

Life Style Care plc

Minster Grange Care Home

Inspection report

Haxby Road
York
North Yorkshire
YO31 8TA

Tel: 01904651322
Website: www.lifestylecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Minster Grange Care Home is a residential and nursing home which provides accommodation for up to 83 people. The service supports disabled adults and older people, including people who have nursing needs or may be living with dementia.

The service is located in York north of the city centre. Accommodation is provided across three floors each containing two units. On the ground floor, Ash provides nursing care and Aspen provides nursing care for younger adults. On the first floor, Beech and Briar provide nursing care for people who may also be living with dementia. On the second floor, Copper provides residential care for people who may be living with dementia and Chestnut provides residential care for older people. All the bedrooms are en-suite and the service also has communal lounges, dining rooms and bathrooms on each floor. There is a safe garden for people to use and a car park is available for visitors.

We inspected the service on 2, 10 and 16 November 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting.

This inspection was in response to concerns we had about the care and support provided at Minster Grange Care Home. Information shared with the CQC raised concerns about moving and handling practices, infection prevention and control issues, staff training, the management of risk and the appropriateness of staff's response to accidents and incidents. This inspection examined the wider risks to people who used the service associated with these concerns.

At the last inspection, in April 2016, the service was rated 'Good'. However, we found a breach of the legal requirements in relation to the governance of the service. During this inspection, we found a continued breach of regulation relating to the governance of the service. We found that the registered provider did not have robust quality assurance systems to identify and address areas of practice where the quality and safety of the care and support provided had been compromised. Issues and concerns identified during the course of our inspection demonstrated ineffective quality assurance systems. Whilst the registered provider was responsive to our feedback and implemented action plans to address areas of concern, this demonstrated reactive rather than proactive management.

Although we saw examples of kind and caring interactions between staff and people who used the service, we also observed inconsistencies, where the care and support provided was not effective or dignified. We identified gaps in staff's training, concerns relating to the induction and supervision process and found that robust competency assessments were not consistently completed to monitor and support staff's continual professional development.

We found that the support provided to people who used the service did not consistently maintain their privacy and dignity. Accident and incident reports did not always contain sufficient information about how staff had responded following a fall, how the person was supported to get up, or how staff had followed-up

any injuries or concerns. This meant we could not be certain that staff had taken appropriate action which kept people who used the service safe.

During the inspection, we observed areas of the service which were unclean and showed evidence of ingrained dirt. The systems in place to monitor infection prevention and control practices had not been effective in identifying and addressing our concerns.

We concluded that there were breaches of regulation in relation to dignity and respect, staffing, safe care and treatment, premises and equipment and the registered provider's governance of the service. You can see what action we told the registered provider to take at the back of the report.

People who used the service told us they felt safe with the care and support provided. Staff we spoke with demonstrated that they understood how to respond to safeguarding concerns. We identified minor recording issues on medication administration records and have made a recommendation about the management of medicines.

We observed that staff were not always effectively deployed across the service, which impacted on the timeliness of the care and support provided. We have made a recommendation about monitoring staff deployment in the body of our report.

Staff asked for people's consent to provide care and support. Care files evidenced that consent to care was appropriately sought in line with legislation and guidance on best practice. Appropriate authorisations were in place where people were deprived of their liberty.

We received mixed feedback about the quality of the food provided, but observed that there were systems in place to ensure people ate and drank enough. People were supported to access healthcare services where needed.

People who used the service told us staff were generally kind and caring. We observed that people were supported to make decisions and have choice and control over their care and support.

Care files evidenced that people's needs were assessed and individualised plans put in place to guide staff on how to meet those needs.

The registered provider employed activities coordinators and we observed that a range of activities were on offer for people who used the service. However, we received mixed feedback from people about the activities on offer at Minster Grange Care Home and observed that there was limited stimulation for people who were nursed in bed.

The registered provider had a policy and procedure in place outlining how they managed and responded to complaints. However, this information was not displayed in an accessible way for people who used the service to access if needed.

The registered provider is required to have a registered manager in post. At the time of our inspection, there was a manager who had been the service's registered manager since May 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 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.

Areas of the service were unclean and infection prevention and control practices needed to improve.

Sufficient staff were employed to meet people's needs. However, staff were not always deployed effectively.

We identified minor issues relating to the recording and administering of people's prescribed medicines.

Risk assessments were used to support staff to provide safe care. However, there was a lack of clarity with regards to how staff had responded to some accidents and incidents.

People who used the service told us they felt safe with the care and support staff provided.

Requires Improvement



Is the service effective?

The service was not always effective.

We found gaps in staff's training. We observed inconsistencies in the effectiveness of staff's practice. The system to monitor staff's competency and support their continued professional development was not robust.

