Life Style Care (2010) plc

Minster Grange

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 14 October 2014 and was unannounced. During our last inspection of Minster Grange, we found that people's care was compromised, that people were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines and that there were insufficient numbers of staff on duty. We issued three compliance actions to the provider and told them that they must make improvements. This was a follow up visit to check that the improvements recorded in the providers action plan had been made.

During this visit we found that improvements had been made in all areas.

Life Style Care (2010) plc operate Minster Grange Care Home. The home is situated in York. There are five units currently open within the home, with plans for a sixth unit. Care can be provided for young disabled and elderly people and those with nursing and dementia care needs. There is a safe garden for people to use. A car park is available for visitors.

Summary of findings

The home has recently appointed a new manager. They had been in post for 3 weeks when we carried out our visit. They had not yet applied to be registered with the Care Quality Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people were safe. People told us that the improvements in staffing numbers meant that the quality of care had improved. The home had safeguarding vulnerable adults procedures and staff were clear of the action to take should a safeguarding matter be raised.

People had risk assessments within their care files to minimise risks whilst still enabling people to make choices. The home analysed risks for example; the number of pressure sores and accidents to look for trends or patterns.

Staffing numbers were said to be greatly improved by the majority of people we spoke with during our visit. Some people still felt that staffing numbers on a weekend were insufficient (usually due to sickness) and one relative raised concern about staffing levels at night. Senior managers are continuing to monitor this to make sure that there are sufficient staff on duty to meet people's needs.

People were recruited safely with the relevant checks being completed. This helped to ensure that only people assessed as 'fit' to work with vulnerable people could do so.

Medication systems generally were much improved however, there was still some further work to be done in this area. 'As required' medication and the use of topical ointments such as creams need to be better recorded and emergency medication should be available on the unit where it is required.

People told us that the service was effective. People received an assessment prior to moving to the home to check it was the right place for them.

Staff received training and supervision to support them in their roles. Staff provided positive feedback about the support they received.

Mental Capacity was assessed and although there were currently no Deprivation of Liberties in place we were shown previous records where these had been applied for. Some staff had received training in this area and additional training was planned.

We observed the dining experience as we noted some concerns in this area during our last visit to the home. We received mixed views regarding people's experiences with some people loving the food choices available and others saying the food was awful. Although work was on-going in this area, further work needs to be considered.

Generally we found that people's health needs were well attended to. Advice from other professionals was sought where needed. The feedback received from a visiting professional was positive.

People told us the service was caring. They said that the improvements to staffing numbers meant that care delivery had improved. Staff told us they had more time with people and people looked clean and cared for. Staff responded to people in a calm and dignified manner throughout our visit.

The environment generally had been improved and was now more suitable. This was particularly evident on the dementia care units.

People told us the service was responsive to peoples needs. Since our last visit a number of positive improvements had been made. People told us that their views were listened to and we saw examples of personalised care.

People received a range of activities which included visiting ponies on the day of our visit. Some people felt that further improvements could be made in this area.

We saw that complaints were recorded with any action taken in response. People told us they would feel confident in raising any issue of concern.

People told us the service was well led. They were extremely positive about the new management team in place and said that managers were approachable.

There were a range of audits and meetings taking place to bring about continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

We found that improvements to staffing numbers meant that people received better care. They told us they felt safe.

We found that improvements had been made to medication systems and people received their medication safely. Some additional improvements to medication records would be beneficial.

Good

Is the service effective?
The service was effective.

Staff received training and supervision and they told us they felt well supported. They were positive about the support they received.

Mental Capacity was assessed and there were no Deprivation of Liberties in place. Some training had been provided and additional training was planned.

People's views regarding the food choices and quality were mixed and this is an area which the manager needs to develop further.

Requires Improvement

Is the service caring?
The service was caring.

People told us they were well cared for. Generally we observed people being treated with respect and observed staff being kind and caring.

We saw people making choices and decisions about how they spent their time. Staff supported people in making decisions.

Good

Is the service responsive?
The service was responsive.

We looked at care records and found that generally they were well written and included person centred information about how people should be cared for.

