

Mr Christopher Chawner

# Minshull Court Nursing Home

## Inspection report

Minshull New Road  
Crewe  
Cheshire  
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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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 28 February 2017 and was unannounced. At our last inspection in November 2014 we found that the service was not meeting the required standards. We had found three breaches of the Regulations in relation to cleanliness and infection control, the safety and suitability of the premises and the availability of equipment. Following the inspection in November 2014 the registered manager sent us an action plan informing us how they planned to make the required improvements. At this inspection we found that the actions had been met and the provider was no longer in breach of the Regulations in relation to infection control, the safety and suitability of the premises and the availability of equipment. However we found breaches in the Regulations in relation to the safe care and treatment of people and the governance arrangements.

Minshull Court Nursing Home is a care home providing nursing and personal care for up to 34 people, some of whom may be living with dementia. At the time of this inspection 34 people used the service.

The service had a registered manager. 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.

Risks to people's health and wellbeing were not managed to keep them safe from harm. Some situations which could be harmful to people were not always risk assessed and when risk was assessed staff did not always follow the plans put in place to reduce it.

People's medicines were not always managed safely. People were at risk of not receiving their medicines or prescribed topical creams in a safe or effective way.

Systems in place to monitor the quality and safety of the service were not fully effective. Staff felt supported however they did not have all the training and support they needed to be effective in their roles. Staff performance was not always monitored to ensure good quality care was delivered.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. People were offered choices and options regarding their daily lives and staff supported people with their choices.

People were supported to access external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met. People were supported with their nutritional requirements and preferences.

People were supported by staff who were caring and compassionate. People were provided with a varied recreational and leisure activity programme.

People and their representatives were involved in the planning and review of their care. The provider had a complaints procedure and people knew how and to whom to complain when they had concerns.

People told us the registered manager and the staff team were approachable friendly and supportive. Staff told us they worked well as a team.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe. Risks to people's health and wellbeing were identified and reviewed but not always managed in a safe or consistent way. People's medication was not always managed safely.

There were sufficient numbers staff available to provide people with their care and support needs in a timely way. Staff were recruited using safe recruitment procedures and processes.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Staff did not always receive the training they needed to meet people's needs safely and effectively.

The principles of the MCA and DoLS were followed to ensure that people's rights were respected. People's healthcare and nutritional needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were treated with dignity and respect, their choices were respected and their rights to privacy was upheld.

**Good** ●

### Is the service responsive?

The service was responsive. People received personalised care that met their individual needs and preferences. People were offered opportunities to engage in hobbies and activities. The provider had a complaints procedure and people felt able to complain.

**Good** ●

### Is the service well-led?

The service was not consistently well led. Systems were in place to assess and monitor the quality of care provided but these were not as effective as they should be.

There was a registered manager in post who was respected by staff and people who used the service.

**Requires Improvement** ●

# Minshull Court Nursing 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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 28 February 2017 and was unannounced.

The inspection team consisted of two inspectors 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.

We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with three people who used the service about their care and support and to seven relatives and visitors to gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day.

We spoke with the registered manager, two registered nurses, and four care staff. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

At our previous inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to controlling the spread of infections. During this inspection we saw that bathrooms and toilets had been refurbished and were clean and hygienic.

At our previous inspection we had concerns regarding the management of certain medicines and made recommendations regarding the circumstances in which a person might require PRN or "as required" medicines.

We saw that some people needed 'as required' medicines; for example, one person who often became distressed and agitated was prescribed an 'as required' medicine to reduce their anxieties. We saw the person had been administered a maximum dose of this medicine, but there was no record made of why this was given. We looked at the daily record for this person on the day they had received this maximum dose, staff had recorded 'fairly settled day'. The nurse administered this anxiety reducing medicine to the person when they were not displaying any signs of anxiety. The registered manager confirmed that as required medication was given at the nurses' discretion. They told us the nursing staff knew the people very well so were able to assess how the person was feeling and whether they required medication. The registered manager told us that action would be taken to ensure a record was made on the reverse of Medication Administration Records to justify the use of as required medications. However prior to this inspection the provider and registered manager had not taken account of our the recommendations in relation to the recording of the 'as required' medicines.