Staff sought people's consent to provide care and support. Deprivations of liberty were authorised in line with relevant legislation.

People who used the service were supported to eat and drink enough. We received mixed feedback about the quality of the food provided.

People told us staff supported them to meet their health needs.

Requires Improvement



Is the service caring?

The service was not always caring.

Requires Improvement



We received generally positive feedback about the kind and caring staff.

We observed that the care and support provided did not consistently maintain people's privacy and dignity.

People were supported to make decisions and have choice and control over their care and support.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans put in place to guide staff on how to meet those needs.

We received mixed feedback about the activities on offer at Minster Grange Care Home.

The registered provider had a complaints policy and procedure. However, this information was not always accessible to people who used the service.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The registered provider's governance and quality assurance systems were not robust enough to identify and address areas of practice where the quality and safety of the service provided had been compromised.

We received mixed feedback regarding the management of the service.

We found that staff did not always maintain contemporaneous records of the care and support provided.

Inadequate 

Minster Grange Care Home

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 registered provider was 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 was carried out on 2, 10 and 16 November 2016. The first and second days of our inspection were unannounced. This meant the registered provider and staff did not know we would be visiting.

On the first day of our inspection, the inspection team consisted of three adult social care inspectors and two Experts by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Experts by Experience supported this inspection by speaking with people who used the service and visitors to find out their views about the support provided at Minster Grange Care Home. We were also assisted by a nurse from the Community Infection Prevention and Control Team. They provided specialist advice and guidance regarding the prevention and control of infection in a care setting. On our second visit, we inspected the service during the night shift to observe the care and support provided and speak with members of the night team. This inspection visit was completed by one adult social care inspector and an inspection manager. On the third day of our inspection, two adult social care inspectors returned to the service.

This inspection was in part prompted by concerns shared with us by the family of a person who lived at Minster Grange Care Home. Concerns related to poor moving and handling practices, infection prevention and control issues, staff training and the response to accidents and incidents. We used this information to plan our inspection and have reported our findings in relation to these concerns in the body of our report.

Before our inspection, we reviewed the information we held about the service, such as safeguarding information and notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from the City of York Council's safeguarding and commissioning teams. We used this information to plan our inspection. We did not ask the registered provider to complete a provider information return (PIR). The PIR is a form that asks the registered provider to give some key information

about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with 22 people who used the service and 11 people who were visiting their relatives or friends. We spoke with the business director, registered manager, deputy manager and 11 members of staff including nurses, senior carers, care assistants, the activities coordinator and a chef.

We had a tour of the building including communal areas and, with people's permission, their bedrooms. We observed interactions throughout the day and during the night shift between staff and people who used the service. We observed support provided in communal areas including planned activities and lunch being served. 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.

We reviewed care records for six people who used the service, medication administration records, staff recruitment and training records, staff rotas, complaints records, meeting minutes, maintenance records and other records relating to the management of the service.

Is the service safe?

Our findings

Before our inspection, we received information which raised concerns about staff's infection prevention and control practices. During our inspection, we found issues with the cleanliness of the service. We found areas of the service which were unclean and showed evidence of ingrained dirt. This included stained chairs, pressure relieving cushions and dirty tables in communal areas. We found wheelchairs which were dirty, bed sides which were stained and dirty and two beds which had been made despite the bed linen being unclean. We found a person's clean laundry had been left on the floor inside their room and we observed staff walking in and out of people's rooms wearing gloves used to assist with personal care. This represented a cross contamination risk and was poor practice with regards to infection prevention and control. Appropriately robust cleaning schedules were not in place and ineffective checks had been completed to monitor and address cleanliness issues within the service.

This was a breach of Regulation 12 and Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to our concerns, the registered manager and deputy manager showed us new infection, prevention and control policies and procedures they were adopting. We were also sent an action plan following our visit of the steps they had taken or planned to take to address these concerns.

Before our inspection, we received evidence that appropriate records had not always been kept of accidents and incidents that had occurred involving people who used the service and staff had not always responded appropriately following a fall. During our inspection, we saw that staff did complete records of accidents and incidents. We saw positive examples of accident and incident recording and evidence that staff had taken appropriate action to respond to issues or concerns. However, we also found examples where an accident or incident had occurred and the associated records did not contain sufficient information about how staff had responded, how the person was supported to get up following a fall or how staff had followed-up any injuries or concerns. We were concerned about these inconsistencies as it meant we could not be certain that staff had taken appropriate action following an accident or incident to keep people who used the service safe. This demonstrated that the registered provider had not done all that was reasonably practical to mitigate risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of the people we spoke with told us there were enough staff to meet their needs. However, some people who used the service commented, "You never see the staff unless you ring the buzzer" and "They could always do with more [staff]."

