

# West Midlands Residential Care Homes Limited

## Min Y Don

### Inspection Report

24 Clifton Road  
Tettenhall  
Wolverhampton  
West Midlands  
WV6 9AP  
Tel: 01902 774950

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# Summary of findings

## Overall summary

During the last inspection of the service on 17 December 2013 we identified that the provider was not meeting the legal requirements associated with the Health and Social Care Act 2008. During this inspection we found that the provider had made some improvements to the standard of the service but needed to make further improvements to meet the legal requirements.

Min Y don provides residential care and support for up to 26 people who may have a diagnosis of dementia. At the time of our inspection there were seven people who lived at Min Y Don this is because the Local Authority had placed a suspension on new people residing at the home until improvements had been made to the quality of care provided.

At the time of the inspection there was a new manager in post who was in the process of applying to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were supported in a safe way because detailed management plans were in place and staff understood the individual risks to people and how to support them safely. We found that people had their needs assessed and people's preferences were taken into account which were clearly documented to provide guidance to staff.

We found that actions had been taken regarding the concerns raised at the last inspection about how medicines were administered. The new manager had improved the way that medicines were administered and managed. This meant that people received safer care and support in this area of their lives.

We found that improvements were needed to ensure that people who lacked capacity to make decisions were

provided support in their best interests. Staff we spoke with were not aware of the provisions under the Mental Capacity Act (2005) to ensure that people were supported to make decisions about their care. The staff had not received sufficient training to help them follow the legal requirements of the Act. We found that people had not received mental capacity assessments and there were no care plans to show how to support people to make informed decisions.

Relatives we spoke with were happy with the care that was provided and told us that the staff were caring and compassionate. However we observed on two occasions that people's dignity had not been considered by staff who had provided care on the day of the inspection.

There were recruitment procedures in place and staff had received the required recruitment checks that assured the staff were safe to provide people with care and support.

Complaints were handled and managed correctly and relatives told us that they were aware of how to complain if they needed to. Complaints were monitored by the manager which assured that actions that had been set were completed as required.

We saw that the provider undertook regular audits and assessed the quality of care that people who used the service received and acted upon any concerns. We found that the service was well led and the new manager was approachable to both staff and people who used the service. This meant that the service had taken action to improve the service to people.

We found that there were some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People who used the service were protected from abuse because the provider had a policy in place, staff had received training and understood how to identify and report possible abuse.

Care records contained details of individual risks and staff knew how to keep people safe whilst promoting their independence.

People's rights and choices were not always protected as staff had not received training and were not aware of their responsibilities under the Mental Capacity Act 2005. We asked the provider to make improvements in this area.

### **Are services effective?**

We saw that people's preferences in care and individual choices had been gained before support was provided. Staff told us the individual needs of people which corresponded with the records we had viewed.

People's health and wellbeing was protected because staff were aware of the reporting procedures in place where there had been a deterioration in a person's health and in the event of an emergency.

Staff told us and we saw evidence that they received regular formal supervision which enabled them to discuss their development and training needs.

### **Are services caring?**

People who used the service told us they were treated with care and compassion and the staff responded well to their needs or concerns. We observed staff interacting in a positive way with people and giving encouragement where needed.

People's needs had been assessed before they used the service. Records confirmed people's preferences, interests, and diverse needs had been discussed.

We saw that people's privacy and dignity was not always considered when support was being provided. We asked the provider to make improvements in this area.

### **Are services responsive to people's needs?**

We found that people's rights under the Mental Capacity Act 2005 had not been protected because capacity assessments had not been carried out that ensured decisions were made in people's best interests. We asked the provider to make improvements in this area.

# Summary of findings

We saw evidence that people's care was reviewed which ensured that people's changing needs were current and support was appropriate to meet their changing needs.

The service were responsive to people's complaints. We viewed records that showed how the provider had acted on complaints and people told us they were happy with how complaints were responded to.

