

# Minster Care Management Limited

## Wordsley Hall

### Inspection report

Mill Street  
Brierley Hill, Wordsley  
Stourport On Severn  
Worcestershire  
DY8 5SX

Tel: 01384571606

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24 March 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Wordsley Hall is registered to provide accommodation and personal care for up to 41 people, who are mainly older people with dementia. At the time of our inspection 38 people were using the service. Our inspection was unannounced and took place on 24 March 2016. The service was last inspected on the 11 September 2013 where we found that the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were given appropriately, however they were not kept as they should be, with some people's medicines becoming mixed up and being stored in the wrong boxes. A very small number of medicines were also missing without explanation. Medicines were disposed of as expected.

A suitable amount of staff on duty with the skills, experience and training in order to meet people's needs and people told us that this made them feel safe.

People were able to raise any concerns they had and felt confident they would be acted upon. People and their relatives understood the complaints procedure and felt that they would be listened to should they need to complain.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought where possible.

People were supported to take sufficient food and the food was healthy and well balanced. Drinks were given when required and people were well hydrated and their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

## 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.

Medicines were administered safely, but were not always stored as they should be, with a small amount of medicine missing without trace.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards and how these impacted upon people.

People were supported to access healthcare and their nutritional and hydration needs were met.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be independent.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

# Wordsley Hall

## 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 was planned to check 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 24 March 2016 and was unannounced. The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We received from the provider a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service and any improvements that they plan to make. We used this information to assist us to plan our inspection.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with six people who used the service, five relatives, four staff members, the chef, the operations manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People that we spoke to told us that they received their medicines each day as they expected to. One person said, "The staff give me my medicine every day at the same time, they did tell me what it was for, but I can't recall now". A second person told us, "When they give me my medication they stay with me to make sure that I have taken it and that I am okay". A relative told us, "Medication is always administered at the right time each day and I am happy with this. If there are any changes in medication I am told and my relative will also be given a mild painkiller if they need one". A staff member told us, "Those of us who give medication are fully trained and we take it seriously". We saw that training was up to date for staff who administered medicines and that competency checks were carried out to assess the ability of the staff distributing medicines.

We saw that medicines were not always stored safely and recorded appropriately. We found that a small amount of tablets were missing without explanation and we also saw that a tablet had been put away in the wrong box. This was because staff had become confused where two different people were taking the same kind of tablet, leading to one person having one too many tablets in their container and another person was missing one tablet in theirs. We spoke with the registered manager regarding these matters and immediately she agreed to address both issues and began right away to devise a more comprehensive method for auditing medicine. We found that there was guidance in place for staff where people took medicines, "as and when" and that any medicines not taken or refused were disposed of appropriately.

People told us that they felt safe and one person said, "They make sure that I am safe when I am having a shower to make sure that I don't slip or anything like that". A second person shared, "They [staff] have to hoist me in and out of bed and I don't really like it, but they reassure me and I know they will keep me safe". A relative told us, "Staff keep my relative safe ensuring that when moving from one place to another my relative doesn't fall or anything like that. I have no concerns about the care or my relative's safety and the staff are competent in carrying out their work". A staff member told us, "I am confident that we keep people safe and that people know we are there to help them". We saw that when call bells were pressed to call staff, people didn't have to wait long to be approached and everyone we spoke to told us that staff were with them within a few minutes.

One person told us, "I can't walk very well, so they have looked at how to make things better for me". We found that detailed risk assessments were in place to ensure that people were kept as safe as possible. These included, risk related to mobility and falls, weight, nutrition, health and hygiene and the prevention of pressure areas. Information was taken from people as part of a 'client risk analysis', which related to whether a person was at high or low risk of specific potential threats to their well-being. Risk assessments were updated as required and signed by staff. We saw a specific risk assessment relating to a person who smoked. They were made aware of the designated smoking area and staff sat with the person and made sure that they were dressed suitably to be outside.

We found that each person had a personal emergency evacuation plan, detailing the best method of getting them to safety should an emergency arise within the home. Staff were knowledgeable on these plans and

those we spoke with said that their first priority would be to call the emergency services and to ensure that the person was made as safe as possible.