We received mixed feedback from visitors and relatives of people who used the service regarding staffing levels. Comments included, "I've spoken with the manager about the staffing levels, because I don't think there are enough staff in the sitting room some of the time", "Yes there is enough staff if they are all there"

and "Sometimes it is difficult to find anyone." However, other relatives and visitors we spoke with told us, "I've no concerns regarding staffing levels....there is always two or three staff around", "There always seems to be someone to ask" and "There appears to be loads of staff."

Staff told us, "We've always got enough staff, but sometimes we have to use agency. We try and use the same ones though", "We are normally short staffed most of the time, it makes it very difficult to work" and "There's a lack of staff every now and again...mostly with people not coming in and calling in sick." Other staff we spoke with raised concerns about staffing levels at particular times and on certain units where they felt people had complex or intensive support needs.

We reviewed rotas and observed staffing levels in the service. Target staffing levels during the day were four nurses, one team leader and 21 care staff on shift. The registered provider also employed staff to work in the kitchen, domestic staff, administrative staff and activities coordinators. At night, staffing levels reduced to two nurses, one senior carer and nine care staff on shift. Rotas evidenced that staffing was typically maintained at or above this level for the four week period before our unannounced visit. Agency staff were used where necessary to cover gaps in the rota. We reviewed profiles of the agency staff used. These evidenced that agency staff had suitable background checks in place and had received appropriate training.

We observed that there were sufficient staff employed across the service to meet people's needs. However, we identified issues with staff deployment particularly at busy periods. We observed that some units were busier than others and this was reflected in the range of comments we received about people's perception of staffing levels. We identified insufficient staff were deployed to one unit when supporting people to go to bed. This impacted on the timeliness of the care and support people on this unit received. One member of staff told us, "We could do with extra staff, it's a really busy unit." Another member of staff said, "They need to address the levels of staff on Beech" and explained that people on this unit had complex and intensive needs and because of this they felt higher staffing levels were needed. We also observed that some units lacked at times a clear and coordinated approach and whilst there were sufficient staffing levels, staff were not always deployed effectively meaning people were left at times unsupervised in communal areas.

We recommend that the registered provider develops systems and processes to closely monitor staff deployment.

People who used the service told us they felt safe at Minster Grange Care Home and with the care and support provided by staff. Comments included, "I feel safe and well looked after", "I am very happy here, no complaints", "Yes I feel safe. I think it's the staff that make me feel safe" and "Yes I feel safe... nothing seems to go wrong."

Relatives of people who used the service told us they felt it was safe. One relative commented, "Staff are brilliant, they put you at ease. They didn't mind me asking questions. They get [relative's name] to do things I couldn't do, I know they're in a safe place and looked after."

We reviewed the systems in place to maintain people's safety and to prevent avoidable harm. We saw that people's needs were assessed and risks identified. This information was used to develop support plans and risks assessments to guide staff on how to provide safe care and support to minimise risks. We looked at six people's care files and saw that they contained risk assessments in relation to moving and handling, malnutrition, skin integrity, falls, bed rails and other practical activities of daily living. We saw that risk assessments were generally reviewed and updated monthly as people's needs changed.

Staff received training on how to safeguard vulnerable adults from abuse. Staff we spoke with appropriately

described the types of abuse they might see and understood their responsibility to report issues or concerns to their supervisor or the registered manager. The registered provider had a safeguarding policy and procedure to provide further guidance to staff on how safeguarding concerns should be managed. Records evidenced that safeguarding concerns were identified and referred to the local authority safeguarding team.

Health and safety checks of the building and any equipment used were completed to protect people who used the service against the risks of unsafe or unsuitable premises. We saw documentation and certificates to show that appropriate checks had been carried out on the gas boiler, the electrical installation, portable electrical equipment, nurse call bell system and on any lifting equipment used including hoists, slings and the passenger lift.

An up-to-date fire risk assessment had been completed and Personal Emergency Evacuation Plans (PEEPs) were in place. These recorded information about the support people would need to evacuate the service in the event of an emergency. The registered provider also had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as a fire, flood or loss of utilities. This showed us that systems were in place to manage and minimise health and safety risks to people who used the service.

We reviewed eight staff files. These evidenced that new staff were interviewed, provided references and Disclosure and Barring Checks (DBS) checks had been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups.

We saw evidence that the deputy manager regularly checked with the Nursing and Midwifery Council to ensure nurses a valid registration to practice.

Where necessary, staff supported people who used the service to take prescribed medicines. People who used the service generally reported no issues or concerns with this aspect of their support. Staff responsible for administering medicines received training and observations were completed to ensure they were safe and competent before working independently.