Feedback about activities was mixed with some people thinking they were great and others saying they were limited.

Good

Is the service well-led?
The service was well led.

A new manager has been employed and people were positive about this. People told us the manager was approachable and had made a number of improvements.

There were systems in place to audit the service and to gain feedback from people. This helped the service to continually improve.

Good

Minster Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 October 2014 and was unannounced. The inspection team consisted of three inspectors from the Care Quality Commission and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information about the service. This included enquiries which we had received and safeguarding information.

During our inspection we spoke with thirteen people, six visiting relatives, a GP (family doctor), ten staff, the deputy manager, manager and area manager of the home.

We also carried out a SOFI observation, looked at five people's care records, eight people's medication records and in addition looked at rotas and other management records used to provide information about the service.

We also spoke with Commissioners from the local authority to gain their views of the service.

Good

Is the service safe?

Our findings

There were no concerns raised from people regarding their safety. People and relatives said they were happy and felt well looked after by staff who cared. Comments included; "I feel very safe here, staff are good and re-assuring, especially at night." A relative said, "My wife is much safer here than she would ever be at home." The recent improvement in staff numbers was commented on by 3 residents and 4 of the 6 relatives we spoke with. One person told us they felt that having regular staff instead of agency staff meant "They know me and how I like to be cared for."

We spoke with staff. One staff member said "People living here are safe. It's our priority." Another said "We answer bells quickly so that people don't have to wait."

The home had appropriate policies and procedures in place to help safeguard vulnerable adults. Any safeguarding incidents had been correctly reported to the Care Quality Commission and the Local Authority. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were acted upon promptly to keep people safe.

We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate. The majority of staff were up-to-date with safeguarding training. We were shown the training matrix for the home which recorded that seventy staff had attended safeguarding vulnerable adults training in the last twelve months. This training helped to keep their knowledge and skills up to date.

We looked at how the home managed risks to individuals. Each person had individual risk assessments included in their care records which recorded what the risks were and how best they could be minimised. Some people had signed their agreement to these records. Risk assessments help to reduce the risks of people coming to harm.

We looked at emergency arrangements. The home had a 'manager on call' arrangement so that managers could be contacted if there was an emergency. They also had emergency procedures in place for example in the event of a fire, to support staff.

We looked at weekly home management reports which recorded the number of incidents, accidents and pressure sores. This enabled management to look for trends or to carry out analysis. We spoke with a visiting GP who told us that there were very few pressure sores reported at this home.

During our last inspection we identified concerns in relation to staffing numbers. We issued a compliance action in this area and told the provider they must make improvements. During this visit we looked at rotas and we spoke with staff, people living at the home, relatives and other professionals. Feedback regarding staffing numbers was mixed. The majority of staff told us that staffing levels had improved although some staff still felt that further improvements were required particularly at weekends. Comments included "Things have changed, there are less agency (staff) now. Weekends are still a problem as lots of sickness. There is a good care staff team. The improvement in staffing levels mean that people have more time." Another person said "There have been lots of changes and staffing has improved. If people ring in sick we try to cover the shifts." One of the relatives we spoke with raised concern about night staffing levels and the number of agency staff on duty. They said "I visit regularly. Weekends are still an issue in terms of staffing. Care is lovely during the day." We shared the concerns about staffing with the manager during our feedback. Staffing levels were kept under review and the allocation of staffing throughout the home was also being looked at.

We looked at rotas and found that staffing levels generally across the home were much improved. The tool used to measure the dependency of people may need to be reviewed to ensure that staffing levels are based on people's needs. This piece of work was on-going.

We saw that the necessary recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they had begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff members identity. This helped to ensure staff

Good

Is the service safe?

were suitable to work with people who used the service. We spoke to a newly employed member of staff. They told us that they had attended an induction and were now shadowing other staff members to observe how people wished to be cared for.

During our last visit to the home we found that people were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We issued a compliance action to the provider and told them that they must make improvements in this area. During this visit we looked at a selection of people's medicines across two floors of the home. Medicines management had improved and we saw that people were receiving their medication as prescribed by their doctor. The recording within medication administration records (MAR) was much improved and the people we spoke with said that they received their medication on time. During our visit we saw that one person was administering their own medication. We observed others being given their medication by a nurse.

