

Minster Care Management Limited

Wordsley Hall

Inspection report

Mill Street
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Worcestershire
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Tel: 01384571606

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13 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 13 November 2018 and was unannounced.

At our last inspection on the 24 March 2016 we rated the service 'Good'. At this inspection we found improvements needed to be made to ensure a consistent quality of care and the rating is now 'Requires Improvement'. We found quality assurance audits were not effective in identifying areas for improvement. For example, a window was not secure enough to ensure there was not a potential risk of people falling from the window and staff did not always administer medicines as prescribed.

Wordsley Hall is registered to provide accommodation and support for up to 41 people who have conditions related to old age and/or dementia. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 36 people living at the home.

There was a registered manager in post. 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 (2008) and associated Regulations about how the service is run.

The service was rated 'Requires Improvement' for the 'safe' question at this inspection. While staff received training so they knew how to keep people safe from harm. Medicines were not always administered to people as it was prescribed. There was sufficient staff employed to support people safely and the provider had safe recruitment procedures.

People continued to receive an effective service. People's needs were assessed so their preferences, likes and dislikes could be met. Staff had access to support so they had the skills and knowledge to meet people's needs. The provider followed the principles of the Mental Capacity Act 2005. People could eat and drink sufficient amounts to ensure they maintained good health.

People continued to receive support from staff that was kind and caring. People were supported to make choices and decisions about the support they received. People's privacy, dignity and independence was respected.

People continued to receive a responsive service. People were involved in the assessment and care planning process. People could take part in activities that met their individual preferences and hobbies. The provider had a complaints process in place to people could share concerns when needed.

The service was rated 'Requires Improvement' for the 'well led' question at this inspection. The quality assurance systems and audits were not always effective in identifying areas of concern. People could share their views by completing a provider questionnaire.

Further information is in the detailed findings below.

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 remains Requires Improvement.	Requires Improvement ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service has deteriorated to Requires Improvement.	Requires Improvement ●

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 was a comprehensive inspection and was completed by two inspectors on the 13 November 2018 and was unannounced.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also considered information received from the local authority who commissioned services from this provider.

During the inspection we spoke with two people who used the service, three relatives and two staff including the deputy manager. The registered manager and area manager were both available throughout the inspection and contributed to the process.

We looked at the care records for one person who used the service. We also looked at records for the management of medicines, staff training records as well as a range of records relating to the running of the service. This included fire assessments, complaints and minutes from meetings.

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

At our last inspection in March 2016 we rated the registered provider as 'Requires Improvement' in this question. We found medicines were not always stored safely and recorded appropriately. We found some tablets missing without an explanation and a tablet had been stored incorrectly in the wrong box.

At this inspection we found systems were in place to ensure tablets were stored correctly. People we spoke with told us they received their medicines as they wanted and one person said, "I get my tablets and I can get pain relief". Staff completed a Medicines Administration Record (MAR) to confirm people had received their medicines. However, when we checked a number of MARs we found there were gaps. The registered manager checked the gaps and identified one person had not received their medicines as prescribed. Fortunately, after checking this with the doctor, they were advised there would be no effects to the person having not had their medicines. The registered manager took immediate action to increase their medicines audits and checks from monthly to checks three times per day and weekly audits, so any future missed medicines would be identified sooner resulting in much quicker action being taken. They also arranged an urgent meeting with staff to discuss the concerns identified and to put remedial actions in place.

Staff who administered people's medicines had received training to do so safely and their competence had been checked. A staff member said, "I have had training and the manager observes what I do and asks me questions to make sure I know what I am doing".

While staff had received the appropriate infection control training and had the right personal protective equipment to wear when supporting people during the administration of people's medicines. Staff did not wear gloves when handling tablets. This was not good practice as the tablets did not have to be handled by staff at all, but just popped from the blister pack or bottle containing the tablet straight into the plastic cup being used to give people their tablets.

Risks to people's health and well-being had been assessed and staff knew the actions they had to take to manage or reduce risks to people. Were people needed aids to support them to move around these were in place and staff knew how to use them safely. Some people were diabetic and reliant on insulin. Staff knew this and understood the risks associated with people's diabetes.

However, we found some situations where risks within the environment were not being addressed. On walking round, the home we found a number of risks that the registered manager was unaware of. For example, the home had a programme of works planned and where windows were potentially unsafe no risk assessment had been carried out to determine what action if any was required to ensure people were not at risk of falling. Once this had been identified with the registered manager the situation was made safe.

People told us they felt safe. A person said, "I do feel safe". A relative was confident their family member received safe care at Wordsley Hall and said, "[Name] is safe". Staff understood how to keep people safe and received the training to do so. A staff member said, "I have had safeguarding training".

There was sufficient staff on shifts to meet people's support needs. A person said, "Staff do respond to me quickly". A member of staff said, "I do feel there is enough staff, I have no concerns with staffing". This meant there was enough staff to keep people safe. Staff told us the provider completed a number of checks when they were recruited. For example, the provider obtained references and a Disclosure and Barring Service check. These checks were carried out to ensure staff could work with vulnerable people.

Is the service effective?

Our findings

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people lacked capacity to make decisions the provider followed the principles of the MCA and submitted DoLS applications to the local authority. People told us their consent was sought before staff supported them. Staff told us they had received training and understood the MCA.

People told us staff had the skills to support them how they wanted. A person said, "Staff do know what they are doing". Staff told us they felt effective in their role because they could get support when needed. A staff member said, "I do feel supported. I get regular supervision". Records demonstrated that supervisions and staff meetings took place regularly. Newly recruited staff went through an induction process which involved them shadowing more experienced staff and following the Care Certificate standards. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. Staff received regular training so they had the skills and knowledge to adhere to best practice.