Medicines were securely stored in a treatment room on each floor. Regular checks were completed to ensure that medicines were stored at the correct temperature. Medicines were supplied by the pharmacy in a monitored dosage system, which contained a 28 day supply of each person's medicines.

Staff used Medication Administration Records (MARs) to record medicine given to people who used the service or the reason why a medicine was not administered. We reviewed completed MARs and identified that staff did not consistently countersign handwritten MARs. It is good practice for two staff to check and sign handwritten MARs to ensure that instructions from the pharmacy label have been copied correctly. We also identified minor gaps where staff had not signed to record that they had administered that person's medicines. Medicine stock levels indicated that people had received this medicine, but staff had forgotten to sign the MARs.

We did, however, find one example where staff had not administered a person's prescribed medicine. This had already been identified by the nurse in charge who was in the process of addressing this with the member of staff responsible. We also identified that staff had delayed the administration of another person's diabetes medicine, because another healthcare professional was visiting. This was not good practice as it was important for the person to receive their medicine in a timely manner.

We observed that medicines were generally administered in line with guidance on best practice. However, we also observed an instance where a member of staff did not explain what the medicine was and did not stay to observe if the person took their medicine. The person who used the service then had to ask for some medication which was missing and again, the member of staff did not ensure this was taken. The person who used the service told us, "There's a lot of mess up with the medication...There is always something missing."

We recommend that the registered provider reviews advice and guidance on best practice regarding the safe administration of medicines.

Is the service effective?

Our findings

We reviewed the registered provider's induction, training and supervision programme. New staff completed a one day training course on topics including fire safety, food hygiene, health and safety, safeguarding of vulnerable adults, infection prevention and control and bed rail safety. The registered manager told us all staff were required to complete this one day course and a separate day long moving and handling course before they provided any care and support.

The registered manager told us new staff had to complete at least three shadow shifts before they started working independently. However, staff we spoke with told us this did not always happen due to staffing levels. Staff said, "We don't have time for shadowing...there's not time" and "I had two induction days planned, but actually just had one as they were short staffed...it was quite difficult as you need to know people." Another member of staff described the shadowing, "There is no set training procedure...No set person doing the training. People are trained differently on different floors."

We saw that care files contained an induction checklist where staff were signed off as they completed the induction process. However, this record did not evidence a robust process of checking new staff's competency. We spoke with the registered manager about maintaining a record of shadow shifts completed, including detailed observations of staff's practice during this time, completed by a trusted assessor, and with feedback provided on strengths and areas for further development.

The registered manager told us they were in the process of completing competency assessments for staff in response to concerns identified before our inspection about the care and support provided at Minster Grange Care Home.

In addition to induction training, staff completed training courses on dementia care, person centred care, first aid and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Other training was provided on topics including end of life care, mental health awareness and medicine management.

At the time of our inspection, the service had three dementia units supporting people with complex needs including people who could become anxious or upset. Records showed that 50 out of 146 staff had completed training in positive behaviour support. However, a member of staff told us, "I would like to do challenging behaviour training as a number of people have behaviours on Beech and Briar." We also saw two recorded discussions with staff, which identified that challenging behaviour training was needed to improve their handling of specific incidents. The registered manager told us this training had not been completed, because the trainer was unavailable. We were concerned that this training had not been delivered and that more staff had not received specialist training in this area.

The registered provider required staff to complete regular refresher training to update their knowledge and skills. We viewed a training report, which the deputy manager used to monitor training which was due or overdue. At the time of our inspection, this report showed 282 instances where staff's training needed to be updated. For example, 22 staff needed to update their safeguarding training, 49 staff needed to update their

moving and handling training, 27 staff needed to update their health and safety training, 82 staff needed to update their fire safety training and 22 staff needed to update their infection prevention and control training.

The registered manager told us they set high standards, asking staff to update their training every six months or every year. This meant that although some courses were overdue, staff had still completed training relatively recently.

Although we could see that on-going training was provided, information shared with the Care Quality Commission before our inspection raised issues and concerns about staff's training. During the inspection, we saw a number of positive and effective caring interventions. We also observed an example of staff using a poor moving and handling technique and examples where care and support provided was not dignified or not well coordinated. This showed us that the systems in place to train, monitor and supervise staff were not robust enough to identify and address these inconsistencies in staff's practices.

We found that the registered provider did not have a robust system of supervisions, appraisals and observations to monitor staff's progress and support continued professional development. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important that staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice.

We saw that supervision sessions were held, however, these were typically 'group supervisions' and involved staff being instructed on best practice in relation to a particular topic. For example, reminding staff of the importance of completing food and fluid charts. Supervision records did not evidence that staff received regular feedback or a detailed discussion of their performance, a discussion of any wellbeing issues or were involved in the setting or monitoring of goals. Staff told us, "We have had supervision before, but [Name] wants to make it more regular...I don't have them all that often", "It would be better if supervision was more often so our views could be expressed" and "I've worked here for a year and a half and have never been asked how are you getting on."