We looked at the records for people who were using medicinal skin patches. The nurses did not make a record to show where the patches were applied to the body. This increases the risk of patches not being applied and removed in line with the manufacturer's guidance, which could result in unnecessary side effects. Staff were unaware if any person who used medicinal skin patches had experienced side effects, however compliance with the manufacturer's instructions would ensure skin patches were used in a safe way.

Carers applied prescribed creams to people's skin. Body maps were available to staff to show where the creams should be applied. However, we saw many gaps on the monitoring charts so could not be assured that the creams were being administered as they had been prescribed. We saw one person had been prescribed three different creams but saw only one cream was recorded on the topical administration record and body map. No information was available for how or where staff were to apply the other two creams. A member of care staff confirmed they applied creams when supporting people with their personal care needs, but stated they had received no training to carry out this task.

Some people needed help and support to transfer from area to area. We saw the mechanical hoist being used when staff supported some people. However we directly observed two care staff drag lift and manually handle a person when they needed to move out of a chair. A drag lift is where the carers place a hand or an

arm under a person's axilla (armpit), to assist a person to change from one seated position to another. This is an unsafe and high risk practice which may cause injury to both the person and staff and is no longer considered to be good practice. We observed the person was able to stand but needed staff to support them with walking. A member of care staff supported the person by standing in front of the person and holding both hands, the staff then walked backwards out of the communal area. This is not considered good practice and both the person and the staff member were at risk of harm. The registered manager told us they were unaware and shocked that staff were utilising these unsafe moving and handling techniques. Following the inspection the registered manager informed us and that all staff were up to date with their online training in moving and handling and that new staff were shown the correct techniques as part of their induction. The registered manager told us: "I have booked myself on the train the trainer course so that moving forward I can feel confident that we provide best practice".

These issues constitute a continuing breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One relative told us: "As soon as someone stands up, the staff are there to help". Staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been abused. One staff member said they would report any concerns straight away to the registered manager or the nurse in charge. Staff were aware that they were able to directly contact the local authority or us (CQC) if they needed to. The registered manager understood their responsibilities to report alleged abuse and confirmed referrals would be made to the local authority when concerns were identified.

People told us there were sufficient staff to provide care and support to people in a timely way. We saw people accessed various areas within the service, most people used the communal areas but some people stayed in their bedroom either because of personal preference or frailty. Staff were visible in all areas, care and support was provided in a timely way when people requested help.

We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service. Safe recruitment procedures were being followed in relation to the employment of new staff.

# Is the service effective?

## Our findings

At our previous inspection we found the provider was in breach of Regulation 15 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the premises and equipment. We received an action plan from the provider in July 2015 confirming the action which had been taken to ensure the premises and the equipment was in good order. During this inspection we saw improvements had been made, areas within the service had been redecorated and refurbished.

Staff told us they felt well supported with their training and development needs and received the training they needed to be able to provide the necessary support and care to people. Staff told us they had received training in moving and handling which included theory and practical learning. However we saw some staff did not use safe or correct moving and handling techniques when supporting people with transferring. The registered manager informed us a member of staff had the responsibility for training in safe handling and transfers of people. Some staff told us they administered prescribed creams and ointments to people but confirmed they had not been trained to administer these medicines. This showed us that although there was training available it did not meet all staff's learning needs and didn't cover all of the specific tasks to be able to support people in a safe and knowledgeable way.

We saw the provider was working within the principles of The Mental Capacity Act 2005 (MCA). The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where it had been assessed that people lacked capacity to make specific decisions we saw other people, including the person's representatives, were involved in making decisions in the best interests of some people. For example we saw end of life decisions had been made on behalf of people and were considered to be in their best interests. A relative told us they had met with their relation's doctor to discuss the issue of whether or not to actively resuscitate in the event of a medical emergency. The person did not have the capacity to make this specific decision so a best interest decision was made on their behalf. When we spoke with staff they had an understanding of capacity. One member of staff told us: "We have had training in mental capacity and the deprivation of liberties; it's about consent and acting in people's best interests".

