

MMCG (2) Limited

Minster Grange Care Home

Inspection report

Haxby Road
York
YO31 8TA

Date of inspection visit:
07 December 2021
09 December 2021
14 December 2021

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10 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Minster Grange is a residential care home providing personal and nursing care to 48 people at the time of the inspection. The service is registered to support up to 62 people. The service provides accommodation across three floors and five units.

People's experience of using this service and what we found

Governance systems that had been implemented needed further time to be embedded and sustained to ensure areas for improvement were identified and addressed. Not all areas of improvement had been sufficiently made, for example we found some continued concerns with the security of the building, the management of risk and record keeping.

Risks to people were not always identified and mitigated. Hazards that could put people at risk of harm had not been identified, such as falls and fire risks. These were addressed by the manager during the inspection.

Infection control systems had been put in place to support people to isolate. Although, improvements were noted further areas still needed addressing such as ensuring equipment was fully cleaned and Personal Protective Equipment (PPE) was stored and disposed of safely.

Medication records were not always robust. We have made a recommendation regarding medicines practice.

Improvements had been made to the culture of the service. Staff felt supported and the new manager was approachable. Relatives told us they had noticed improvements in the service and that communication had improved.

People were now supported with a varied choice of meals, the manager had implemented a variety of alternative menus for people to choose from, which met people's beliefs and wishes.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 of this service was Inadequate (published 12 October 2021) 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 enough improvement had not been made/sustained in all areas and the provider was still in breach of some regulations.

This service has been in Special Measures since 12 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 15 and 19 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at 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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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

Three inspectors carried out this inspection. One Expert by Experience supported the inspection by making phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Minster Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted their application to register with CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and made telephone calls to seven relatives/advocates to gather feedback about their experience of the care provided. We spoke with one health and social care professional. We spoke with nine members of staff including the regional manager, the manager, the deputy manager, dementia specialist and five care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection we identified the provider had failed to mitigate the risks to people. There was a breach of regulation 12, (Safe care and treatment) 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.

- Although the provider had taken some action to improve the security of the building, this was not sufficient and people continued to leave the units they resided on or leave the building.
- Accident and incidents had not always been used to learn lessons and mitigate risk of future reoccurrence.
- Risk assessments were not always in place or did not always contain sufficient detail.
- Hazards had not always been identified such as trip hazards and fire risks.

There was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager removed the hazards during the inspection and reviewed people's risk assessments. They completed a full review of people who were at risk of absconding.

Preventing and controlling infection

At our last inspection we identified risks in relation to the control of infection were not being managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 12.

- Appropriate measures had been put in place to support people to isolate safely.
- Although improvements had been made across the service, some of these were not consistent throughout the building. Some improvements were still required to improve infection control measures such as the storage and disposal of PPE.
- One of the units had equipment that required attention such as hoists which required cleaning and chairs where the leather was cracked. The manager introduced cleaning charts, for equipment to be cleaned after

every use.

Staffing and recruitment

At our last inspection we identified the provider had failed to ensure there was sufficient staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had implemented staffing roles to reduce the workload on the care staff. This included activities coordinators and lunch time 'host'. They had also added to the rota a floating staff member to support any units if required.
- The service relied heavily on agency staff. Relatives told us, "There is a lot of agency staff it would be nice to have continuation of staffing" and "There has been a high turnover of staff, and lots of agency."
- The provider was actively recruiting and held open days to promote recruitment in the service.
- Staff had been recruited safely.

Using medicines safely

- Protocols for 'as and when required' medicines were in place but did not contain sufficient detail. People did not always have pain management plans in place. The management started to implement these during the inspection.
- Medicines administration records were not always clear. Staff were not consistently recording the amounts given and records were sometimes duplicated when people were prescribed 'as and when required' medicines.
- Staff received medicines training and competency assessments.