We concluded that issues and concerns regarding staff's induction, training, supervision and monitoring increased the risk of people who used the service receiving poor care.

This was a breach of regulation of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated that they understood the importance of consent and we found that people who used the service had been asked to sign their care plan to record that they consented to the care and support provided. Where there were concerns about someone's ability to make an informed decision, we saw that

mental capacity assessments were completed and a best interest decision made if necessary. Care files we looked at contained appropriately completed mental capacity assessments and best interest decisions evidencing that staff were mindful of capacity issues and sought consent in-line with relevant legislation and guidance.

Appropriate authorisations were sought where people lacked capacity and the care and support provided amount to a deprivation of their liberty. At the time of our inspection, 45 people who used the service had a DoLS authorisation in place and a further seven applications had been submitted and were waiting to be assessed. The registered manager maintained a log of DoLS authorisations in place, when these expired and any conditions on the authorisations. Where DoLS authorisations were due to expire, we saw that new authorisation had been submitted in a timely manner.

We received mixed feedback about the quality of the meals provided at Minster Grange Care Home. People who used the service said, "I've no complaints. The food in general is okay", "The food is abysmal...It's the repetition and poor quality which gets to me", "The food is atrocious they need a new cook", "The food is adequate. It's plain, which suits me", "The food varies", "I can't complain about the food, they look after us extremely well" and "The food is okay; it's adequate on the whole, though sometimes it dips. There's not always much choice."

The service had a four week seasonal menu with two options at each meal and a 'short order menu' with ten alternative options available each day. The chef told us people's nutritional needs and preferences were assessed when they moved into the service and a copy of this was sent to the kitchen. The chef explained how they provided modified diets, vegetarian diets and diets for people with diabetes, lactose intolerance and gluten allergies. Meal options were discussed at 'food forum' meetings and 'residents and relatives' meetings to ensure people were consulted about the food provided.

We observed lunch being served on three of the units during the course of our inspection. We saw that food was served hot and people were offered a choice. However, we found that the lunchtime experience sometimes lacked coordination and people did have to wait to be served despite high staffing levels. We saw that assistance was provided, where necessary, for people to eat their meals.

We observed that people were supported and encouraged to drink regularly throughout our inspection. However, we noticed that for people who were in bed, drinks were not always left in an accessible place. We also observed one person who used the service calling out for a biscuit and drink, which had been left on a bedside table on the other side of the room.

Staff told us they monitored people's food and fluid intake and regularly encouraged people to eat and drink to minimise the risk of dehydration and malnutrition. One member of staff told us, "We push fluids and everything is recorded. You just have to keep going back [to encourage people]." We saw that food and fluid charts were used to monitor the amount people ate and drank and regular weights were completed to identify issues with significant weight loss or weight gain. We saw that people were referred to Speech and Language Therapists (SALT) and dieticians where there were concerns.

People's care files contained details about their medical history and any on-going health needs they had. Care files also recorded information about any healthcare professionals involved in supporting people who used the service. We saw that staff maintained a record of healthcare professional's visits and our checks of these showed that people were regularly visited by their doctors, the district nursing team, chiropodists and the mental health team where necessary. People who used the service told us they felt that their health needs were being met.

Is the service caring?

Our findings

Before our inspection, we received information which raised concerns about how staff maintained people's privacy and dignity. During our inspection, people who used the service told us staff respected their privacy and dignity. Comments included, "I'm perfectly happy here, excellently treated. They [staff] are very respectful", "They [staff] treat me as a human being" and "We are fairly treated."

Staff we spoke with described how they supported people who used the service to maintain their privacy and dignity. One member of staff commented, "I make sure curtains are shut and doors are shut. I never walk into a room without knocking and waiting to hear what they say."

We observed that staff spoke with people who used the service in a respectful way, provided care and support in people's rooms with their doors shut and generally knocked before entering people's rooms. However, we also observed a domestic assistant walk into someone's room without knocking, despite the door being closed. They proceeded to check if the person's toilet needed cleaning and then left the room without speaking to the person. This did not respect the person's privacy. We also observed other occasions where more proactive support was needed to maintain people's privacy and dignity. We observed a number of people who used the service were wearing dirty clothes and footwear and spoke with the registered manager about staff being more vigilant in supporting people to maintain their appearance. We found one person used a communal toilet on a number of occasions with the door open and concluded that staff needed to be more vigilant in maintaining this person's privacy. There was a staff presence on this unit, but due to how staff were deployed, they had not identified and addressed this. We also observed another occasion where a person was sat in a communal lounge with their trousers slipping down. This was undignified and we were concerned about the slow response by staff to address this and maintain this person's privacy.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us staff were kind and caring. Comments included, "They are so kind here", "Staff are all very friendly and nothing is too much trouble for them. The staff are kind and happy", "The staff are definitely caring and if there's anything you want, you just shout out" and "They [staff] are nice people who know me personally." However, feedback was not consistently positive, with other people commenting, "Staff are wonderful. Sometimes there are some with an attitude, don't get me wrong, but mainly they are all good" and "I'm alright and being looked after. The staff are fine and helpful. I've no problem with them, they are friendly. There is one of the staff who is not great, they have an attitude sometimes."

