

Minster Grange Limited

# Minster Grange Residential Home

## Inspection report

Minster Road  
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Worcestershire  
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Tel: 01299 826636

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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?

Good 

### Overall summary

This inspection took place on 12 August 2015 and was unannounced. Minster Grange provides accommodation and personal care for up to 26 older people. There were 24 people who were living at Minster Grange on the day of our visit. The home has 16 private rooms and five shared rooms. People had their own en-suite facilities along with

access to three communal bathrooms, with specialist baths. The communal areas of the home consisted of a lounge, dining room and a quiet lounge. People had access to gardens that surrounded the home.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reviewed and reflected the needs of people who lived there.

People's medicines were administered and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as the dentist and their doctor.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. While there were no patterns to the complaints, learning had been taken from complaints received and actions were put into place to address these.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively. We also found that communications had been encouraged between people and staff, which improved the effectiveness and responsiveness of the care provided to people.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

# 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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough to keep them healthy. People received care they had consented to and staff understood the importance of this.

Good



### Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



### Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Good



# Minster Grange 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 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.

This inspection took place on 12 August 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. The provider had submitted a Provider Information Return (PIR) which provides information about what improvements the provider has done and is planning to do. We also spoke with the local authority about information they held about the provider.

We spoke with nine people who used the service and six relatives. We also spoke with four staff, and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed five people's care record. We also looked at provider audits for environment, complaints, people and staff meeting minutes and the monthly newsletter.

# Is the service safe?

## Our findings

All people we spoke with told us they felt safe living at Minster Grange. One person said, “I definitely feel safe here, there are always staff about.” They went onto say that, “The staff are trustworthy, I would be happy to leave my possessions anywhere in the home”. Another person said, “I feel safe as staff arrive promptly”. We spoke with relatives about how they felt their family member was kept safe. One relative told us that they felt, “Comfortable as they knew [their family member] was alright.” Another relative said, “Yes I do think it’s a good service and that they keep [the person] safe. [The person] has very advanced dementia and they never appear distressed”.

We saw that staff supported people to feel safe. We found that when a person did become upset, staff acted quickly in supporting the person to reduce their anxiety by providing reassurance. Another person told us that staff had acted promptly on one occasion when they felt unsafe.

We spoke with staff about how they protected people from the risk of harm. Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home, and relatives confirmed that the home encouraged relatives to discuss any concerns that they may have. There had been one safeguarding incident reported to the Care Quality Commission (CQC) and we found that the registered manager had followed the correct procedures to ensure people were kept safe.

We saw that the registered manager had assessed people’s individual risks in a way that protected people and promoted their independence. For example, the registered manager spoke of a person who enjoyed visiting friends who lived locally. They told us that while they encouraged the person steps were in place to ensure that staff knew when the person would be returning home.

People we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that staff were, “pretty quick”, at answering their call bell. Another person said “There are enough staff on at night, they come and check on me every two to three hours.”

Relatives we spoke with told us that there were enough staff to meet their family member’s care needs. One relative explained that even when staff were occasionally busy they ensured that they found time to chat, and would check their relative’s well-being. Another relative said, “The call bell is responded to quickly, I know they check during the night, staff are there 24 hours”. The registered manager had recently undertaken a review of all people’s care. This looked at how people’s dependency needs reflected staffing levels. The registered manager told us that following this it some shift patterns were changed to reflect the busier times in the home, for example, one staff member worked a twilight shift to help people with their evening meals and their bedtime routine.

We were told by the registered manager and staff that the home did not use agency staff. If additional cover was needed to cover unplanned absence, arrangements were made through with existing staff teams. The registered manager explained that they preferred this as they knew the needs of the people who lived at Minster Grange. Staff we spoke with went onto tell us that the registered manager was “hands on” and would help “the care staff team” if they were busy or short staffed.

