

Minster Grange Limited

# Minster Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Minster Grange Residential Home is a residential care home providing personal care to for up to 26 people aged under and over 65, who may have dementia, physical disability or sensory impairment.

Minster Grange Residential Home accommodates 26 people across two floors. Most rooms have their own suit and some rooms are shared rooms. At this inspection 25 people were living in the home.

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

People told us they felt safe and supported by the staff who worked in the home. One person said, "I am very happy here." Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. A relative told us, "I feel like they really listen to me and understand." There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People were supported by staff who treated them well. One relative said, "I visited a lot of home and so glad I managed to get a place here for [person's name]. They are very content." Staff treated people as individuals and respected the choices they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People told us they were supported and encouraged to maintain their hobbies and interests that were individual to them. People had access to information about how to raise a complaint. The provider responded to complaints in line with their policy and procedure. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

All people, relatives and staff felt the registered manager had made positive improvements to the home and the way the service was run. The registered manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the

quality of the service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 November 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Minster Grange Residential 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.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

Minster Grange Residential Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the, registered manager, deputy manager, four care workers, the activities coordinator and the cook. We spoke with one visiting healthcare professional

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including minutes of meetings, complaints, training and quality assurance checks.

#### After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "I feel safe, there are always staff about." Relatives also felt their family members were kept safe from harm. One relative said, "The staff here are brilliant at keeping [person] safe."
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date with people's current care and support needs.
- All people we spoke with told us staff understood their care and support needs and had the help and support from staff when they needed them. One person explained how staff understood what they could do themselves, and what support they needed from staff to live independently, but also remain safe.
- All relatives felt their family member was safe and had been involved in conversations with the staff team about how to maintain the person's safety. One relative explained how staff really understood their family member and were experienced in techniques to keep them safe from harm.
- Staff knew people well and were aware of people's individual risks and how best to support them. There was good communication processes in place, such as daily handovers. daily meetings with heads of department and weekly management meetings which ensured consistent and timely care was delivered.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. People confirmed there were always staff visible, and prompt to answer call bells.
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs. They confirmed that there was a good skill mix of staff on duty, where the more experience care staff worked alongside the new staff and told us this worked well.
- The registered manager carried out safe recruitment practices before employing staff to work in the home.

Using medicines safely

- People received their medicines when they should. One person told us how staff always checked if they

were in pain and needed any medicine to help with this.

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

#### Preventing and controlling infection

- People told us staff kept the home clean and well kept. They confirmed their clothes were laundered well.
- We saw the home was clean and smelt fresh.
- Staff understood the importance of infection control to protect people and visitors from the risk of infections. We saw staff using personal protective equipment, such as gloves and aprons when providing support to people.

#### Learning lessons when things go wrong

- The management team completed daily checks to ensure that staff were providing care and support in line with best practice. The deputy manager worked alongside staff to ensure staff maintained a good quality of care.
- Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again.



# 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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's care needs had been assessed and planned in line with best practice.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. People told us they were supported to continue to practice their faith.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their individual needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. One relative said, "They [service users] are not a number, [staff] know them individually."
- Staff were confident in the care and support they provided. They told us they had received mandatory training that was appropriate for the people they cared for, such as safe manual handling.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.
- Staff completed the mandatory training set by the provider. However, we found that more advanced training was limited. We discussed with the registered manager some aspects of training, for example, updating their knowledge around texture modified diets, so they could continue to stay up to date with best practice.
- Staff who were new to care also received the providers mandatory training, and where they wished worked towards Qualifications and Credit Framework (QCF). We spoke with the registered manager about the Care Certificate set out by Skills for Care to support new staff. The Care Certificate supports new staff confidence, so they have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The registered manager told us they would explore this further.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were given a choice of meals to eat during the day which they enjoyed. People had access to fruit and snacks if they wanted.
- Staff understood people's dietary preferences and understood how to meet these.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was shared with the kitchen staff so their meals could be

adapted to suit their needs.

- No person required their fluids to be monitored at the time of our inspection. We saw records where this had been required for a person previously. However, we found these records were not always kept up to date to fully assess if the person was drinking sufficient amounts. The management team confirmed they would remind staff of the importance of accurate recording.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them if they felt this was necessary.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.
- We spoke with a visiting healthcare professional who told us how staff knew the service users healthcare needs, "Very well." They also said that staff recognised small changes in a person's health and would contact them promptly for advice.

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

- Minster Grange is an older home which people, relatives and staff described as 'homely'. Relatives felt while some of the decoration and facilities were dated, this appealed to the people who lived there.
- People had access to a large lounge, dining room and if they wished for some quiet space, there was a small area people could use.

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.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Relatives confirmed they were involved in supporting the best interest decisions with their family member where it had been deemed the person had lacked the capacity to make these decisions.
- Relatives felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Where the registered manager had deemed people were being deprived of their liberty, applications had

been sent to the local authority.

- The registered manager met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff treated them as individuals and upheld their protected characteristics. One person told us, "[Staff] know me very well. They know my sense of humour, we can have a good banter."
- All relatives spoke very highly of the staff who worked at Minster Grange. One relative told us, "Staff are the salt of the earth. It's very homely here, the care is very good." A further relative told us that they fully trusted the staff and felt confident the staff had their family members very best interests at heart.
- People had the choice in where they wished to spend their time, for example, there was a quiet area should people wish to spend time there. Staff were friendly and supportive, they knew people well and what was important to them.
- An external professional told us they had seen caring interactions between staff and the people who lived there.