Staff told us that they were aware of safeguarding, with one staff member saying, "I would understand if a person were being abused, they would be nervous or may have marks on their body if they had been hit". Staff we spoke with told us that had received training, they would report any safeguarding concerns to management and that they understood the procedure the manager took in reporting any safeguarding issues. We saw that such concerns were discussed with the appropriate external agencies and that action had been taken where any concerns had been raised.

People told us that they felt sufficient numbers of staff were available to them, with one person saying, "There are plenty of staff, lots and lots". A relative told us, "It is a brilliant home with lots of staff to care for our relative. Evenings and weekends are the same, so I have no concerns about my relatives care or safety". A member of staff shared with us, "I have never been worried about lack of staff, there are enough of us to care for people properly". We found that an appropriate amount of staff were on duty.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly.



## Is the service effective?

### Our findings

People told us that they felt that staff were well trained and knowledgeable. One person said, "These staff know what they are doing". A relative told us, "The staff are, in my view, well trained by the way they care for my relative. They know the residents individually and know their care needs". A staff member told us, "I feel that everyone in the team here, strives for best practice and a part of that is being trained to know how best to care for people".

We found that staff members had received an appropriate induction period, where they were able to learn from more experienced colleagues and that this had been of benefit. A staff member told us, "The registered manager used to be a care assistant here so she understands the need to add to our skills by working with others and learning. The induction, training and supervisions all reflect that". We saw that staff attended regular core and elective training sessions and that supervisions were carried out three monthly and that appraisals were done annually for all staff. We saw staff communicating effectively and this was demonstrated in the detailed handover sessions held and in how they spoke with people and also listened.

People told us that staff members gained their consent before carrying out any actions. One person told us, "They [staff] ask me if they can help me, like before helping me get dressed or undressed". A relative told us, "I am very impressed with how they always ask people if they can do things, it makes you feel like they really matter". A staff member said, "We always ask people for their consent, even if they can only nod it is still consent".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a good understanding of the MCA and DoLS. One staff member told us, "We would only take away someone's right to decide their own actions if they were at risk and this would only be done if it was legally allowed". We found that best interests meetings took place where needed for specific people and that decisions were clearly recorded. We saw applications for DoLS were made to the appropriate external agency and found that most people were still awaiting assessments. Upon moving into the home people had an assessment of mental capacity completed.

We were told that people enjoyed the food provided and one person told us, "The food they provide is first class so no complaints there. There's always fruit, snacks and drinks around all day if I need them". Another person told us, "I love it here, they look after me. The food is lovely I really like it, there are lots of nice things to choose from". A relative told us, "Meal times are an enjoyable experience they [staff] show my relative pictures of the food on the menu so that they [relative] can choose". A second relative told us, "The food is very good always freshly cooked vegetables, well presented on the plates with several choices at each meal

time". We saw that at lunchtime people were supported to eat either in the dining room or remaining in the lounge and everyone who needed assistance to eat was offered it. At one point a staff member gave a person food that was too hot for their liking and the member of staff did not recognise this immediately. We spoke with the registered manager, who said that she would remind staff to check that food was at an acceptable heat when assisting people to eat. People received a cooked meal and an alternative was also available. We saw that people were asked if they would like gravy and salt and pepper on their food and it was not just assumed that they would. We saw many people being offered second helpings and enjoying them. The chef told us that she worked with the registered manager and other staff to share their knowledge, which enabled her to provide well balanced and healthy meals that addressed people's dietary needs. We found that if there were concerns around specific people's food intake a food chart was completed documenting what they had eaten or refused each day and staff were knowledgeable on people's specific requirements.

People told us that they had regular drinks, with one person saying, "It's nice that I can have a hot drink whenever I want one". Another person told us, "As soon as I get up there is a cup of tea waiting for me". We saw that in the lounge areas three large jugs of different flavours of squash and cups were available. We found that people's fluid intake was monitored on a regular basis.

People told us that their on-going health needs were supported and one person said, "If I feel unwell they make sure that I am seen by the doctor". A relative told us, "My relative on one occasion fell and the staff were great, they called the paramedics to ensure there were no injuries then they monitored my relative for the rest of the day". Another relative told us, "Staff arrange any medical appointments [for my relative] and if I can't make it they always inform me of the outcome". We saw that people's health needs were documented and that staff were aware of those requirements. An example of this was how a person was positioned in order to ensure that their skin was not compromised.

