was a lack of clear and positive leadership. Staff spoke of a poor culture and a divide amongst staff.
● Some staff did not feel they were treated equitably. Some staff told us they did not feel listened to, they felt neglected, and communication from management was poor. One staff member told us, "The communication here is just not good."

This failure to have systems in place to identify and improve a poor culture was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Most people we spoke with were happy living at Minster Grange Care Home. People spoke positively about the staff who were described as friendly, kind, and caring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● Improvements had not been made or sustained, despite involvement and input from multiple professionals.
● We received mixed feedback about the responsiveness and approachability of the manager. One staff member told us, "I have complained to the manager several times; nothing has ever been done" and one person told us, "Staff can be very good, but the manager is conspicuous by his absence." However, one relative told us, "The manager is really good, very approachable and professional."
● The operations director had improved lines of communication for relatives and staff, including introducing a weekly relatives' clinic where slots could be booked with management for discussions.
● Where required, staff made referrals to other professionals in a timely manner. Guidance from other professionals was not always clearly recorded in people's care plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood and complied with the duty of candour. Appropriate actions were taken following any incidents, such as informing relatives about what happened and investigating the incident.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to provide a positive mealtime experience and provide care in a dignified manner. Regulation 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to robustly manage risks to the health, safety and welfare of people. The provider failed to safely manage medicines. Regulation 12(1) and (2)(a), (b) and (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to improve the quality of the care, robustly manage risk to people and maintain accurate and complete records. The provider failed to have systems in place to identify and improve a poor culture. Regulation 17(1) and (2)(a)-(c), (e) and (f)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to have sufficient numbers of staff on duty to provide safe and person-centred care.

Regulation 18(1)