One person said "The nurse brings my tablets at the same time each day and stays with me while I take them. I know what they are for." Another person said "I receive my medication regularly. I have never run out as far as I am aware."

However despite the improvements noted during our visit there were some additional areas which the home needed to address. The storage of emergency medication may need to be considered as this was not stored on the unit it was required. This meant that medication required in an emergency may not be accessed as quickly as it should be. We also found that not all topical creams were recorded on a care plan which is important so that staff know how and where they should be administered. Care plans for 'as required' medication also need to be developed particularly for people who may find it difficult to say when they needed this medication. This was so that staff were clear of the signs which may indicate the individual was needing this medicine.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that full assessments and discussions had taken place while their relative was either in hospital or still at home to ensure that Minster Grange could provide the right care for them. Care plans were in place and reviewed annually. We looked at 5 of these records across the units. Care plans were of varying consistency. Some were detailed and well written, others needed additional work as they did not sufficiently reflect how people's needs should be met. We discussed this with management during our visit. They confirmed that records were under review and any changes required would be implemented.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. All new staff received an induction when they commenced work. The staff we spoke with confirmed that they had received an induction and they told us that when they started work the first shifts worked were shadow shifts (where they observed care) as they were not counted as staff members. This allowed them time to read up on policies and procedures and to spend time looking at care records as well as getting to know people. One staff member said "I feel I could ask the managers for advice on anything. I felt comfortable even during the first week."

We asked for a copy of the staff training matrix. We saw that training was provided in a range of topics which included safeguarding vulnerable adults, first aid, food hygiene, health and safety, fire and courses to support staff in managing behaviour which challenges. Training was updated annually. In addition to the core training provided, service specific training was also provided. This included training in dementia.

The manager and some of the staff we spoke with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the importance of making decisions for people using formal legal safeguards. Although no recent applications had been made we looked at copies of previous ones and we saw that those had been completed appropriately. The manager told us that MCA training was included in the induction training with an annual refresher to provide staff with a high level of expertise. However, not all staff had accessed this training and some of the staff we spoke with were unsure of the process to follow. The manager confirmed that a training plan had been implemented and additional training had been booked.

We saw some examples within care records of people giving consent. This included consent to staff administering medication or consent to photographs being taken. We asked staff if people were asked to consent to their care and treatment. One staff member said; "I would always ask people and if people cannot communicate then we try other ways to give choices." We observed this during our visit and an example at lunch included people being shown the two menu choices so they could point to the one they wanted.

During our last inspection we identified some concerns in relation to people's dining experiences and the choices available to them. During this visit we observed the dining experience across three units of the home. We observed people being given a choice of food, wearing clothes protectors and being offered discreet assistance with their meals where necessary. New brightly coloured plates and table cloths had been purchased. In addition the home had also implemented snack boxes as research has shown that people with dementia may need to eat small amounts often. Having regular snacks helps to ensure that people received enough calories. We saw these during our visit. We also saw people being offered high calorific snacks such as milkshakes during morning coffee.

Most people ate in the dining area but meals could be taken to people's room if they preferred. One person said; "I can go and sit with my friends," A choice of food was offered but one person said, "If you don't want the meal the only alternatives are always yoghurts or ice cream."

We did receive some negative comments regarding the food. One relative said, "My wife should be receiving a soft diet but that doesn't mean everything pureed so that it looks so unappetising." Another person said, "I know I have swallowing problems but I could manage soft food instead of puree, I long for a curry." Dieticians are involved in monitoring nutrition and one relative reported that "Weight is checked each month."

Requires Improvement

Is the service effective?

Other people raised concern about the food being cold or unappetising. The manager told us that a meeting to discuss the food had recently been held and new menus were being considered. The quality, temperature and choice of food available needs to remain under review.

People told us their health needs were met. A family doctor had a planned visit to the home each week, so that people's none urgent healthcare needs could be reviewed. We saw from care records that where concerns were identified with people's health then advice from appropriate professional was sought. People told us that the doctor was called if they felt unwell and a relative said, "The optician came the next week after we had mentioned concerns with mum's eyesight."