# Is the service caring?

## Our findings

People told us that staff cared about them. One person said, "Staff are kind and compassionate towards me, they are one of the best things about this place". A relative told us, "The staff are kind and loving, I wouldn't have my relative anywhere else". A second relative shared with us, "This is not a care home it is a family home and how the staff care for people is amazing". A staff member told us, "It is a great team of caring staff here, we all do our best".

We were told that people felt listened to and one person told us, "Staff clean my room for me and chat to me while they do it. If I'm worried about anything staff will sit and listen to me and make sure it's all okay". Another person told us, "I do enjoy the company that the carers give me, they sit and talk to me about how I'm feeling and ask if I need anything". We saw that when people didn't want to get involved in activities staff would ask if they wanted time to have a chat and we saw them sitting and listening to people. We saw that staff knew people well and the information within the care plan also detailed the person's history and likes and dislikes and staff were able to give us this information easily.

People told us that they were able to make their own choices and decisions and one person shared, "I can get up and go to bed when I want. Sometimes I stop up until 10pm if there's a good programme on the TV". Another person told us, "I choose to look nice, so I decide what I want to wear and when I want to put my makeup on". A member of staff told us, "People are encouraged to make decisions, whether it be where they want to sit or what they want to eat, we always try to get them to decide for themselves".

We found that people were encouraged to be independent wherever possible and one person told us, "When I have a shower or a wash down staff only do the areas I can't reach this is to make sure I keep as much of my independence as I can". Another person told us, "I am very independent, I don't want anyone doing everything for me and they [staff] understand that". A relative told us, "Where people are able to do things for themselves they [staff] encourage this, we agree as we don't want [person's name] becoming too dependent when there isn't the need". A staff member told us, "If people can wash or dress themselves then we just help as needed, if they can do it we just support them". We found that where people required assistance with advocacy most utilised the services of their own social workers, however the registered manager told us that staff would be able to signpost people to local advocacy services should they require them. Staff told us that they passed all advocacy concerns onto the registered manager.

People told us that staff cared about their privacy and dignity needs and one person told us, "They always treat me with dignity and respect". A second person told us, "They [staff] make sure no one can see me and always close the doors and curtains if I have a bed bath. I'd complain to the carers if I thought they didn't respect my needs". We saw an incident where a person experienced an episode of coughing and we saw that when the buzzer was called staff arrived quickly. A screen was put around the person to maintain their privacy and dignity whilst they were assisted to retain their composure and take a drink.

One person told us, "My relatives can visit me whenever they want, which is great as I get bored sometimes. Don't get me wrong the staff arrange for things to do but it's not my cup of tea sometimes, so seeing loved

ones is great". We saw that visitors were welcomed and offered a drink on their arrival. There was a good relationship displayed between visitors and members of staff, with them greeting each other on first name terms.

## Is the service responsive?

### Our findings

People told us that they had been involved in contributing towards their care plan and one person told us, "I was involved with my care plan, I can remember them asking me the questions". A second person said, "I think my care needs are written down, but I don't know where with my memory". A relative told us, "We meet sometimes to discuss my relatives care plans and we all sign to say that we agree to the changes". A staff member said, "We always try and include people in decisions made about them". We saw that care plans had been signed by staff and people and that staff could tell us when changes had been made to people's care.

We found that people's preferences had been identified and acted upon and an example of this was the church services put on for people who wanted to practice their religion. People told us that they enjoyed participating each week and that it was their decision whether to attend or not. The registered manager informed us that she would be able to access ministers from different religions to visit the home should the need arise.

We saw that the home had been extensively decorated to reflect past eras that people would be familiar with. We viewed a quiet room with benches, so that people could sit and enjoy the mountain scene mural on the wall. We also saw a seaside mural, library area, train station and red telephone box and newspaper stand. People told us about their favourite areas in the home and counted amongst them the cinema room with pub that showed films, football games and big national events and the café area where they could buy items and sit at realistic café style tables for a chat.