We recommended the provider seek advice from a reputable source to ensure robust medicine practices.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified systems and processes were not operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Oversight of incidents had improved meaning prompt action was now taken to address potential safeguarding concerns.
- Safeguarding concerns had been reported to the appropriate authorities and staff were aware of safeguarding procedures.
- Relatives told us, "It is much safer for [Name] now than I thought when they first came in" and "[Name] is safe, I know that they keep a close eye on [Name]."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to consider people's choices and preferences at mealtimes. This was a breach of regulation 9, (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Menus had been implemented to promote choice of meals. The provider had developed a 'light bite' and 'take away' menus so people had lots of choice of alternatives if they did not like what was on the menu.
- The provider had employed a lunch time 'host' to improve the mealtime experience on one unit.
- People felt the food had improved. Feedback included; "[Name] raves about the food, it is varied and of good standard they say" and "The food has improved in the past few months."
- Further work was required to detail when people received increased calorie diets.

Staff support: induction, training, skills and experience

- Although supervisions had not been carried out regularly all staff had now received a supervision and had future supervisions booked in.
- The manager had implemented a supervision and training matrix.
- Staff received training to support them in their role. Relatives told us, "Staff seem more skilled now to do the work and they are welcoming and aware of what is going on with [Name]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were not always completed, or information in assessments was not always followed. One person had not been assessed to determine if the use of bedrails where appropriate.
- Assessments had been carried out to identified people's hobbies and interests, but activity records did not evidence people were supported to maintain these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's weight was monitored when required. Records of action taken when people had lost weight were not always robust.
- Feedback from health professionals was positive. One health and social care professional told us, "The

home is welcoming and responsive, they always act on the recommendations, they always know the person and they identify if there hasn't been improvements."

Adapting service, design, decoration to meet people's needs

- The provider had a refurbishment plan in place to improve the service. Some areas required attention such as damaged walls and chipped paint.
- There were multiple communal areas for people to spend time. Some units had themed spaces such as a garden room.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records were in place to evidence when deprivation of liberty application had been applied for.
- When people lacked capacity to make decisions for themselves best interest decisions had been made. The manager liaised with the appropriate people when carrying out these decisions. One relative told us, "The care home liaises with me with regards to making decisions to do with mum's care."

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we identified the provider failed to assess, monitor and improve the quality and safety of the services provided which was a breach of regulation 17 (Good governance) 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.

- Governance systems did not identify the areas we found at the inspection. Although systems were now in place, they needed to be developed and sustained to make the required improvements.
- Although some improvements were identified, we continued to find concerns with the security of the building, infection control and risk management.
- Accident and incidents were reviewed by the management team but further oversight was needed to ensure robust actions were taken and lessons were learnt.
- Audits failed to identify that people were not receiving activities in line with their care plans.
- Records were not always fully completed or accurate. For example, one person's fluid chart did not evidence they had been offered the amount of fluid as recommended by health professionals.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Notifications had been submitted in line with legal requirements. Relatives told us they were informed of any incidents. One relative told us, "Staff would call me if [Name] had a fall, they had one a few months ago and they informed us straight away."
- The manager was open and honest throughout the inspection process.

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

- There had been significant improvement in the atmosphere at the service.
- The manager had improved relationships and communication with relatives and staff.
- We received positive feedback about the changes the manager had made. Relatives told us, "The staff now seem happier, definite improvement.", "The new manager is approachable, welcoming and friendly." And "I can see the difference in management, it's a much better atmosphere."
- People, their relatives and staff were more engaged in the service. They were able to give feedback in meetings and through newsletters. The new manager was looking at ways of improving ways of gathering and recording feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were kind and caring in their approach. People told us, "They're wonderful staff, right from the top down."
- The provider was actively engaging with stakeholders to improve the service.
- The service worked in partnership with health and social care professionals.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to the health and safety of people had been assessed and mitigated. The building was not adequately secure.</p> <p>12(2)(a)(b)(d)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(b)(c)</p> |