Relatives of people who used the service said, "The staff are brilliant. Everyone I have dealt with, they are always bright and cheery", "The staff are interacting all the time with the residents. They don't just wait until they are all sitting down, it's constant. That's what I like to see" and "They are 100% caring. They are there for the residents. They don't over fuss, but they get to know what they like or dislike." Another relative told us, "What impresses me most of all is the staff stay on the same unit...because it's all the same staff you get

used to them and they get used to you."

During our inspection, we observed a number of kind, caring and positive interactions between staff and people who used the service. We saw staff sitting, chatting and joking with people, and people responding positively to staffs' attempts to engage them. However, we also observed examples where staff did not proactively engage with people who used the service and moved in and out of rooms or around the units without acknowledging people.

We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We found that the SOFI confirmed the findings from our other observations. It demonstrated that there were inconsistencies in how the care and support was provided. During the SOFI, we observed numerous positive, caring and kind interactions where staff provided proactive care and support. However, we also saw examples where the care and support required improvement to be caring or was not dignified. For example, we saw a member of staff standing up to support a person with eating and observed examples where staff spoke loudly to people rather than getting down to their level and adopting a more personal approach.

We saw that staff encouraged and supported people who used the service to make decisions about their care and support. We observed, for example, that people were offered a choice of meals and drinks and offered the option to join in activities taking place.

We asked staff how they supported people who used the service to make decisions. One member of staff said, "I always ask and don't just assume preferences." We saw that people's care plans recorded information about how they communicated and details of any assistance required from staff. We saw one person who used the service had a communication board to help them communicate decisions through visual prompts and cues.

People were supported, where necessary, by advocacy services. An advocate is someone who supports people to ensure that their views and wishes are heard on matters that are important to them. This evidenced that steps were taken to ensure people were able to express their wishes and views.

Discussion with the staff showed that there were people living at the service with diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Where this was the case, we saw that action was taken to ensure that people were not discriminated against. For example, support was provided to meet people's religious needs and equipment and adaptations were in place to ensure that people could access all areas of the service and were not discriminated against.

Is the service responsive?

Our findings

People who used the service told us staff met their needs. Comments included, "The staff are perfect, they can't do enough for you", "My needs are met. The staff are very, very good" and "As far as they can, they meet my needs fairly well."

We reviewed the systems in place to support staff to provide responsive care. We saw people's needs were assessed before they moved into Minster Grange and this information was used to create care files and risk assessments to guide staff on how to meet people's needs. Care files contained details about the level of support people needed with practical activities of daily living, such as eating and drinking, continence, personal care and with mobility.

We saw that information about people's likes and dislikes was incorporated into support plans. For example, people's food likes and dislikes were recorded in their eating and drinking care plan. Alongside this, care files also contained sections titled 'my life story' and 'all about me'. These contained information about people's social history, hobbies and interests. This information supported staff to provide individualised care and support to people who used the service.

We saw that people's care files were generally updated regularly. However, we noted some examples where monthly evaluations had not been completed. We found examples where information had not been copied from the sections 'my life story' and 'all about me' into other relevant parts of the care plans. We also noted one person's care file had not been updated following a healthcare professional's visit to incorporate their most recent advice and guidance on how best to meet that person's needs.

Staff completed daily notes and daily handover meetings were held to share information about people's changing needs. These systems enabled staff to keep up-to-date with how people were so that they could provide responsive care as people's needs changed.

We received mixed feedback from people who used the service about the activities on offer at Minster Grange Care Home. People we spoke with talked enthusiastically about trips they had enjoyed to the theatre, bingo sessions, a bread making day and quizzes. One person told us how they were looking forward to a visit to York City Football Club, organised by the activities coordinators. However, other people who used the service said, "There's not a great deal of activity", "You make your own activity here. I read and there are plenty of books" and "There's not much in the way of activity to keep us going."

Relatives of people who used the service said, "It is difficult to find any fault, the only minor thing is possibly more entertainment", "They provide a good range of activities and a recent trip to Scarborough was very well organised and much enjoyed by the residents" and "There are loads of activities."