People's nutritional needs were met. We observed people making choices as to what they had to eat and drink. A person told us the meals were lovely and if they did not like the meals on offer, they could ask for something different. A relative said, "People get regular drinks, they are able to get fruit when wanted and we have no concerns". We saw a menu in place so people knew what the choice of meals were and staff were seen reminding people at lunch time. Where people needed support to eat and drink, staff communicated and interacted with people as they supported them. Staff sought advice from a speech and language therapist if there were concerns about people eating and drinking.

Staff knew about people's health care needs and people could access healthcare services where needed. A person said, "I can see the doctor when I need to". People's health care was reviewed by their doctor which ensured the healthcare support people received was responsive to any changes in their health.

The provider carried out a pre-admission assessment before people moved into the home to ensure they could meet people's support needs. A person said, "An assessment did take place, my daughter was involved". A relative confirmed they had been involved in the assessment process. During the assessment process people's preferences were noted as it related to the Equality Act. Staff told us they had received equality training and respected each person's individuality.

Is the service caring?

Our findings

Staff supported people in a kind and friendly manner. A person said, "Staff are so caring, they are wonderful. I do like living here". Relatives spoke about staff in a positive and kind way. A relative said, "The staff are caring, friendly and nice". We observed staff starting their shift and going around the lounge and saying 'hello' to every person and checking if they were okay. This showed staff were caring and considerate and respectful of people's home.

People were comfortable and relaxed around staff. People walked freely around the home and staff only intervened where people's safety was at risk. Staff encouraged people to use walking aids to maintain their mobility and promote their independence. Staff did not rush people and were patient when supporting them.

The provider told us in their Provider Information Return that they used a varied range of methods to promote communication with people. We found that people received information in formats they could understand. We saw staff using gestures, pictorial aids, showing people what they were discussing and describing things to support people's understanding. We saw that advocate services were also available and displayed so where people needed support through an advocate this could be made available.

The culture within the service was one of respecting people's wishes so they could do what they could for themselves. A person said, "Staff do respect my independence and privacy. I am able to do as much as I can for myself". A staff member said, "People's privacy is respected. During personal care I will always cover people".

Is the service responsive?

Our findings

People told us they were involved in the care planning process. Care plans contained information about people's preferences, likes, dislikes and hobbies to support person centred care. For example, people's religious and cultural needs were noted as well as their preferences or support from male or female care staff. A person said, "I am able to go to church if I want". As people's needs changed their care plans were reviewed with people's involvement and people confirmed this. A person said, "Staff do talk to me about my care". Relatives told us that they were kept informed when things changed on a regular basis.

People could take part in activities that interested them. People's life story was part of the assessment process so people could continue to engage in their hobbies and interests through the activities programme. An activity coordinator was employed to promote the activities within the home and an activity plan enabled people to choose the activities they joined in with. A person said, "We can go out or do whatever we want". One person who had an interest in following a particular football team was encouraged to do so and staff supported them to go to watch their team play.

The home had a number of themed areas to encourage people who were living with dementia or some form of memory loss to remember things from their past and generate conversation. For example, there were different areas reflecting the seaside and the theatre and one room had a 60's theme. The activities coordinator told us people had been involved in choosing the themes for the different areas. People told us they liked the themed areas and liked living in the home.

The provider had a complaints procedure so people could raise concerns they had. People told us they knew how to complain and would speak to the registered manager if they had a complaint. Relatives confirmed while they had never had to complain they would feel confident to speak with the registered manager. The complaints process was displayed and a record was kept of complaints showing how they were handled and any trends were monitored. Staff knew about the complaints process and how to support people if they had a complaint.

People's wishes at the end of their life were considered as part of the information the service gathered to support them. This ensured staff could meet people's wishes for their final days. The provider worked with a hospice to ensure staff had the skills and knowledge to support people at the end of their life and ensure they were pain free.

Is the service well-led?

Our findings

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run. People knew who the registered manager was. They told us the registered manager was approachable, friendly and caring. People and staff told the registered manager was regularly seen walking around the home checking on staff and the environment.

We found that spot checks and quality assurance audits were carried out by the registered manager and area manager. However, we found the checks had not identified some of the concerns we found. For example, we found a number of gaps on the Medicines Administration Record (MAR) that the manager was not aware of which meant the systems in place to identify the gaps were not effective. Health and safety checks had not identified that staff were not following good hygiene practice when giving people their medicines or that some of the windows did not meet health and safety legislation. The registered manager and area manager accepted there were areas for improvement.

The culture and atmosphere within the home was welcoming, open and supportive to people and their relatives. Relatives could visit whenever they wanted and staff made them feel welcome. The environment in which people lived was warm, clean, bright and inviting. However, on arriving at the home we found the entrance area to the home had an odour. By the afternoon the odour had gone as a result of the area being vacuumed. We discussed this with the registered manager and area manager who told us they would monitor the situation moving forward. They told us they would look to improve the cleaning processes where required.

The provider used questionnaires to gather the views of people and their relatives about the support people received and the general environment of the home. Staff we spoke with confirmed questionnaires were used to gather people's views and they were also able to share their views on the service.

People told us the service was well led. A person said, "I am happy with how staff support me and the manager". A relative said, "If I didn't like the home my relative [person receiving service] would have been moved". Staff also told us the service was well led.

The provider had a whistle blowing policy that staff we spoke with were aware of and knew when they could use it to highlight concerns within the service. However, staff told us they had not had to raise any whistle blowing.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on their website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.