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people had restrictions to their liberty such as rails on their bed or systems in place to prevent them from leaving the building unsupervised. We saw one authorisation had a condition attached, the registered manager told us the action they had taken to ensure the condition of the authorisation was met. We saw some authorisations in place did not have any conditions attached as the service was acting in the least restrictive way for people.

People we spoke with all told us the food was good. One person who used the service said: "It's quite good. I



like to have my main meal at 12 o'clock and then sandwiches or something like that about 5.30". Another person thought the food was good and said: "Yes it's very good, I can have what I like really but usually there is something on the menu that I do like". A relative told us: "The food always looks lovely and there's plenty of it. They have nice puddings".

Staff told us that some people needed encouragement with their meals and some people were at risk of choking. We saw some people needed support with their meals; they were offered support in an understanding way and were able to eat at their own pace. Some people at risk of weight loss or with reduced appetites received additional prescribed food supplements and fortified diets to ensure they received adequate daily nourishment.

People had their healthcare needs met and referrals were made to other healthcare professionals when required. When identified we saw referrals had been made to the dieticians, speech and language therapists, doctors and community nurses. The nurses told us and we saw that a referral had been sent to the dietetic services when concerns with a person losing weight. Guidance had been received from the specialists and the person's care plan updated. We saw this person's weight was monitored on a regular basis and they had begun to gain weight. This showed us that additional support was requested in a timely way which ensured people's healthcare needs were met.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. A relative told us: 'It's lovely here. They're marvellous. The staff can't do enough for you. Nothing is too much trouble'. Another relative told us: "I love this place, the liveliness of it. They make you welcome". They went on to tell us their relation was a 'tough cookie'; very strong-willed and refused to sleep or get dressed when they first came to the service and said: "The staff went along with it and absolutely respected her wishes and preferences". A person who used the service said: "The carers are good; they all talk to you. It's a home from home. The cleaners, kitchen staff, everyone – they know everyone's name and talk to you". We saw staff were calm, relaxed and patient when attending to people's individual needs and requirements.

People were offered day to day choices about their care and support whilst being encouraged to be as independent as they were able. We saw that most people were up and about and actively engaged in their daily activities. There was a smaller lounge area which was available for people who preferred a quieter place to use. People's preferences were fully respected.

All people had a plan of the care and support they required and whenever possible they were included in discussing their individual needs. A relative told us they acted on behalf of their relation and said: "I am really pleased that my relation is here. I feel involved with her care". We saw the care and support plans were reviewed and revised on a regular basis and that the person and/or their representative were included.

People were supported in a kind and caring manner. One person was in the main lounge, we heard them calling out, 'Mam, mam ...' a member of care staff responded and quickly went to the person, they offered the person a blanket and tucked it around them. Another member of staff then sat in the adjacent chair, leaning over and spoke with the person. The care staff stroked the person's hand and reassured them and said: "You're all right; you're all right, darling." Shortly afterwards, we saw the registered manager with the same person offering reassurance in a kind and compassionate way.

We spoke with a relative who was visiting they told us their relation was 'quite poorly', and was being cared for in bed. We saw staff were kind, patient and compassionate when they supported the person with their care needs. Staff were in regular attendance, checking the person's condition and welfare.

People's privacy and dignity was upheld. We saw staff knocked on doors before entering people's bedrooms and offered the reason for the visit. When people needed support with personal care we saw staff ensured the door was shut so that the person's privacy was upheld. Staff took their time and explained to people what they were going to do before doing it. We saw people had built relationships with the staff and staff knew people well and supported them in a respectful and dignified way.

## Is the service responsive?

### Our findings

People were provided with a range of social and recreational activities which they could participate in if they so wished. One person who used the service told us: "There is never time to get bored here there is always something going on. Sometimes I join in and at other times I just sit here and watch". Several people we spoke with mentioned an entertainer who goes to the service several times each week. A relative said: "Billy comes two days a week, he sings, plays cards and dominoes and organises quizzes. He finds out about people's backgrounds so that he is aware of what people like and what they can and can't do. For example he knows that one of the women used to play golf and so he sits and talks to her about golf". We saw the whole day was very lively, people were fully engaged in a range of recreational activities both in a group setting and on an individual basis.

