

Interhaze Limited

# Minster Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Minster Lodge Care Home is a residential care home providing personal care for up to 25 adults whose primary needs relate to their mental health. At the time of our inspection 20 people lived at the home and 1 person was in hospital.

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

People and relatives spoke positively about the service they received. Staff knew how to keep people safe and protect them from harm. Risks associated with people's care and the environment were identified and assessed. People received their medicines safely by staff trained in medicine management. Staff were recruited safely.

The registered manager had processes in place to monitor and review the quality of the service provided, for example, audits of care records. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example, adverse weather conditions. Staff felt valued and supported by the management team.

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.

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

The last rating for this service was good (published 15 February 2018).

### Why we inspected

This inspection was prompted due to concerns received in relation to the quality of care provided to people and the culture of the service. As a result, we undertook a focused inspection to review the key questions safe 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 remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Minster Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Minster Lodge Care Home

## 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 team consisted of 2 inspectors.

#### Service and service type

Minster Lodge 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. Minster Lodge 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 they registered with the CQC and sought feedback from the local authority who work with the service. 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 all this information to plan our inspection.

### During the inspection

We spoke with 5 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, senior carers, and care staff.

We carried out general observations of the way people were supported. We reviewed a range of records, including 4 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "It's good here. Everyone is very helpful. It feels a safe place to be." Another person said, "I feel safe I like being locked up at night when it goes dark."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. One staff member told us, "If I saw anything, I thought was a safeguarding I would put a stop to it straightaway. Firstly, I would make sure the resident was safe then I would report it and record it."
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were assessed and regularly reviewed. However, we did identify a risk assessment had not been completed for the use of a topical cream which contained flammable ingredients. We brought this to the attention of the registered manager who took action to address this during the inspection.
- People told us staff supported them safely and their care needs were met. One person said, "I'm looked after well." Another person told us, "I'm very happy living here. This is my home."
- Relatives were positive about the support people received. One relative said, "Communication and trust are really important, the staff have been amazing." Another relative told us, "I'm very happy with the care provided to [Person]."
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example, adverse weather conditions.

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. Any conditions related to DoLS authorisations were being met.

- People told us, and we saw staff worked within the principles of the Mental Capacity Act by seeking people's consent prior to supporting them.
- Staff received MCA training and demonstrated an understanding of the principles. One staff member told us, "DoLS are for their safety. Like [Person] would be unsafe if they went out on their own because they get distressed. So, when they want to go to the shops or somewhere we go with them. They like that."

#### Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person said, "Staff are always about. They will do anything for me. They are the best." Relatives spoken with confirmed staffing levels were good.
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- Staff were recruited safely. The provider sought references and completed DBS checks. 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.

#### Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly checked. We observed staff giving medicines to people in a way which was sensitive to their needs. Staff explained what they were giving and ensured the medicines had been taken.
- Clear guidance was in place which informed staff when 'as required' and time specific medicines needed to be given.
- People's medicines were ordered, stored, and disposed of safely in line with best practice.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety throughout the layout and hygiene practices of the premises. As some areas of the home had chipped skirting boards and paint work. The registered manager told us; this had been reported to the maintenance team for repair.
- 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

- There were no visiting restrictions in place at the time of the inspection.



# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Prior to our visit the provider had identified shortfalls in the service relating to the concerns which triggered this inspection. An improvement plan was in place and had addressed these areas. This demonstrated lessons had been learnt.
- The registered manager demonstrated a commitment to ensuring people were supported to achieve good outcomes. One relative told us, [Manager] is great it's all down to her. She's made a real positive difference to both the residents and their families."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the service provided and the way the service was managed. Comments included, "The manager is lovely and chats to me," "I have confidence in the manager and staff team," and "The staff are very approachable and easy to talk to."
- People and relatives were encouraged to provide feedback during meetings and phone calls with the registered manager. One relative said, "[Manager] is very keen to engage with everyone." At the time of our inspection the service was planning to send out a quality questionnaire to gather feedback on the service.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. Comments included, "The manager is very good and treats staff well," "We all support each other, good teamwork" and "I love working here."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010. Care plans viewed captured people's culture and beliefs and recorded how they wished to be supported with this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives spoke positively about staff. One person said, "The staff are very smiley, very happy and it rubs off." A relative told us, "Staff are outstanding, I couldn't ask for better."
- Managerial oversight of the service was good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. For example, checks on care records, staff competencies and equipment.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.

- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "We do our best for everyone. It's about making sure they have a good quality of life and supporting them to make choices."

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.