

Minster Grange Limited

Minster Grange Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Minster Grange Home provides residential support and care for up to 26 older people. At the time of our inspection there were 24 people living at the home. At the last inspection, in September 2015, the service was rated Good. At this inspection we found that the service remained Good

People continued to receive safe care and there were enough staff to provide support and care to meet people's needs. People were protected from the risk of harm. People received their medicines as prescribed. Staff were suitably recruited to ensure they were able to work with people who lived at the home.

People made decisions about their care and staff sought people's consent. Where people lacked capacity they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. People received supported to stay well and had access to health care services. They were able to choose what to eat. Staff received training to meet the specific needs of people who lived at the home.

People were treated with dignity and respect. People were asked their preferences about how they wanted to be supported and cared for. These details were recorded in people's care plans including their end of life wishes.

People were involved in the planning and review of their care and support. Staff went the extra mile to ensure people had a variety of things to do for fun and interest. People knew how to make a complaint or raise a concern.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service about how improvements could be made. The registered manager promoted an open culture which put people at the centre of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Minster Grange Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At the last inspection in September 2015 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 12 October 2017 and was completed by one 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

The provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make. We took this into account when we made judgements in this inspection.

During our inspection we spent time with people in the different communal areas of the home. We spoke with eleven people living at the home, three care workers, the floor manager, the registered manager and four relatives. We looked at a range of documents and written records including three people's care records, staff training records and minutes of meetings with staff. We saw the checks made by senior staff on the

administration of people's medicines. In addition, we looked how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality questionnaires completed by staff and professionals from other organisation, and checks made on the care planned for people and the suitability and safety of the home and equipment used.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person replied, "I do feel safe here, I would recommend it to everyone. I have never felt threatened or scared." In the Provider's Information Return it stated "Through questionnaires filled out by the residents and through residents meetings and discussions residents are made to feel safe and that their safety is paramount."

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training, were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse

Risks to people's health and safety had been identified. People's care plans included detailed and informative risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary restrictions were placed upon them to maintain people's independence. A person told us "Yes I feel safe, I used to have two walking sticks but I became too wobbly and so now I have a frame which is much safer for me." Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, so lessons could be learned.

The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with particular groups of people. People told us sufficient staff were available to meet their needs.

People received their medicines safely, when they needed them. We saw medicines were administered in an individualised way. One person told us, "I always get my tablets on time." The care plans had identified how each person liked to take their medicine and staff followed the directions carefully. Medicine Administration Records (MAR) had been correctly completed so any discrepancies could be resolved without delay further ensuring people's safety was at the heart of all staff practices in reducing risks. Regular medicines audits had been completed. All staff who administered medicines had received appropriate training.

Is the service effective?

Our findings

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. A person told us, "Staff are excellent."

We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, such as, diabetes care. People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible.

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Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [where appropriate] when they made decisions. Staff checked people wanted to receive care and respected the decisions people made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests or to deprive anyone of their liberty the necessary action had been taken so people's rights had been protected. We saw staff were all very encouraging, helpful and positive with people and each other, staff sought consent from people before supporting them with their care needs.

People were encouraged to maintain their independence and enjoy their meal time experiences by staff offering people the choice of where they would like to dine. Staff had a good understanding of people's individual dietary requirements. A person told us, "There is plenty of food for people our age group. They come and ask what we want to eat. I can have my meals either in the lounge or the dining room, it's up to me". Another person told us, "The two cooks are wonderful, the cleaner is wonderful too, and they can make a decent porridge."

A person told us how they were supported to remain healthy. The person said, "I have had visits from the physiotherapist regularly to help me do some exercises. I have been seen by the doctor that visits the home, they come once a month and if I needed anything in-between I would be seen. I have had my flu jab today. They are giving them here at the home." Relatives told us staff supported their family members to see health professionals so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. We could see from these records people had accessed doctors, dentists, physiotherapists, dieticians and opticians as required to ensure people's needs were met.

Is the service caring?

Our findings

People spoke very positively about the staff that cared for them. One person told us, "The carers are wonderful, we have dances and someone comes in sings and plays the guitar. They are brilliant, so much joy and happiness about the home."

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths. People were supported to maintain relationships with family members as they wished and family members were welcomed by staff when they visited the home. A person told us, "The local vicar comes and sings with us sometimes and someone comes in with a dog for us to stroke if we wish."

We saw an example of how staff considered people's communication requirements. They showed us how one person's first language was not English, so staff had made flash cards with simple requests and translated them into their language of origin.

When we asked a person if they were treated with dignity and respect one person replied, "I get on with all the residents and all the staff. They always treat me respectfully and are mindful of my privacy and dignity. A staff member described how they were mindful to treat people with dignity and respect they said, "I pass pleasantries with the residents, I knock on their doors, we say hello and if I need to go into their rooms for anything I will ask and explain what I need to do. They don't tend to mind and if it is not convenient I will try going back later."

People were encouraged to make decisions and choices about their care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

Is the service responsive?

Our findings

People told us they were supported and encouraged to join in and explore different experiences. Staff had arranged a variety of activities and experiences for people to enjoy. For example a staff member had arranged for a local ice-cream van to call at the home once a month. A staff member told us, "People loved it when the ice- cream van arrived and played the music. It brought back many childhood memories."

One person showed us the homes newest development; this was the building of a small museum within the grounds. Staff told us that people said they liked museums so they decided to make their own in the homes garden. It had been fitted with an old fashioned sweet shop and clothing from the 1940's. People were encouraged and supported to follow their own interests. One person told us, "I go out once per week to the village hall for vigorous exercise, community transport takes me and drops me back off. I also go the local theatre on occasion." A relative said, "The carers [staff] are all amazing and they always have something going on to keep people entertained with lots of activities."

We heard several examples of how staff went the extra mile for people. One person recalled, "One good thing is they will let me use the phone if it's for local calls, I go online shopping, and I am able to use the computer in the office. I make a shopping list for anything 'not on the menu' and they have it delivered with the rest of the shopping for me." A relative told us, "Our relative had a birthday recently and the home organised a big party for them, it was lovely, very good of them."

People received care that met their individual needs. The care was planned and reviewed with people and staff knew people's preferences for care and what was important to them. One person told us, "The carers do know my likes and dislikes, sometimes I get a questionnaire and care plan is reviewed."

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was displayed and people knew how to raise a concern. A relative told us, "Can't fault the care so far. We have no complaints about anything."

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives knew who the registered manager was and were complimentary about the culture within the home. A person living at the home described the manager as "Good". A relative told us "The carers [staff] really care and the management are really good."

The registered manager and floor manager carried out checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicines and health and safety. Any concerns with the quality checks were recorded and how they had made improvements and action taken for future learning. The registered manager told us they had plans to develop the activities on offer over the next twelve months by using a minibus to take people on more outings.

People and their relatives were asked their opinions of the quality of service provided through customer feedback questionnaires. All the people we spoke with told us they were happy living at the home. At staff meetings and supervisions, staff were also asked for their feedback and felt involved with the development of the home. The staff gave us the example of how staff were asked their ideas for new activities and to further enhance the quality of care and support they provided for people living at the home. One staff member said, "It's like my second home here, I love it. They are like my family. I love all the residents and all the other staff, the management and the owner are very supportive and lovely."