We spoke with people about how their medication was managed. One person told us, “I am on loads of medication. Staff are very particular and make sure that I take it”. We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. People’s choices and preferences for their medicines had been recorded within care plans. We found that if people had consistently refused their medication a referral to the person’s doctor had been made. If the person lacked the capacity to acknowledge that the doctor had deemed the medication to be necessary to keep them healthy. A best interest decisions was made, in order to administer the medication to the person covertly. The provider had systems in place to minimise the risk of people receiving medicines in an unsafe way, such as two staff to check in

## Is the service safe?

the medication when it arrived. We found that staff kept clear records of homely remedies administered, and that staff were responsive to requests for this type of medication.

# Is the service effective?

## Our findings

All the people and relatives we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "I'm happy with the care and the staff". A relative told us, "They have the right seniors (care staff) in place who are a good role model. They set the standards for the new care staff". A relative we spoke with said, "(The person) needs are met very well".

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and dementia awareness training. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how dementia awareness training had helped them gain insight into living with dementia and what support they could offer to help people.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us they would only work alone when they and the registered manager felt confident to do so. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us that the registered manager put extra support in areas that were specific to their learning needs. Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the registered manager and staff. They told us they had regular one to one conversations with the registered manager which was a good opportunity for them to discuss their learning and development. Training was provided and encouraged for further development. A staff member told us they were well supported by the registered manager and their peers and felt confident to ask questions.

People we spoke with told us that staff sought their agreement before carrying out any personal care and respected their decisions and choices. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the

way the person was to be cared for. For example a staff member told us that they had asked a person if it was okay for them to provide personal care for them in the morning. The staff member told us that the person had declined and asked for another member of staff who was on duty. They told us how they respected the person's wishes and found the requested staff member.

We saw that people's capacity was considered when consent was needed. For example, the registered manager felt that a person was being restricted by staff from leaving the home alone. The registered manager completed an assessment to gain an understanding of the person's capacity to make the decision to leave the home safely and free from harm. We found that following the assessment the registered manager had taken appropriate action and had contacted the relevant local authority to restrict the person of their liberty to leave the home alone.

People who we spoke with told us they enjoyed the food at the home. One person said, "I enjoyed lunch, I liked it." People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. We saw that staff supported those who required assistance in a discreet way and did not rush them. In the dining room we saw the tables were laid with cutlery, napkins and condiments. We saw people chatting with each other and staff. People were given time to enjoy their food and staff ensured people had enough to eat, with more offered to people.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with one person who said, "They are always bringing me plenty to drink". We spoke with staff about what steps they took to ensure people received adequate fluids. Staff said that people who were unable to express their request for a drink had their fluid intake monitored. This was so that assurances could be gained that staff were offering people enough fluids to keep them healthy.

Staff told us they monitored people's weight monthly and what action they took when they found a person's weight had changed. An example was shared with us about the support and treatment a person received following unexplained weight loss. A relative we spoke with told us that the person's diabetes was well managed by staff and they had no concerns around this.

## Is the service effective?

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested them. One person we spoke with said, “The doctor comes monthly, but if I need one before then they would arrange for them to come”. One relative we spoke told us that their

decision for their family member to stay with their family doctor was respected. We found that people saw other healthcare professionals regularly, such as the chiroprapist and optician. We saw how one person had new glasses from the optician and staff supported them while they became used to their new glasses.



# Is the service caring?

## Our findings

People we spoke with told us staff were kind and caring towards them. One person said, “I am happy. The [registered] manager is very good”. Another person said, “I love the staff”. Another person said, “It’s a happy home. I feel that they are always welcoming and very trustworthy”. A relative we spoke with told us that the, “level of care and compassion is outstanding”, and that, “The care staff have genuine affection and I would like (my family member) to end their days there”. Another relative said, “The staff are very patient, I think it is a nice place”. Throughout the inspection we saw that staff were kind and caring towards the people they cared for.

Staff knew people well and spent time talking and engaging with people in a way that made people smile and laugh. We saw that when the music was playing and a person was dancing; staff would join in and dance along with the person. We saw that when one person called out, staff were always attentive and did not ignore the person. They stayed with the person until they were reassured.

