

MMCG (2) Limited

Minster Grange Care Home

Inspection report

Haxby Road
York
YO31 8TA

Date of inspection visit:
26 April 2023
28 April 2023
03 May 2023

Date of publication:
14 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Minster Grange is a residential care home providing personal and nursing care for up to 62 people. The service provides support to people with physical disabilities and older people, some of whom are living with dementia. At the time of our inspection there were 41 people using the service. The service is divided into 5 areas across 3 floors. Each floor has its own communal areas.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Risks to people were not always appropriately managed. Guidance for staff was not always clear and accurate. There were not always enough staff to ensure people received safe and person-centred care. PPE was not always stored and disposed of in line with best practice guidance.

The provider had failed to improve the quality of the care provided. Some improvements had been made but the provider remained in breach of regulations. Some improvements made previously had not been maintained. Staff morale was not always positive, and staff did not always feel fully engaged with the service. There was no registered manager at the time of the inspection.

The dining experience for people was not always positive although most people told us they liked the food. People's needs were assessed although guidance for staff was not always clear. Staffing levels impacted people receiving care in line with their assessed needs.

People were generally supported to have maximum choice and control of their lives although staffing levels sometimes impacted this. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely. Medicines were generally managed safely, and people received their medicines as prescribed. Some medicine records needed to be more robust. The environment was well maintained. Health and safety checks were up to date and staff took part in fire drills. The service was clean and tidy.

Staff had the right skills and experience. Inductions for agency staff members were not always in place. This had been identified by the acting manager who was in the process of rectifying this. Staff made appropriate referrals to other professionals. The design of the service met people's needs.

People and relatives, where appropriate, were involved in the development of the care plans. Care plans contained information about people's likes and dislikes. People were supported to discuss end of life wishes and these were recorded. People were supported to take part in a range of activities, although staffing levels impacted care workers' ability to spend quality time with people. People's communication needs were met. There was a complaints procedure in place and complaints were investigated appropriately.

Most people and relatives were happy with the care provided and spoke positively about the care workers and nurses. The management team held a relatives' meeting to provide an update and assurances. The management team complied with the duty of candour and relatives confirmed they were kept up to date.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2022) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider seek advice from a reputable source to ensure robust medicine practices. At this inspection we found some improvements had been made but some areas of medicine management needed further improvement.

This service has now been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 August 2020 and breaches of legal requirements were found. We carried out a focused inspection on 15 April 2021 where the provider remained in breach of legal requirements. A further focused inspection was carried out on 7 December 2021. Some improvements had been made but the provider remained in breach of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained requires improvement and the provider has remained in breach of regulation.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Minster Grange Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have already requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Minster Grange 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

This inspection was carried out by an inspector 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.

Service and service type

Minster Grange Care Home 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 Grange Care Home is a care home with 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 April 2023 and ended on 24 May 2023. We visited the location's service on 26 and 28 April and 3 May 2023.

What we did before the 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 including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 17 members of staff including the acting manager, the deputy manager, the regional director, the head of quality, the head of internal audit, nurses, care workers, lifestyle co-ordinators, kitchen staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received written feedback from a further 7 members of staff including nurses and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.

We requested an action plan during the inspection in respect of our inspection findings.

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 has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to robustly mitigate the risks relating to the health, safety and welfare of people and failed to provide a secure environment. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not always appropriately managed. One person was at risk of choking and had been assessed as requiring a modified diet. This person was receiving a normal diet which put them at risk of harm.
- Guidance for staff around whether people needed to be supervised or assisted with their food was unclear and not always correct. Staff did not always have easy access to clear and accurate information about people's dietary requirements.
- Other areas of people's care plans and risk assessments contained a good level of detail, for example around managing risks to people who may become distressed. However, staffing levels meant that it was difficult for staff to always manage these risks, as there were not always sufficient staff to supervise, distract people and provide reassurance.

This failure to fully manage risks to people placed people at risk of harm and was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded following our feedback and reviewed people's dietary needs to ensure people's requirements were met and staff had up to date and accurate information.
- The provider had systems in place to learn lessons when things went wrong. Lessons were relayed to staff in handovers and meetings. The provider was responsive to feedback and sought support from other professionals such as dietitians.
- Improvements had been made to the safety and security of the environment. The environment was well maintained and free from any obvious hazards. Health and safety checks were up to date and staff had received fire training.

Staffing and recruitment; systems and processes to safeguard people from the risk of abuse

- There were not always enough staff to ensure people received safe and person-centred care.
- Staff were rushed, under pressure, and consistently told us staffing levels were not appropriate to enable

them to meet people's needs. Staff comments included, "We are severely understaffed. Residents can be left unattended for an inexcusable amount of time" and, "Both nurses and care workers are struggling to meet the needs of the residents due to lack of staff, there is no person-centred care anymore."

- We observed people needing reassurance but there being insufficient staff to provide this. We observed staff did not have enough time to offer to assist everyone to the dining room at mealtimes.
- We were not assured that the staffing levels were sufficient to ensure people were always protected from the risk of abuse and avoidable harm.

This failure to ensure there were sufficient staff to provide safe and person-centred care was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider informed us they used a dependency tool to calculate required staffing levels and were staffing the service in line with this calculation. Specific calculations were not provided to us during the inspection, so we were not able to determine the appropriateness of the calculations.
- Following feedback and several new admissions to the service, the provider increased staffing levels by 1. The provider told us they would recalculate the appropriate staffing levels and carry out observations to see how staff were deployed and whether the levels were sufficient.
- Staff were recruited safely with appropriate pre-employment checks in place.

Using medicines safely

At our last inspection we recommended that the provider seek advice from a reputable source to ensure robust medicine practices. At this inspection we found some improvements had been made, but protocols for 'when required' medicines required further improvement.