The registered provider employed three activities coordinators and a fourth position was being recruited to. We saw an activities board was displayed on each unit and a weekly activities schedule was in place. This detailed a weekly routine of events and activities, including coffee mornings, a bar night, music and

movement, bingo, choir group, pamper afternoon and a prayer meeting on Sunday. In addition to the weekly schedule, additional activities and outings were arranged, for example trips to the theatre. An activities coordinator explained, "The weekly plan is a constant routine, which helps families plan what they want to join in with. On top are additional activities, which are displayed on the unit notice boards." The activities team met regularly with the registered manager to discuss and plan activities and saw that ideas for future activities were discussed at 'residents and relatives meetings'.

A quarterly newsletter was produced advertising upcoming events. We saw a copy of the newsletter covering September and October 2016 advertising trips to museums, the theatre and concerts. It also contained photographs and details of previous trips out such as a trip to the seaside in August 2016.

During our inspection, we observed two planned activities – a choir meeting and a reminiscence session. These were well attended with people from different units and different floors supported to take part. We saw that people who used the service were engaged and clearly enjoyed the choir session. However, we observed that the reminiscence group lacked a clear focus and greater planning could have improved the level of engagement in this session.

Whilst we saw that a range of activities were on offer at the service, we observed that people nursed in bed with communication difficulties had little interaction with staff other than for personal care. The activities coordinator spoke with us about sensory rooms they used and the range of one to one support they had been developing for people at risk of social isolation. This demonstrated that the registered provider was taking steps to provide meaningful stimulation for people who were nursed in bed.

Throughout our inspection, people who used the service were visited by relatives or friends. We observed that staff were welcoming towards visitors and supported and encouraged people to maintain these important relationships. Visitors we spoke with consistently told us they were made to feel welcome. Comments included, "They'll offer me a cup of tea when I get here and make me feel most welcome", "I'm greeted, staff are always helpful and they go out of their way" and "Staff are welcoming, you are offered a cup of tea straight away."

Before our inspection, we received information which raised concerns about how the registered provider responded to complaints and concerns about the service. During the inspection, we found that the registered provider had a policy and procedure in place outlining how complaints would be dealt with. We found that a copy of the complaints procedure was displayed in the entrance to the service; however, this was not in an accessible format. We also spoke with the registered manager about ensuring details of the complaints procedure were clearly displayed on each unit of the service so that it was easily accessible for people to refer to if needed.

One person who used the service told us, "I would talk to the nurse if there was anything untoward and this would be passed on to the manager." However, the majority of people we spoke with told us they did not know who the registered manager was or who they would complain to other than the person caring for them. Because information about how to make a complaint was not always easily accessible, and people who used the service told us they did not know who to complain to, other than the person caring for them, we could not be certain that people would feel confident about raising concerns or making a complaint where necessary. The registered manager told us they would address this and ensure that an accessible complaints policy was visibly displayed for people who used the service to access if needed.

We reviewed records of complaints received about the service. These showed that steps were taken to investigate and resolve the issues identified and written responses provided.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this location. At the time of our inspection, there was a manager in post and they had been the location's registered manager since May 2015. The registered manager was supported by a deputy manager, unit managers and team leaders in the management of the service.

At our last inspection in April 2016, we identified concerns regarding records kept by staff and the systems used to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that our concerns had not been fully addressed.

Before our inspection, we received information which raised concerns about the care and support provided at Minster Grange Care Home. At the time of our inspection, the registered provider had implemented an action plan detailing the steps they had taken, and would be taking, to address these concerns. Whilst this demonstrated a positive commitment to resolving these issues, there remained a number of outstanding issues and concerns which had not been resolved at the time of our inspection.

We identified concerns regarding cleanliness in the service and issues with staff deployment across the units. After raising these concerns with the registered manager, we were shown the steps they had taken to resolve these issues and we were subsequently sent action plans further outlining how these issues would be addressed. Although this showed us that the registered manager was responsive to feedback, it was evidence of reactive not proactive management and demonstrated that the systems in place to oversee and coordinate staff deployment and to monitor cleanliness across the service needed to be improved.

During the inspection we found issues regarding staff training, supervision and observations. Whilst we observed numerous examples of kind, caring and effective care, we also identified examples of poor care and support or where practices could be improved. We were concerned about these inconsistencies in the quality of the care and support provided and identified the need for more robust and formal observations of staff's practice, competency assessments and a robust process of regular supervision to support and monitor staff's continuous professional development. We could see that the registered provider had taken steps to implement competency assessments, however, this system needed to be embedded to resolve outstanding issues with staff's practice.