A relative told us that because of the positive caring nature of the staff at Minster Grange their family member now says, “It’s home from home”. The relative went onto say that staff have, “Switched a light on inside (the person)” and that the person is, “Now asking for make-up, which they had previously lost interest in”. They concluded by saying, “(The person) is bright and has come alive under their care”.

People and relatives told us that staff knew them well and respected their wishes. For example, some people who lived in the home preferred their own privacy and chose to spend time on their own. We spoke with some relatives of people who chose to stay in their room. They told us that staff respected the person’s choice, and while they encouraged them to go out, they always respected their

decision if they did not want to. One relative said, “There’s a good level of rapport between (my family member) and the staff”. We found that people were supported and encouraged to maintain relationships with their friends and family. People told us that visitors were welcome at any time. Relatives we spoke with told us they could visit as often as they liked and were able to take the person out for the day and staff ensured they were ready to go out in plenty of time.

A relative told us how the registered manager had given them guidance to make informed decisions about the person’s care. They explained how this had been a concern to themselves and that they were happier that things had resolved following the right information and guidance.

We saw staff spoke to people in a respectful way and maintained people’s dignity. One person told how much they liked the staff and said, “Staff keep their promises”. We saw how staff provided support to a person who had fallen from their chair. The staff members involved maintained the person’s dignity. They spoke calmly to the person, reassuring and supporting the person throughout.

We found that people’s privacy was respected. People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people’s bedroom or bathrooms doors and waited for a reply before they entered. People had a choice to lock their own room when they left. People told us they chose their clothes and got to dress in their preferred style. We saw that staff ensured people clothes were clean and changed if needed. Where staff were required to discuss people’s needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

# Is the service responsive?

## Our findings

People were involved in the development and review of their care. People's care was reviewed on a monthly basis or when their needs changed. A relative told us, "They keep me involved in all updates". Another relative told us about certain charts that staff follow for applying creams, and how these were all up-to date and correct. Another relative told us about how the staff recognised the person's mobility had reduced and with the person's agreement, moved to a ground floor bedroom, ensuring the person was able to keep their independence in choosing when they went to their room.

Another relative told us how the staff were responsive when their family member became suddenly unwell. They explained that they promptly arranged a GP visit and treatment was given in line with their guidance and the person health improved. They went onto say that they had confidence in the staff and that the [registered] manager was doing what was needed.

We spoke with staff about some people's care needs. For example, a new person who had begun living at the home. All staff we spoke with knew about the person's health care needs and what daily support the person required. Staff told us that this information was shared during handover time when they began their shift, to ensure that staff had the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Relatives we spoke with told us that staff always respected people's decisions about their care. One relative told us how the person would prefer to dress in their own style when they went out and staff respected the person's choice.

We asked people if they were supported to maintain their hobbies and interests. Most people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us how they preferred to sit in the quiet lounge and would be invited to join in activities, but preferred their own company. People told us they were happy to go to the local

shops or down to the river. One person we met at the home was a keen gardener and showed us the raised beds that were a recent addition to the garden. A relative told us, "They always put activities in place; (my family member) is always singing and dancing". Another relative told us that their family member had wanted to make a card and that staff sat with them for some time. They went onto say, "They fulfil her wishes". And that "There have been positive changes; their mood has started to lift".

Staff told us that they spoke with people and their relatives to gain more understanding about people's past. They said this information was shared with the registered manager and staff, so that ideas could be brought to life for people. For example, by holding a 'movie night' and watching films that people enjoyed. They told us that this helped people's mental well-being and saw a positive change in people.

People told us they were invited to meetings, or if they had any concerns they felt able to speak with a member of staff or the registered manager. People felt confident that something would be done about it. One person we spoke with told us, "If I was not happy I would tell a senior care staff". A relative we spoke with said, "If you mention things, it gets put right". Another relative said, "I really can't find fault, and as a relative, I feel listened to."

