

Minstead Trust

# Minstead Trust

## Inspection report

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Date of inspection visit:

26 October 2022

27 October 2022

Date of publication:

21 December 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Minstead Trust is a residential care home providing personal care to up to 10 people. The service provides support to adults with learning disabilities, autism and other multiple needs. The home is part of a large manor house in a remote location with grounds providing day services and a small holding. At the time of our inspection there were 9 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/ or who are autistic.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support: More needed to be done to ensure that people were consistently supported to be kept safe. Improvements were needed to ensure medicines and risks were managed in a way that ensured the best possible outcomes. The provider was working with people to promote consistent person-centred care. People lead confident, inclusive and empowered lives where they were in control and could focus on areas of importance to them. Staff supported people to take part in activities and pursue their interests in their local area.

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 supported this practice.

Right Care: People received kind and compassionate care and staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. These reflected a good understanding of people's needs with the relevant assessments in place. Support focused on people's quality of life outcomes and met best practice.

Right Culture: Whilst the provider demonstrated a commitment to create a culture of improvement that provided good quality care to people, the success of this approach had been affected by records not always being effective and actions not always followed up and the premises was in need of refurbishment. People received good quality care, support and treatment which focused on people making choices and being able

to lead confident, inclusive and empowered lives. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People and relatives were positive about the registered manager and the service provided. The registered manager responded immediately during and after the inspection.

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 and update

The last rating for this service was good (published 19 June 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

#### Enforcement and Recommendations

We have identified one breach of regulation in relation to poor record keeping and lack of management oversight 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Minstead Trust

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience contacted relatives by telephone. 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

Minstead Trust is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Minstead Trust is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 12 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, facilities manager and 4 care and support staff.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 4 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.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 1 relative. We also received feedback from 3 health and care professionals.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm carried out. Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation. However, there were some outstanding actions following a recent fire risk assessment which had been highlighted in the previous fire risk assessment.
- Health and safety checks were carried out throughout the home. However, even though checks were in place actions were not always taken when risks were identified. For example, we saw fridge temperatures taken daily. In the month of June, July, August September and October 2022 fridge temperatures were over 5 degrees centigrade for most days. With actions taken only on a few days. After sharing our concerns with the registered manager actions had been put in place to keep people safe.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One professional told us, "Risks are clearly documented and clear timely responses about any concerns Including contact with hospital." Records we viewed, and staff confirmed, that people's needs were met through the use of supportive measures. For example, one person was supported to access the community on their own with measures in place to keep them safe.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Using medicines safely

- People and their relatives were happy with the support provided with people's medicines. One staff member told us, "I feel confident and competent when administering medication. I feel we have systems in place which ensures this is done to a safe standard."

- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance. Staff confirmed this and said they felt confident in supporting people with their medicines.
- Medicine administration records (MARs) confirmed most people had received their medicines as prescribed. However, we found discrepancies with the amount of medicines people held and the amount of medicines prescribed. Records viewed had not identified these discrepancies.
- We found some improvements were required for people's medicines storage management. Temperature records for the medicine room and medicine fridge had readings outside of the acceptable ranges. For example, over 25 degrees centigrade the providers medicines policy stated that medicines should be stored in temperatures no higher than 25 degrees centigrade.
- Information about people's medicines was not recorded consistently across different records. Protocols for the use of 'when required' or 'PRN' medicines did not always contain sufficient detail to support staff in the administration of PRN medicines. Following the inspection the registered manager informed us they had updated peoples PRN records.

We recommend the provider consider reviewing their medicines counts to ensure people are having their correct medicines supplies available to them at all times and that medicine administration is safe.

### Staffing and recruitment

- Recruitment processes were mostly followed that meant staff were checked for suitability before being employed by the service. This included checks with the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, one staff member did not have a full employment history. This meant the provider was not able to consider whether the applicant's background impacted on their suitability to work with vulnerable people.
- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection. People that required one to one support had staff allocated to them to support them. For example, on both days of the inspection we saw many people supported by staff to attend outside activities.
- One relative told us, "I have no important concerns about staffing levels. Like many care providers, Minstead have sometimes struggled with staff absences, particularly during the pandemic. Despite this they have always provided an excellent and supportive service." Another relative said, "There seem to be enough staff. I can access his care notes online, and there don't seem to be any issues. He comes home most weekends, so I wouldn't know what the staffing is like then."

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas of the home were worn and damaged. This meant they could be an infection control risk as they would not be able to be cleaned appropriately and could harbour germs. For example, the premises had areas of damage; such as a cupboard in the kitchen used by people and the radiator cover in the bathroom on the first floor. We also saw areas on ingrained dirt and mould in some bathroom areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance. One relative told us, "The staff are very good at facilitating visits. I can no longer drive, and the staff will meet me from the train or bus when I visit."