- Medicines were generally managed safely, and people received their medicines as prescribed.
- Some people were prescribed medicines on a 'when required' basis. Guidance for staff around when to administer these medicines was not always clear, but staff were knowledgeable about people's needs.
- Medicine rooms were tidy and organised, and medicines were stored at the correct temperature.
- Controlled drugs were stored and managed in line with legal requirements.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. PPE was not always appropriately stored or disposed of. The deputy manager had recently identified this, and actions were being implemented to resolve this.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- There were no restrictions on visiting at the time of our inspection. This was in line with national guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- The dining experience for people was not always positive. There were not always enough staff to assist people into the dining room to eat with others.
- People generally had a choice of 2 options at mealtimes, but people who received a pureed diet were not given a choice. Where people asked for alternatives, these could not always be provided.
- People did not know what was on the menu as there was no information on display. Kitchen staff told us the menu was often changed at short notice due to running out of ingredients. Staff serving the food were not always clear what meal they were offering.
- Snack trollies did not always contain a varied selection of food and drink.
- Most people told us they liked the food. One person said, "The food is very good, it's usually well cooked and I get plenty of drinks."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs generally were assessed, but support plans did not always give staff clear guidance or information.
- The staffing levels meant that people were not always given choice in line with their assessed needs.

Staff support: induction, training, skills and experience

- The acting manager was unable to locate a supervision matrix to establish whether staff had received regular supervisions. Staff told us they had not had any recent supervisions.
- Inductions for agency staff members were not always in place. The acting manager had identified this prior to the inspection and was taking steps to ensure the necessary records and inductions were in place for agency staff.
- Staff had the right skills and experience to support people.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications were in place where appropriate or had been applied for.
- We found on 1 occasion an important decision had been made for someone on the basis that their relative had legal authority to make this decision. We established that the relative did not have this legal authority. The provider confirmed this would be reviewed and a best interest decision would be completed instead.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff made appropriate referrals to other professionals when needed.
- Where people had lost weight, this was monitored, appropriate plans were put in place, and referrals made to the dietician.
- People were supported to access healthcare services such as their GP.

Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. Private spaces were available for people to spend time with visitors.
- There were different spaces for people to use, including themed rooms and a selection of communal areas. The decoration was dementia friendly.
- People were able to personalise their rooms with items which were important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in developing their support plans. People's care plans were person-centred and contained information about people's likes, dislikes and wishes.
- Staff were knowledgeable about people's individual preferences. However, staff were not always able to give people fully person-centred care due to workload challenges. One staff member told us, "It makes me upset sometimes because I can't fully meet people's needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities. There was a timetable of activities which people were encouraged to take part in, and which people enjoyed.
- Staffing levels had a negative impact on care workers' ability to spend quality time with people to help avoid social isolation.
- People were supported to maintain relationships with their families and friends. Visitors were welcomed into the home and there were different areas for people to use, including outside spaces. One person told us, "My family come to see me, and they can come whenever they like."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- People had person-centred communication care plans in place. These provided good guidance for staff to help them effectively communicate with people.
- Care plans had been updated to reflect any changes in people's communication needs and to reflect staff experiences about how best to communicate with people.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints process in place. People and relatives were able to raise complaints if needed.
- Complaints were investigated, and any lessons learnt were implemented and relayed to staff.

End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- People's end of life wishes were recorded, and people were supported to make decisions about their end of life care.

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. 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.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service, failed to assess, monitor and mitigate risks relating to the health and safety of others, and failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider failed to improve the quality of the care provided. Although some improvements had been made, this was the fourth consecutive occasion that the service had been in breach of regulations. Some improvements identified at earlier inspections had not been maintained.
- The provider failed to robustly manage risks to the health and safety of people using the service. Guidance for staff within care plans was not always clear. Daily charts were not always completed fully.
- Staffing levels impacted the ability of staff to provide safe and fully person-centred care. Staff told us this had been raised continuously with the management team, but no improvements had been made.

This failure to improve the quality of the care, robustly manage risk to people and maintain accurate and complete records was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff morale was not always positive. Staff felt under pressure and concerned that they were not always able to provide the best possible care due to staffing levels. Staff told us, "Staff feel quite disheartened and unappreciated for the work that they do" and "There needs to be better communication, understanding and empathy between head office and the staff."
- Most people and relatives were happy with the care provided and spoke positively about the hard work of the care workers and nurses. Comments included, "The carers are wonderful. I have confidence in them, and they genuinely care" and, "The staff are all nice to me and I am happy here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff did not always feel fully engaged with the service. Some staff told us they had not met the current management team. The acting manager confirmed a full staff meeting would be held shortly. Where staff had met the acting manager, staff spoke positively, confirming that she was "very approachable" and "passionate about the job".
- The management team involved people and relatives. Although there was some uncertainty amongst people regarding the current management situation, the acting manager had held a meeting with relatives to address any concerns and provide assurances. Updates were also provided by way of a monthly bulletin.
- Staff made appropriate and timely referrals to other professionals.
- The provider and the management team were open and receptive to working with other stakeholders with a view to improving the quality of the service.

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 management team understood the duty of candour and records were robust in this area. People and relatives were informed when things went wrong, and the management team apologised appropriately.
- Relatives confirmed they were kept up to date and contacted if there were any problems. One relative told us, "The staff call me straight away or they text me. The staff do keep me informed."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to robustly manage the risks relating to the health, safety and welfare of people.</p> <p>Regulation 12(1) and (2)(a) and (b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to improve the quality of the care, robustly manage risk to people and maintain accurate and complete records.</p> <p>Regulation 17(1) and (2)(a), (b) and (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider failed to ensure there were sufficient staff to provide safe and person-centred care.</p> <p>Regulation 18(1)</p>