People received care that was personalised and met their individual needs. Family members of some people who used the service had provided an account of their relative's social history which included significant life events, preferences and wishes. One person who used the service told us: "I can get up and go to bed when I choose. I usually wake up at 6 am and go to bed at 7pm. I like to have a shower because it's quick". A relative told us that her father doesn't like television but likes to listen to music. So the staff took the television out of his room and replaced it with the radio. They went on to say their father was always a very smart man, and to support this, the staff arranged his clothes in the wardrobe so that the clothes were colour-coordinated. The relative said: "They always help him to dress so that he looks smart". This showed us a person centred approach was being adopted, responsive to the needs and preferences of people and care and support was provided in an individual way.

People told us they were aware of how they could complain if they needed to. None of the people we spoke with had ever made a formal complaint. A person who used the service told us: "There is nothing that I am unhappy about but if there was anything, I would tell the staff. They would write it down 'in the book' and they would make sure it didn't happen again". The person was unable to recall any specific problem, but clearly knew the process for complaining and appeared comfortable about raising any concerns. A relative told us they hadn't any formal complaints but had a concern which they had reported. They said: "My [name of relative] jumpers seemed to be getting a bit tight, and seemed to be shrinking in the wash. Staff responded immediately and said there was a problem with the tumble drier, which they sorted out. Things are much better now". The registered manager told us and we saw that any complaints received were recorded, investigated and action taken.

## Is the service well-led?

### Our findings

Systems were in place to assess and monitor the quality of care provided but they were not always as effective as they should be. Recent medication and care records audits did not detect the issues with medicines management. People were at risk of receiving their medicines when they were not required because protocols and information was not available. No record was made of the position on a person's body when they required medicine patches to be applied. The risk of patches not being applied and removed in line with the manufacturer's guidance, which could result in the person experiencing unnecessary side effects. Some people had their prescribed topical creams and lotions administered by staff who were not trained in the safe administration of medicines. This meant that although there were audits in place they were not always effective in recognising risk to enable the learning from them to drive improvement within the home.

The registered manager told us that all staff were up to date with their online training and this included moving and handling and as part of their induction new staff were shown and instructed on the correct techniques for safe moving and handling. However we directly observed some unsafe and poor practice in relation to transferring people safely. We saw one person had problems with moving out of a chair and required support; two care staff stood either side of the person with their hands under the person's axilla and manually handled them to stand. We also saw a member of the care supported a person to walk by holding the person's hands and walked backwards out of the communal area. The person had poor mobility and with this technique both the safety of the staff member and the person was compromised. Staff told us they had received training in moving and handling, however we saw that some staff did not always follow the training they had received. Following the inspection the registered manager contacted us and informed us of the action taken. They had enrolled in a train the trainer course for safe moving and handling so they could be assured that staff had the knowledge and skills to support people in a safe way.

This evidence represents a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place at Minshull Court Nursing Home. People offered positive comments about the registered manager and they all knew her by name. One person said: "The manager is lovely nothing is too much trouble for her. She is approachable". Staff reported the registered manager as being supportive, helpful, fair and approachable. Good relationships had been developed and maintained throughout the various staff groups. We saw the registered manager was compassionate when in discussion about people and the service and told us about the plans for the service.

People told us that meetings for residents and family members were arranged. A person who used the service confirmed that meetings take place. They said: "We have a conversation about what's happening". A relative told us: "The home has support meetings for relatives but not many people attend". They went on to say: "The registered manager is really open, her office door is always open and we as a family can have a private meeting any time we need to speak with her". This showed us people had the opportunity to feedback about the quality of the home and make suggestions for improvement.

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   |
| Diagnostic and screening procedures                            | The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. |
| Treatment of disease, disorder or injury                       |  |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance   |
| Diagnostic and screening procedures                            | The service was failing to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A). |
| Treatment of disease, disorder or injury                       |  |