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. We looked at the provider's complaints over the last eight months and saw that five complaints had been received. We found that these had been responded to with satisfactory outcomes for the person who had raised the complaint. There were no patterns or trends to the complaints raised however we did see systems were in place that showed lessons had been learnt. For example, we found that a new agreement had been written which gave people the option to have their own key for the rooms.

# Is the service well-led?

## Our findings

People told us they had many opportunities to contribute to the running of the service. They told us about 'residents' meetings' that were held quarterly. This was where people had the option to voice their comments about the service provided to the registered manager. The meetings were used to discuss what was important to the people who lived there. Topics were discussed such as how people felt about the care they received, the quality of the food and plans for re-decoration of the home. As a result of the last meeting a movie night with popcorn and ice cream had been arranged. People we spoke with told us they had this and it was now a regular activity.

Relatives we spoke with told us that they had the opportunity to contribute to the running of the service. All relatives spoke positively about a meeting that they had had with the provider and registered manager. They felt that this opportunity showed that the provider and registered manager cared about the future of the home and the people who lived there. One relative told us that since that meeting they could see that the provider has, "pumped money into the home to make positive improvements". This was welcomed by the relative we spoke with. Another relative told us, "I think it's one of the best homes you could get".

Relatives told us that a questionnaire to seek people's views about improving the service provision had been sent. One relative who we spoke with explained that they gave a suggestion regarding the cosmetic appearance of the home. They went on to say that the provider had started to address this, with new chairs, curtains and work in the garden area. They also went on to say how the provider had plans to set up a sweet shop and café in the garden, as some people who lived in the home used to work in sweet shops.

Staff told us they felt supported by the registered manager and their peers. All staff members we spoke with told us they enjoyed their work and working with people in the home. They told us that any concerns or questions they felt able and confident to approach the registered manager or the provider. One staff member said, "[The registered manager] is very approachable. If you need something, it's done. I am really supported, I enjoy the work here". Another staff member said, "The [registered] manager knows she has a lot to do, but she is very good". All staff we spoke with

told us that they worked as a team to provide a good service. We saw that staff were listened to and had opportunities about improvements or suggestions for the home. For example, staff were being supported to attend more training that they felt they needed to improve people's experiences.

People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. One relative said, "Wild horses would not make me move [their family member] from there now". Another relative said, "Staff seem happy and work well with [the registered manager]". Staff told us that visibly seeing the registered manager made them feel more confident to approach them as they were part of the everyday running of the home. Staff told us that the registered manager was hands on with care. Saying that the registered manager recognised when they were busy and would help them with people's care.

The registered manager spoke about how they worked with the provider to support each other to continually improve the home. The registered manager told us that the provider rang daily to check if everything was okay and that they would also visit the home once a week to discuss people's care, staffing and improvements made to the home. People, relatives and staff told us that the provider also spent time with people during their visit and spent time with people. They told us that regular communication with the provider meant that decisions relating to the running of the home could be made quickly and effectively resulting in minimum impact to people and staff. The registered manager felt supported by the provider. People, staff and relatives knew who the management structure, they told us that the provider and registered manager would talk with them open and honestly and felt able to approach them to discuss topics.

The registered manager looked at areas such as staff training, environment and care records. This identified areas where action was needed to ensure people's individual needs were met. For example, through reviewing people's care records it was identified that these needed updating and written in a way that was more person-centred and that the person's wishes were reflected.

The registered manager had been a manager of Minster Grange for eight months and had recently registered with

## Is the service well-led?

the CQC. They explained that there were many improvements that they had made to the service, but knew more could be done and felt confident that with the providers support this would happen. We asked the registered manager if they had a formal way of documenting their regular conversations with the provider. They explained that while the provider may have their own

checks in place these were not shared with the registered manager. We found that the registered manager sometimes had the opportunity to share and explore best practice with the providers other service. The registered manager told us that they had visited the providers sister service once and that they had used this opportunity to see what worked well at the home.