

Minster Care Management Limited

Attlee Court

Inspection report

Attlee Street
Normanton
Wakefield
West Yorkshire
WF6 1DL

Tel: 01924891144

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Attlee Court is a residential care home providing personal care for up to 68 people. Some people using the service were living with dementia. At the time of our inspection, there were 45 people using the service. Attlee court accommodates people on two separate units.

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

We carried out a tour of the home with the deputy manager and found several areas that required a deep clean. Following our inspection, the registered manager confirmed a deep clean of the home had taken place.

During our inspection, we identified some concerns regarding maintenance of equipment. The registered manager took action to address these issues.

Risks in relating to people's care were identified and managed safely. However, one person's moving and handling care plan did not document loop configuration to use. Following our inspection, the registered manager confirmed this had been updated and completed.

We found missed signatures on medication administration records (MAR's), and topical medication was not always signed for when given. Some people were prescribed medications on an 'as and when' required basis, often known as PRN. Some people did not have PRN protocols in place, and MAR sheets didn't record why PRN medicine was required and whether it was effective. Medication audits identified similar themes and following this, supervision sessions took place to address the issues with staff. We made a recommendation for safe medication systems to be embedded into practice.

The service was not always person centred. Some care planning documentation was found in a lounge area. The home was not always dementia friendly. There was a lack of signage to help people navigate around the home.

The provider had a recruitment process in place which helped them employ suitable staff. We found there were enough staff available to meet people's needs.

People were safeguarded from the risk of abuse. Accidents and incidents were monitored and analysed to mitigate future incidents.

We observed staff interacting with people and found they knew people well and supported them in line with their needs and preferences.

The provider had a range of audits which were carried out by the management team. However, some audits

had not identified concerns we raised during our inspection. For example, the infection control audit had not identified the home required a deep clean. We also identified some concerns with maintenance of equipment. These issues were promptly address by the registered manager after out site visit.

People were involved in the home and their feedback was used to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, training, management and risks. A decision was made for us to inspect and examine those risks. 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 remained requires improvement, based on the findings of this inspection. We identified a breach of regulation in respect of good governance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Attlee Court on our website at 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Attlee Court

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Attlee Court 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. Attlee Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, regional manager and care workers.

We reviewed a range of records including four people's care records including multiple medication records. We reviewed a variety of records relating to the management of the service. We looked at two staff files in relation to recruitment and staff supervision and observed staff interacting with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not always ensured equipment was safe to use. Whilst equipment had been serviced, the provider had not always carried out appropriate actions when equipment failed. For example, there were two fire extinguishers that had failed the service but were still in situ. Following our inspection, the registered manager confirmed that a new fire extinguisher was in place.
- We identified a passenger lift door, which didn't always close when an obstruction should have prevented it. Following our inspection, the registered manager took action to address this.
- We found two bath hoists that had failed the functionality test on 5 May 2022, as the batteries were unable to be located. These were still not in operation on the day of our inspection. Following our inspection, the registered manager confirmed that new batteries and charger was now in place.
- Risks in relating to people's care were identified and managed safely. However, one person's moving and handling care plan did not document loop configuration to use. Following our inspection, the registered manager confirmed this had been updated and completed.

Using medicines safely

- Medication administration records (MAR's) did not always indicate people had been given their medicines as prescribed. We found missed signatures on MAR sheets, and topical medication was not always signed for when given.
- Some people were prescribed medicines to be taken on an 'as and when' required basis, often referred to as PRN. MAR sheets didn't always record why the medicine were required and whether it was effective. Some people did not have PRN protocols in place to guide staff as to when to administer the medicine.
- The medication audit completed in June 2022, identified similar themes and the registered manager had implemented new systems to ensure people continued to receive their medicines as prescribed.

We recommend supervisions continue to ensure staff embed the new systems into practice.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We carried out a tour of the home with the deputy manager and found several areas that required a deep clean. For example, skirting boards were dusty, dining chairs had not been cleaned effectively, hair salon needed cleaning and some storerooms required cleaning and rearranging. The downstairs dining room had a broken cabinet and worksurfaces where the wood was untreated and therefore difficult to clean. The

registered manager confirmed a deep clean of the home had taken place following our inspection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- The home was facilitating visitors to ensure people maintained contact with their family and friends.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff told us they received training in this area and knew how to recognise and report abuse.
- Relatives we spoke with felt their family member was safe living at the home. One relative said, "I am never worried. I know [relative] is looked after well."

Staffing and recruitment

- The provider had a recruitment process in place which helped them employ suitable staff.
- Through our observations and talking with staff, we found there were enough staff available to meet people's needs. One staff member said, "There are enough staff available both during the day and night."

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed to mitigate future incidents.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection we identified systems in place to monitor quality and safety within the service, required some improvements to ensure they were robust enough to identify all issues. At this inspection we continued to find concerns in this area.
- Systems in place to monitor the service were not always robust and did not always identify and address issues.
- We identified some concerns around infection control, medication and maintenance of the home. These issues had not always been previously addressed in a timely way.
- This was the fifth consecutive inspection that has been rated requires improvement. This showed actions were not always taken to address areas of concern.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Quality monitoring systems were not always effective.

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

- The service was not always person centred. Some care planning documentation was found in a lounge area. The home was not always dementia friendly. There was a lack of signage to help people navigate around the home and nothing of interest available to stimulate people.
- We observed staff interacting with people and found they knew people well and supported them in line with their needs and preferences.
- Relatives we spoke with were complementary about the service and felt their family member was well cared for. One relative said, "What I like and what really matters is that they [staff] show loving kindness to [family member] and she is valued as an individual.

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

- The registered manager was open and honest with people when things went wrong.
- The manager and staff team were clear about their roles and responsibilities and their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider had a process for gathering feedback about the home. Comments were used to develop the service.
- Relatives we spoke with told us they felt involved in the service. One relative said, "The manager very approachable and acts if she is concerned about anything."
- Meetings took place between people, their relatives and staff. Suggestions were taken into consideration to improve the service

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice. Care plans included advice from healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not always effective.