## **Are services well-led?**

Staff told us that they felt able to make suggestions about the service. Staff told us that the manager was approachable and listened to them. This meant that staff felt empowered to make suggestions and the provider promoted an open and inclusive culture.

We saw evidence that the provider had audits in place to monitor the quality of the service and assess risks to people who used the service. The audits had not been carried out since October 2013. This meant that the provider had not used the system in place to monitor the quality of the service.

People were protected from harm because the provider had a whistleblowing policy in place and staff were aware of how they could use this if they felt people were at risk of harm.

# Summary of findings

## What people who use the service and those that matter to them say

An expert by experience spoke with one person who used the service and three relative's as some of the people were unable to communicate their views and experiences to us.

People told us that they felt safe and comfortable when they received support from staff. Some of the comments we received were that staff were conscientious and thorough. A relative told us, "They encourage (person who used the service) to get better. They try and get them to do as much as they can themselves, but they never let them struggle".

People and their relatives told us that staff were caring and compassionate. One person told us, "You don't want for anything here, staff are there for me I am well looked after". One relative said, "I am confident my relative is receiving the best care possible". Relatives also told us

that staff listened to them and they were kept informed of their relative's care and treatment. One relative told us, "I am kept informed when things change and the staff are very thoughtful and patient. I am kept in touch with any issues from the staff". Another relative told us, "We are involved in my relative's care and have recently reviewed their care plan and signed to give our authorisation".

People told us that they knew how to make a complaint and they were happy with the response when they had raised concerns. Relatives we spoke with were very complimentary about the new management of the service and had confidence in the manager. One relative told us, "The new manager seems good and improvements are being made" and "I have never had any complaints but I would definitely feel able to approach the manager".

# Min Y Don

## Detailed findings

### Background to this inspection

We inspected this service on the 25 April 2014. The inspection team consisted of two inspectors for adult social care, an expert by experience and the Chief Inspector of Adult Social Care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience in dementia.

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 and to provide a rating for the service under the Care Act 2014. The announced inspection was part of the Wave 1 testing process that we are introducing for all adult social care services.

Before we carried out our inspection we reviewed the information we held about the service, which helped us to decide on the areas that we needed to look at as part of the inspection. At the previous inspection on the 17 December 2013 the service had not met the requirements of the Health and Social Care Act 2008 Regulations 9, 11 and 13 and we asked them to make improvements to ensure that these Regulations were met.

During the inspection we spoke with the provider of the service, the manager and three staff members. The expert by experience observed staff interaction with people, spoke with one person who used the service and three relatives. We looked at five care records, four staff recruitment and training files and records that showed how the registered manager monitored and managed the service.

# Are services safe?

## Our findings

At the last inspection improvements were needed to ensure that staff understood their responsibilities to safeguard people from harm. At this inspection we spoke with staff who had a clear understanding of the actions required to safeguard vulnerable people from the risk of abuse. Staff told us the different physical and emotional indicators of abuse. We saw that staff had received training in safeguarding vulnerable adults and the service had an up to date policy available to staff. This meant that the required improvements had been made and staff understood their responsibilities where abuse was suspected.

At the last inspection improvements were needed to protect people from the risk associated with unsafe medicines management. At this inspection we observed the medicines administration being carried out in the morning. We saw that there were procedures in place that were followed by the staff administering medicines. Medication Administration Records (MARs) had been completed after people had received their medicines. We spoke with staff who told us that they had received medication training and they described the procedures that ensured medicines were recorded, administered and disposed of safely. We viewed a medication audit that had been implemented by the manager which monitored how medicines were being managed.

We viewed five people's care records on the day of the inspection and found that each person who used the service had a detailed risk management plan in place. We saw that manual handling risk assessments were individual

to the person and contained guidance for staff that ensured people were mobilised safely. The provider ensured that people had access to equipment that kept them safe. We observed staff moving people safely and records showed that staff were trained to use the equipment.