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe living at the service. One relative told us, "I feel he is safe living there because of the amount of care he receives. The environment is safe for him, the location is, and the level of experience of the staff makes it safe." Another relative said, "I think he is totally safe at Minstead. The building is secure, and he never chooses to go out in the grounds." Other comments included, "100% (Name) is safe. He is happy there," "(Name) is definitely safe there. The staff have a good understanding of him."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe. One staff member said, "The term 'whistle blowing' is discussed during the initial induction for all new staff within our department. It is also covered during the safeguarding training. I do have confidence in my manager to take the appropriate action if I were to whistle blow."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

#### Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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 received individualised care which met their needs. One relative told us, "I think (Name) is as independent as he could be. He is able to make his own decisions about what to eat, what to wear. Sometimes he may choose to wear a thick jumper on a really hot day, but the staff will explain to him to maybe wear something lighter. They help him make appropriate choices. I think they have the right balance."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, meal preparation and health issues. For example, one person supported a local football club and held a season ticket and attended many games. Their care plan was detailed on how to support with them attending the match and where they liked to walk from and food they liked to have at the match.
- The service worked in a person-centred way to meet the needs of people and care plans were person centred. People had designated key workers and team leaders that oversaw their care and support needs.
- Staff were passionate about the people they cared for and understood person centred care. One staff member told us, "Person centred care is where my approach is personalized to the individual. Choices are frequently given to the residents so that the person has an informed choice and can do what they want on any given day." Another staff member said, "The residents are a lovely group of people to work with. I really like supporting them to achieve the various tasks/activities."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. Pictorial and easy read information was available for people who required this.
- We observed staff talking to people and they knew their communication preferences. Records also supported this with details on how people communicated, and any vision or sight loss documented on how best to communicate. One relative told us, "The staff communicate with him in a number of ways. There is a grid system on the iPad, and he can point at pictures, for example to say he is thirsty. The staff can tell by his body language what he wants, and they use the PEX system."

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

- The service recognised and responded to people's needs for social interaction and mental stimulation and many person-centred activities took place daily. People we spoke with were happy with their activities. One relative told us, "(Name) is always busy. He has an activity every day. He works 3 days a week at a café, and he might go there at the weekend as well if there is a special event. He does gardening and he does drama. Before Covid he used to go on an annual holiday with the staff but hasn't done so recently. He comes on holiday with us." Another relative told us, "(Name) is kept busy throughout the week. He likes to interact socially with people even though he can't speak. He goes to a day centre 3 times a week to work with animals. On a Tuesday he does domestic chores, and shopping. He may go out with another service user he gets on well with and their staff member. He goes to Speaking Space which is a bit like a specialist school for speech. The staff recommended it for him. We have to pay for it. I think he benefits from it, and also the staff member who goes with him benefits."
- On both days of the inspection people were busy doing activities they chose. For example, on the first day of inspection, 2 people were working at the providers public gardens. 2 people were at a local drama club, 2 people attended a day centre of their choice and 1 person was at workability. In the evening most people were attending a disco at a local village. One relative told us, "He does lots of activities, the right balance. He goes ice-skating. He won medals at the special Olympics for skating. He does some gardening, leaf clearing, potting plants, and works in the vegetable garden at the back of the Lodge."
- The service supported people to gain employment. One relative told us, "On Mondays he goes shopping. 3 days a week he works at a garage in Southampton for people with learning disabilities. On a Friday he has paid employment at a company doing road repairs. On Friday he goes riding. At the weekend he has a quieter time, so he doesn't get overloaded."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People we spoke with had no concerns and confirmed they could speak to staff if they had any. One relative told us, "I have never made a complaint but if I needed to, I'm confident it would be dealt with appropriately." Another relative said, "I haven't got any complaints, but I would go to the top if I had to." Another relative told us, "I haven't made a formal complaint, I prefer to address issues as they arise. I feel communication is their weak spot. I would love there to be an email address that all the staff can access each day. I tend to email the head of care. If I phone the house directly it is okay, but I would really like to email."
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

End of life care and support

- When we visited the service, nobody was receiving end of life care. However, no end of life care plans were in place. We saw on the providers action plan there are plans for these to be put in place soon.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The governance arrangements needed to be strengthened and developed as quality assurance processes were not always effective. Some of the concerns identified during the inspection had not been picked up on by the registered manager or provider, whilst the registered manager was responsive to take action to address concerns when highlighted, we were concerned the provider's systems and processes in place were not sufficiently robust. For example, medicines count not being accurate with records held. This has been picked up by an outside quality audit and actions put in place at the start of the year. However, we still found the same concerns during this inspection.
- We also identified concerns with health and safety audit and where actions were required it was not clear if any action had been taken. For example, in an audit in August 2022 the medication room was described as 'ok' or 'just hot' but it was not clear if any temperatures had been taken or any action put in place. There was also no sign off from management to show these had been checked and actioned.
- Whilst there had been no impact identified for people, we were concerned that recommended storage temperatures of food were constantly out of range. Records showed where actions had been identified there was no recorded action taken to ensure people were kept safe and records appeared to show a lack of oversight over these records. These as well as medicine storage records put people at risk of harm.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had actioned all concerns raised at the inspection.