During our inspection, we asked for a variety of records and documents relating to the running of the service. We found these were securely stored, but accessible on request. However, we were concerned that records were not always well maintained. We found evidence that night time observation records, used by staff to record hourly wellbeing checks of people with complex needs, were not completed contemporaneously. Information received before our inspection identified issues with how staff monitored people's needs, the level of observations completed at night and the accuracy of records kept. By completing these records retrospectively, staff were not maintaining an accountable record of the care and support provided and we could not be certain that appropriate and timely checks were being completed.

We also identified concerns about the accessibility of some of the handwritten records. We found a number of examples where handwritten care plans, risk assessments or accident and incident reports were unclear because they were difficult to read. We were concerned that this could impact on staff's ability to access important information about people's needs and the care and support they should be providing. The registered manager told us that they were moving to an electronic recording system in January 2017 and that this would resolve these issues with interpreting people's handwriting.

Whilst the registered provider had a system of audits and quality monitoring checks, information received before our inspection and evidence found during the course of our visits demonstrated that these systems were not robust enough to identify and fully address areas of practice where the quality and safety of the service provided had been compromised. For example, we saw that infection control audits were completed, but they had not addressed the issues with cleanliness we found during the course of our inspection.

These concerns demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service what they thought of Minster Grange Care Home and the management of the service. Comments included, "I love it here, I'm looked after very well", "I can't fault it, they look after you that well" and "Management is lovely, but I have no confidence in them on this unit."

Relatives of people who used the service said, "It's more like a home than a care home", "The management, they are marvellous. Nothing's a bother if you want to speak with them" and "Everything is good in this place. Believe me I'd tell them if it wasn't."

We asked staff if they thought the service was well-led. Comments included, "Yes it is well-led. The service is good; I would want my mum to live here", "Management is approachable, I can speak with [registered manager's name] in the morning if there are any issues or concerns" and "The night team leader is great...if there's ever a problem you can speak with her." However, other staff said, "It's not really well-led...things tend to be swept under the carpet. They [management] don't deal with things properly", "This unit is really well-led. This floor is much more structured than upstairs" and "I think there's poor management. I think night staff get overlooked."

We found that feedback was mixed, reflecting staff's experiences of working on different units and differences between the day and night shift. Feedback indicated that some units were more organised and coordinated than others and our observations supported this conclusion. We found some units were calm and staff had a structured and coordinated approach to providing care and support. However, we found other units were busier and the care and support, at times, lacked coordination and leadership.

The registered provider completed an annual 'residents and relatives' satisfaction survey. This involved sending questionnaire to 61 people who used the service and their relatives to gather feedback about the service provided. The registered provider had received 32 responses, which had been collated and analysed. This showed that the service had received an overall score of 84% a 4% improvement on the previous year. At the time of our inspection, these results had just been published and the registered manager was in the process of analysing and producing an action plan to outline how they were going to respond to the feedback to improve the service. We were shown a poster displayed following the 2015 satisfaction survey, which advertised to people who used the service how the registered manager had acted on the feedback provided.

The registered provider also completed a stakeholder survey collecting feedback from 12 professionals or visitors to the service. The overall score achieved from this survey was 89%.

The registered manager held monthly 'residents and relatives' meetings to share information, discuss changes to the service provided and to gather feedback. We reviewed minutes from the most recent meeting held in October 2016. Topics discussed included an update on the actions taken following the last meeting in September 2016, staffing changes, activities, the winter menu and changes to the dining arrangements. A person who used the service told us they regularly attended the 'residents and relatives' meetings and felt their suggestions and feedback was listened to. They told us, "Everyone is involved in all things. The present manager consults us a heck of a lot more than the previous manager did."

Due to the size of the staff team, the registered manager told us that they held unit meetings rather than whole staff team meetings as these were a more effective way of sharing information. In addition to unit meetings, daily 'nine at nine' meetings were held between nurses, team leaders and the deputy manager or registered manager. These enabled senior staff to share important information about people's needs, review staffing levels for the day and discuss any upcoming significant events. The registered manager also held twice weekly meetings between heads of departments to gather and share information and monitor the service provided. Some staff we spoke with felt that more meetings and supervisions would give them more of a say in the service provided.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The registered provider had not ensured that people who used the service were consistently treated with dignity and respect.

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	The registered provider had not done all that is reasonably practical to mitigate risks including risks related to infection prevention and control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The registered provider had not ensured that all premises and equipment used were clean and had not maintained appropriate standards of hygiene.

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	The commission identified gaps in staff's training and found that the registered provider did not have a robust system to monitor staff's competency and support continuing professional development.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The registered provider had not established and operated effective systems to ensure compliance with the fundamental standards of quality and safety. The registered provider's governance systems were not robust enough to identify and fully address areas of practice where the quality and safety of the service provided had been compromised.

The enforcement action we took:

We issued the registered provider with a Warning Notice.