We received concern regarding one individuals care needs. The individual had had a stroke and lacked function and sight on their left side. Although this was recorded in the notes in their room new staff did not realise the implications. For example their personal items like a drink and tissues were placed on a table on their left, so the individual could not see them. Also the positioning of their chair meant they could not see when people entered their room.

The relative said that if staff put a notice above their bed then any staff coming in to move them would be reminded of their needs. We shared this with the provider who agreed to look at this further.

Good

Is the service caring?

Our findings

People and their relatives all commented that the care was good and the recent increases in staffing meant they were cared for by regular, rather than agency staff and as a result their individual care needs were better understood. However a relative and one resident felt that having a key worker would be a further step forward. All the staff were said to be kind, friendly and very helpful. Comments included; "I like it. I am well looked after" and "The girls are lovely they do their best."

The home was calm and relaxed across all of the units during our visit. People were clean, appropriately dressed and looked cared for. We observed staff interacting with people and this was done in a calm and pleasant manner.

We observed staff treating people with respect and being aware of individual idiosyncrasies and preferences. They supported people with personal care tasks in a discreet manner. However we did note that one person was given a drink by a new member of staff. They were unable to manage a cup and they spilt their drink. We heard staff saying that their trousers needed to be changed as the inspectors were there. This demonstrated that the new member of staff did not know this person's care needs and meant that their dignity may have been compromised if changing them was an option only because the inspection was being carried out.

Staff were present in or near the communal areas and were observed interacting with people. We saw that activities were provided after lunch. We carried out a short observational framework for inspection which is a way of looking at the experiences someone with limited communication may receive. It focuses on the quality and number of interactions people receive and looks overall at their well being. Our observations demonstrated that people were receiving positive interactions from staff. Staff got down to the same level as people when they were talking and used lots of non verbal communication to provide reassurance. This included holding someone's hand or providing other tactile support.

We observed people making choices and decisions throughout our visit. This included choosing what they wanted to eat, whether to participate in activities and where they wanted to spend their time. People told us they could choose how to spend their day. One said, "I can choose when I am ready to get up or to go to bed." Another said, "I am in control of my day but if I want anything I can use my alarm buzzer and they will be here in two minutes."

We saw that some improvements had been made to the environment for people with dementia care needs. This included replacement of crockery so that they were brightly coloured and easily seen. Displays were in place to help people with menus and the date and time. Memory boxes had been put up outside some rooms to help people recognise which room was theirs. They contained items of personal interest to people. A shop had been set up in the small lounge and people were helping to run this. Rummage boxes and items of interest were spaced around the home. However one relative expressed concern that the seating had been removed from the main corridor as previously this was an area that people liked to congregate and they felt that this was a lost social opportunity for people.

People told us they were treated with privacy and dignity. We observed staff speaking to people in a polite and respectful manner. Staff explained what they were doing prior to carrying out tasks; for example before hoisting someone or taking them to the toilet. Personal care was carried out in private. We asked staff how they maintained people's dignity and they told us that they made sure doors were kept closed during personal care and that people were offered choices.

Good

Is the service responsive?

Our findings

During our last inspection of this home we identified a number of shortfalls at the service and we told the provider to take action to address them. The provider sent us an action plan detailing how improvements would be made. In addition they also sent us regular updates about the improvements being made to the service. We found on this visit that the provider had responded to our concerns and had made significant improvements at the home.

People and/or their relatives were involved in care planning where appropriate and issues raised were promptly addressed. One relative said, "If you raise something with staff it gets dealt with." We looked at the minutes of a recent relatives/residents meeting and saw that it had a very long agenda which demonstrated that the manager was trying to address problems and make improvements.

One of the people we spoke with during our visit was unable to communicate verbally. The home had developed a communication board with things which were important to the individual so they could still tell staff what help they needed. The staff had discussed what was important to this person so these were all included on the board.

'This is me' documentation was included within people's care records. This is a tool which has been developed for people with dementia care needs. It provides information about their needs, interests, preferences, likes and dislikes. It can help to support staff in communicating with people.