- People and their relatives were happy with the management of the service. One relative told us, "I know the manager and can email or phone him. He responds appropriately. I am confident in the management of the service." Another relative said, "I would be happy to contact the manager if I needed to. He is very efficient."
- Staff we spoke with were happy with management. One staff member told us, "I do approach my line manager with more minor issues/concerns, and he deals with the matter and shares the outcome with me when he can do this. My line manager shows impartiality and does not favour any particular staff members. We are treated equally and fairly."

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

- At the time of the inspection the service was looking to move premises into a new home in a large village. People we spoke with were excited at moving as it gave them more opportunities to be more involved and independent in the community. However, as a result of the move the house we inspected needed repair in places and was not very inviting or homely in places. One relative told us, "If they are able to move to the new place in (name of village) it would probably be safer for (Name) as his room is currently on the top floor, and there is a very windy staircase up to it. He would also be able to walk into town in the evening." Another relative said, "The best thing about the service is that I just sense it is the right place for him. He has friends there and the staff are good. They are supposed to be moving to a house in (name of village) which would be a more convenient location for accessing the community. It would be more modern, have en-suites and more fit for purpose."
- The service had provided an easy read consultation booklet about the new premises and were going through a consultation with people and everyone had the opportunity to visit the new premises following this consultation.
- People and their relatives thought the service was well led. All the people we spoke with were happy living at the service and thought the staff were good. One relative told us, "I really like the atmosphere in the home. Everyone is treated as an adult and with respect." Another relative said, "I really like the staff at the home, and the fact that it is his home. I wouldn't particularly change anything." Other comments included, "Minstead deliver excellent care, we have regular updates from [registered managers name] by phone or zoom", "I am 100% certain that the home is well managed. They don't have a massive turnover of carers and there are always consistent faces amongst the staff." One professional told us, "It feels the Minstead Trust provides a supportive environment and the [person's name] is very happy living where he does, the family are happy with the provision. I don't not have any concerns."
- We observed people received person-centred support and care delivery ensured people were enabled to maintain skills and independence. Care plans showed person-centred approaches. One relative told us, "The best thing about the house is the staff's caring and responsible attitude towards the residents. They are always kept busy, safe and secure." Another relative said, "The best thing is that he is cared for, valued, protected, safe and happy. I wouldn't change anything, other than the fact that we live a long way away from him." Other comments included, "I feel the atmosphere is open and inclusive, no surprises", "What I like is that the staff are kind, and the house is set in a wonderful green space, a rural experience."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they were involved in the service and felt communication was good. One relative told us, "The staff are easy to get hold of on the phone. They have a communication book so that if I phone up about something, such as what time I am picking him up, they put it in the book so that everyone knows." Another relative said, "I have no concerns. There may be the occasional small breakdown in communication, but it is always rectified. The new deputy manager phoned me to introduce himself."
- Resident meetings were held with people to gather feedback and make improvements as well as surveys for people using the service. Surveys were in an easy read format and results were mostly positive. Minutes from a resident meeting in September showed lots of days out planned and discussed as well as an upcoming holiday planned.
- Staff were supported by meetings and daily handovers. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Records showed that the service had introduced staff champions to take a lead role in certain areas to promote better understanding. These included champions for finances, health and wellbeing, healthy

lifestyle, Involvement, activities, medicines, homely and residential.

- Most staff we spoke with felt valued and enjoyed working at the service. One staff member told us, "I would describe the staff morale as being very high and possibly the best it has been for a number of years. It's difficult to pin point why this is, I think it is partly down to careful recruitment of suitable staff and from the positive attitude and culture of the team. This is the best place I have ever worked, and I have had a lot of previous jobs."
- The services worked in partnership with the local doctor's surgeries and community health teams. One relative told us, "The staff give me a ring if there are any problems. The GP will phone me as well. Communication is good." One health professional told us, "The staff always seem very friendly and receptive of the input we give and of our staff."

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

- There was an open and transparent culture in the service. One relative told us, "The staff seem to have the right approach. The manager identifies what a staff member does well and maximises on this."
- The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effectiveness of the governance arrangements to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks.</p>