Staff we spoke with were not aware of their responsibilities under the Mental Capacity Act 2005. One staff member told us, "I have not received Mental Capacity training and I feel that it would be useful to have some training". We viewed training records that showed staff had not received training in the Mental Capacity Act 2005. This meant that there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People's rights were not protected because staff were not aware of their responsibilities under the Act.

The service had suitable recruitment procedures in place. We viewed four staff files and saw that newly employed staff had received appropriate checks which ensured they were suitable to provide support to people who used the service. Staff we spoke with told us they had received an induction and undertaken training before they started work. We saw training and induction records that confirmed these had been carried out.

We found that the service had sufficient staff employed to meet the needs of people who used the service. People we spoke with felt that there were enough carers employed by the service. The manager told us they had systems in place if there were staff shortages. People told us that staff were consistent and they were available 'at all times' to provide support. We saw that staff responded to alarms when people alerted them that they needed support.

# Are services effective?

(for example, treatment is effective)

## Our findings

Staff's performance and development needs were regularly assessed and monitored. We spoke with five members of staff who told us they received regular formal supervision. We also saw records that confirmed supervisions had taken place. One member of staff told us, "supervisions are now being undertaken and we also have staff meetings which is a really good way to get together and share any concerns or issues that we may have".

Staff we spoke with told us they had received training and that they had found the training useful. One member of staff told us, "The new manager is making sure we get the

training we need to carry out the job". We saw records that confirmed staff had received appropriate training to support people who used the service. This meant that the service had an effective training programme in place.

People who used the service received individualised care. People and relatives we spoke with were happy that the care was provided in the way that they wanted. We viewed the care records of people who used the service and found that people's care preferences and their likes and dislikes had been documented.

We saw records that showed staff had reported concerns with people's health and wellbeing to the appropriate professionals involved. Staff we spoke with told us the actions they would take if there had been deterioration in a person's health. This meant that people were supported with their health and wellbeing.



# Are services caring?

## Our findings

During our inspection relatives told us and we saw people being treated with care and compassion. Staff spoke to people in a manner that they would understand and showed positive interaction. For example one member of staff sat with a person who used the service chatting and asking them if they were comfortable. We saw staff encouraging people with their morning drinks and constantly asking if they needed anything and making sure that they were comfortable.

We saw staff assisting people to eat and staff showed patience when they provided support. The member of staff continually asked the person if they were "okay", if the food was nice and took their time asking what they wanted and if they needed more time to eat their meal.

Care and treatment was regularly reviewed to meet people's needs. We viewed care records and saw that people's care had been reviewed regularly. Relatives we spoke with told us that they were involved with the reviews and felt involved in their relative's care. One relative told us that they were contacted by staff if their relative had been unwell or if there were any concerns.

Relatives told us that they were happy with the staff and they treated people with dignity and respect. We saw some good examples of support being provided with dignity and respect by staff. People did not receive personal care in public areas and staff spoke to people in a dignified way. However, we saw that one person was restless and was attempting to walk away from the lounge area. We saw a member of staff shouting across the lounge asking the person to sit down and did not go and provide any assistance or ask what the person needed. The staff member told us that this person was unable to mobilise independently but we did not see the member of staff offer any help for this person to mobilise. We also saw a person being assisted to move by two staff who used a hoist to move the person safely. We observed the person being moved who was not informed of the support that was going to take place or given reassurance whilst they were being moved. The person's dignity was not maintained as we could see that they were not fully covered and an incontinence pad was on display whilst they were being moved. This meant that there had been a breach of Regulation 17 (1)(a) and 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People's privacy and dignity was not always considered when they received care and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

During the inspection we checked to see if the provider followed the principles of the Mental Capacity Act 2005. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decisions. People may lose the capacity to make some decisions through illness or disability. In these circumstances other people can be authorised to make decisions on their behalf as long as they are in the person's best interests. We found that relatives had been involved in the planning of people's care. The files we viewed had been signed by relatives of people who used the service and contained people's likes and dislikes in care. The provider had not undertaken any mental capacity assessments where people lacked capacity and we did not see evidence to show how staff needed to support people to make informed decisions or where decisions needed to be made in their best interests. We spoke with the manager who was aware that these had not been carried out and had started to plan to undertake assessments for the people who used the service. This meant that there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People's rights were not protected because the provider had not acted in accordance with legal requirements.