Activities were being provided within the home and people were given the chance of joining in. One relative said, "There are always activities in the afternoons and the staff spend quality time with the residents." People told us; "I go out in the garden and I love playing bingo. "Another said, "I like the music activities. I'm not a crafty person but some people enjoy making things." On the day of our visit we observed people being visited by a 'PAT Pony'. This included visits to people who were unable to get out of bed. We saw people really enjoying this. We also observed a number of individual activities taking place across units of the home. However, some people felt that they were limited in terms of accessing activities. Some people said they were able to go out with their relatives but those without this resource were not regularly given the chance for an outing. One lady said, "I would love to be able to go out to the shops or somewhere. Just to be able to feel this is not a prison. I have asked many times but now I have given up asking."

One relative said; "Many residents get taken to activity sessions because they can join in; because my relative can't actively participate they are always left here. They could be taken just to listen or to feel the vibes around them. They would benefit from individual pampering sessions or someone talking to them instead of always being left in isolation."

Both Catholic and C of E ministers came into the home and we heard staff asking individual people if they wanted to attend the service. This meant that people could continue their religious observations. The manager told us that the home had seventy hours of activity support. This was shared across the units.

In the younger adults unit and nursing units specialist equipment was available. This included, individually designed chairs and specialist beds and mattresses etc. but there were no ceiling tracking hoists to aid bed/chair transfers. One person had previously been promised an overhead track hoist but this had not been purchased. The manager told us they would review this person and see if the current equipment was suitable. If it wasn't they would look to see what alternatives were required.

We looked at the record of complaints. We found that complaints were recorded and responded to with a record of any action taken in response. The manager told us that she had an open door policy and was holding regular meetings so that people could express their views.

Staff told us that the management were responsive. They told us that they had been asked which units they would prefer to work on. They told us that regular meetings took place to seek their views and those of people living at the home so that improvements could be made.

Good

Is the service well-led?

Our findings

The home has a new manager who had started work at the home three weeks prior to our visit. They had not yet applied to be registered with the Care Quality Commission although they told us that this was their intention.

Staff spoken with said that as staffing levels had improved over the last few months they could now provide better care. Various changes had taken place and they were pleased to have a new manager. They were positive about the improvements at the home. Staff told us that this had resulted in improved morale and a better working environment.

Two staff had been authorised to look at the staffing rotas to ensure teams could work effectively and staff would knew well in advance of their work shifts. Staff were being asked to specify which unit they wished to be allocated. It was hoped that this would minimise sickness and help to build team working across the units.

Activity co-ordinators were being re-organised so that they could more easily tailor their activities to the specific client group on their floor. For example providing more specialist activities to people living with dementia.

Staff felt that the new manager wanted to hear their ideas and to improve things for them as well as for the residents. Comments included “Managers are doing their best to make the home better than it was.” And “The manager and regional manager are really approachable. We get more support now.” All of the comments about the management team were positive and staff, relatives and people told us that they had seen improvements.

Residents and relatives said that they were confident about raising concerns with staff. One resident said, “I don't have any complaints but I would speak directly to the manager if I did.” One of the relatives said, “Whenever a family member has had any concerns they have approached a regular member of staff and problems are immediately sorted.” Another said, “Anything I ask about is immediately followed up, they are very responsive to concerns.”

A range of meetings at the service had commenced; this included the daily unit meeting, staff meetings, quality assurance meetings and health and safety meetings.

We saw that a range of audits had taken place. This included audits on medication, infection control, dignity in care and a home managers audit which looks at all aspects of service provision. Audits were then used to inform action plans to bring about improvements to the service. This helps the service to continually improve.

We spoke with staff and asked them about the culture and leadership at the home. They told us that Minster Grange was a friendly caring environment. All of the staff we spoke with said that they felt supported by management and said that they felt confident in raising issues. Comments included “We attend daily meetings, the manager and the nurses attend. We have staff meetings and I receive regular supervision. I feel able to talk to any of the managers.” And “Previously I felt de-skilled. Where problems are identified we get good support. We are listened to now.”