Supporting people to express their views and be involved in making decisions about their care

- People were able to speak with staff about their care and felt listened to and involved with these decisions and were supported to carry these out.
- Relatives were involved and felt their views were listened to and respected.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified way and we saw staff were respectful towards them at all times. One person said, "The staff are all very lovely."
- People shared examples of how staff promoted their independence, for example, with maintaining their personal care. We also saw people being involved in the daily chores around the home, such as collecting tea cups, to laying tables ready for people's meals. One person told us they enjoyed helping around the home.
- Relatives confirmed their family member were treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed that staff took the time to understand their likes and dislikes and felt in control around how their care was managed.
- Where appropriate, people's relatives continued to be involved in the planning of their family members care from the beginning and confirmed they felt listened to and that people's care and support needs continued to be met.
- Staff continued to be respectful of people's choices, such as how they wished to spend their day.
- Staff knew people very well and recognised when they were 'not themselves' so that prompt action could be taken. Relatives confirmed that where appropriate they were kept informed if their family member had become unwell. The deputy manager told us, "It's a small home, so we know people really well. If there are any changes in their health, we recognise it straight away."
- There was a good level of information about people's needs and preferences recorded to guide staff. Where people's needs were changing we saw this was communicated to the management team and assurances from external healthcare professionals were promptly sought.
- Staff received a detailed handover and were aware of any changes to people's care and support since their last shift.
- A visiting healthcare professional told us how they felt staff were timely in contacting them if they had any concerns about the person's well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had taken into consideration people's communication needs when assessing and planning people's care. People told us they were happy with the way information was shared with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships and took part in activities and social events they enjoyed.
- People told us they spent their day according to their wishes. Some people told us they preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. While other people preferred to visit the communal lounges.

- People in the communal areas told us there were always staffed to talk with, and organised entertainment, such as crafts and quizzes and their take-away nights. People told us they also enjoyed the external entertainment, such as singers, who visited the home.
- People told us staff supported them to visit local shops, garden centres and local attractions. One person shared with us how they often went to the provider's other service to take part in their activities and meet their friends who lived there.
- The activities co-ordinator was passionate about their role. They talked to us about how they supported people to enjoy outings that were personalised to them, such as watching their local football team and enjoying the hospitality service there.
- People and staff spoke about the home's resident rabbit. The deputy manager told us how much people enjoyed petting the rabbit and how it reduced some people's anxieties.
- In the main lounge we found the atmosphere was lively, the music was playing, and people were dancing with staff. Quizzes and crosswords took place and we saw people discussed the topic area with staff which brought about opportunities for people to reminisce.
- The registered manager told us they were brainstorming ideas to increase opportunities to reminisce with people. They had a 'museum' room, which held items of interest which brought about conversation. They had also created placemats which had pictures which were personal to each person. We saw how this promoted positive conversation between people and the staff.
- People's religious and spiritual beliefs were considered, and people were supported to continue practicing these.
- People told us their family and friends were welcome to visit at any time. Relatives commented on how accommodating the staff team were and felt welcomed into the home. A few relatives told us how staff were like a second family to them and their family member. Relatives told us how they valued this approach towards them.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided.
- Where the provider had received a complaint, this had been investigated and responded to in line with the providers complaints policy.

#### End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes.
- We read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff understood how to support people who needed end of life care and support.
- Staff sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider promoted an open and inclusive service which ensured good outcomes for people.
- All people we spoke with knew the registered manager and found them approachable and responsive to their requests.
- People and their relatives felt involved in the running of the service. People told us they had resident meetings where they discussed matters that were important to them such as changes to the home. During these meetings they could suggest ideas for improvements and what future activities they would like to do.
- Staff told us there was a good morale and a stable staffing team who worked well together. Staff felt the registered manager was approachable and listened to their ideas or suggestions for the way the service was run. One staff member said, "[Registered Manager] is fantastic. She does an amazing job."
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. We saw management staff working with carers to help continue meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- Staff felt valued and appreciated for the work they did. They were proud to work at Minster Grange and of the positive outcomes they achieved for people.
- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager was supported by the provider, who listened and acted upon their requests.
- The registered manager worked in partnership with external agencies to ensure people received a holistic service.

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

- People and relative's felt the service continued to be well run. They felt the registered manager and deputy manager was approachable and understood what was important to them. All relatives felt confident that should they have any concerns these would be addressed promptly.
- Staff were clear about their roles, and the values upheld by the provider and registered manager. The

registered manager ensured they continued to promote a culture that delivered good quality care.

- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- Checks of care records and medicines took place to ensure the paperwork reflected people's good quality care. The deputy manager was aware that some daily records were not always robustly recorded and advised they would keep reminding staff the importance of this.
- The registered manager told us that they were working with the provider to bring in a computerised system so care plans; risk assessments and daily tasks would be recorded on this. They felt this approach would improve record keeping, while reducing staff's time to complete this.
- The registered manager was continually looking at ways to improve the service for people and was looking into the Gold Standards Framework for end of life care. The registered manager kept up to date with best practice through training and updates through websites such as CQC's. We spoke about Skills for Care who offer support and training Registered Manager's, and they told us they would explore this further.
- The registered manager understood their responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.