A residents' information pack was provided to people before they received support. The pack gave people information about the service and the standard of service people could expect. We saw and relatives told us that the service had provided a service user guide to people, which informed people of the ethos of the home and how they could complain if they needed to. This meant that people were given information about the service.

People's care needs were assessed and people's diverse needs were taken into consideration. Staff we spoke with was clear about their role and explained how they provided support to people who used the service. The staff knew people well and how the support they provided impacted on their wellbeing. We saw that there were clear plans in place to support people who had behaviours that challenged and how to alleviate any anxieties.

We saw that reviews had been undertaken to ensure that people who used the service were receiving the correct support and any changes in their needs had been taken into consideration. We saw that people who used the service and their family members were involved in the reviews which gave people the opportunity to state their preferences in how and when they received their support. Relatives we spoke with told us that they were involved with their relative's care and were always kept informed of any changes.

We found that the service had an effective complaints procedure in place. We saw that complaints were logged and had been responded to appropriately in line with the provider's policy. Staff told us they would discuss any concerns raised with the manager. People we spoke with told us they knew how to complain and they felt that they were able to approach staff with any concerns they had. One relative told us, "I had a complaint and the manager was very good and made the changes straight away and the situation improved". Another relative said, "I have never had any complaints but the new management seem to be really approachable if I had any concerns". This meant that the provider was responsive to people's feedback and took action that ensured people were happy with the care provided.

# Are services well-led?

## Our findings

Staff told us that they felt that the manager for the service was approachable. One staff member told us, "Things weren't up to date before and there were errors but the new manager had changed things around after 2 weeks. The manager knows how things need to be improved and listens to our opinions then changes it for the better". Another member of staff told us, "We needed more training and the new manager made sure we got the training we needed". We were told by staff that the manager was always available and staff said they felt valued by the manager. This meant that staff felt empowered to make suggestions about the quality of the service because there was an open and inclusive culture.

We spoke with the manager who told us that they regularly researched ways of making improvements to the service. The manager said, "I regularly talk to residents and undertake staff supervisions so that I can gain feedback and make changes to bring about improvements. I am committed to making sure that we provide a good standard of care" and "It is important to have strong leadership in place. I regularly observe and assess the care provided to ensure that we are providing a good service. I have support from the owner who understands that anything I ask for is to bring about improvements".

We saw that the new manager had implemented changes at the service which included systems to review the quality

of the service provided and to assess and monitor risks. We saw that audits had been carried out which contained clear details of the actions taken when a concern had been raised. The manager told us and we viewed records that showed policies were being reviewed, staff training was being updated and health and safety checks across the service were being implemented. This meant that the service had systems in place to regularly assess and manage risks.

We viewed records from a relative and residents meeting. The comments we viewed were positive and stated that people were pleased with the changes and improvements that had been made by the manager. We spoke with relatives who were pleased with the improvements. One relative told us, "The new manager is very good and I can see improvements already".

We viewed an up to date whistleblowing policy which was available at the time of the inspection. Staff we spoke with told us that they were aware of the whistleblowing policy and they were able to explain what it meant to them. One staff member told us, "I know we have a whistleblowing policy in the office and it means that I can raise concerns without being worried of anyone knowing who has spoken out". This meant that people were protected from the risk of harm because the provider had a policy in place and staff were aware of their responsibilities to report concerns.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 17 HSCA 2008 (Regulated Activities)</b> Regulations 2010 Respecting and involving people who use services.</p> <p>People who used the service were not always treated with dignity, privacy consideration and respect when they received care and treatment. Regulation 17 (1)(a) and (2)(a)</p>
Regulated activity	Regulation
	<p><b>Regulation 18 HSCA 2008 (Regulated Activities)</b> Regulations 2010 Consent to care and treatment.</p> <p>The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>