People told us that they participated in activities with one person saying, "There's lots of activities that the staff organise for us especially the dancing and singers. There's art and crafts and things like that which I enjoy and it keeps me occupied so the days don't drag on. We go out during the summer months so I'm looking forward to this year's places to visit but I don't have to do any activities that I don't want to. No, there's nothing I would like to change about the home, it's lovely". A relative told us, "There's plenty of stimulating activities to do on most days, so that's good, as it stops my relative becoming bored, but they will encourage my relative to be involved". A staff member told us, "We do try to meet the needs of all the residents by keeping them stimulated and involved. We talk to the residents about what they would like to do in meetings or on a one to one basis. They do like singers and dancing and pet therapy and going out in the summer months". We witnessed a very high spirited afternoon full of music and chatter during the Easter celebrations. People were involved in singing and dancing with staff and an entertainer was provided. We saw people having a good time and many were playing percussion instruments along with the music. There was also an Easter bonnet parade with prizes given out.

One person told us, "I have lots of friends in here". We saw where people had formed friendships they spent time together and we saw that people knew each other well and that they chose to sit together in the lounges and at lunchtime. This meant that people were able to socialise, minimising the risks of them becoming isolated.

People told us that should the need arise for them to make a complaint, they would be aware of the procedure. One person said, "If I had any concerns or needed to complain I would speak to the manager, who I know would respond in a positive way, and together we would address the issues because she is very good at her job". A relative told us, "We have been given the complaints policy and I would use it if I had to. When we have had minor issues they [staff] deal with them immediately". We viewed how a recent complaint had been dealt with and saw that the registered manager contacted the complainant prior to completing an investigation. The complainant was then contacted again with the outcome and the learning from the situation was passed onto staff for future reference. Records showed that the complainant was happy with the process.

We saw that people were asked for their feedback on the service provided and one person said, "I complete the surveys they send out every now and again. I always tell them that the home has a warm and caring atmosphere". A relative told us, "I receive by post surveys asking my views on the home and I do get feedback at a later stage. If I had any concerns I would speak to the manager and things would be put right". A staff member told us, "There is always an opportunity for people to comment on the home and we make sure that people get to see the outcome of the surveys". We saw that the questionnaires provided were user friendly and were in a pictorial tick box format. Of the surveys we saw none had been rated below good and we saw that positive outcomes were reached as a result, such as a person who stated they wanted to go on holiday, had a trip arranged. People confirmed for us that their issues had been acted upon.

## Is the service well-led?

### Our findings

People told us that they knew the registered manager very well and everyone we spoke to knew her name. One person told us, "I know the manager well, she has been here years, we see her every day". A relative told us, "I love [registered manager] she is a god-send". A member of staff told us, "We are lucky to have someone like [registered manager] she really cares about the people and the staff".

People told us that they liked living in the home and one person said, "It is a very nice care home and is run well by the manager and staff". A second person said, "It's pretty good in here but I'd rather be at home, but I'm not complaining. The carers are good to me and make sure that I'm well looked after and I like the manager". We found that the atmosphere in the home was positive, with lots of chatter and people had smiles on their faces.

People told us that they had been involved in plans for the future of the home and one person shared, "They ask us for ideas and somebody said a greenhouse and they are buying one". A staff member told us, "The manager keeps staff informed of any changes that come up, she is very open with us". Staff we spoke with told us that the registered manager ensured that they were involved in the development of the service and that they were able to put their opinions forward.

One person told us, "I attend residents meetings when they have them". A relative told us, "I attend residents meetings and I am able to tell the management team what my views are on the home and they listen". We saw that team meetings took place regularly and that staff felt that they were given the opportunity to raise any issues.

Staff told us that they were aware of the whistle-blowing policy. One staff member told us, "We know how to whistle-blow and I think that it is just what we have to do if someone isn't being treated right". Staff that we spoke with understood that they could contact the appropriate external agencies and CQC.

We saw that quality assurance audits were carried out and this included weekly falls audits where people experiencing two falls were checked over by a doctor. Care plans were looked at by the registered manager, with five being chosen for scrutiny each month on a rolling program. Medicine audits were completed monthly. Where any trends or patterns were noted learning was taken from this and cascaded down to staff. Observations of staff were also carried out to check on the quality of care provided and the registered manager informed us that this took place during the day and night. Staff were able to confirm this.

We saw that the operations manager visited the home regularly and that the registered manager found the support given by the provider to be useful. We saw the monthly reports compiled by the operations manager which demonstrated that they knew the service well. We found that people knew the operations manager and were familiar with their presence in the home.

We received all notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs. The registered manager had also provided a Provider

Information Return (PIR) which gave us detailed information on the service provided and any improvements that were planned.