

MMCG (2) Limited

# Minster Grange Care Home

## Inspection report

Haxby Road  
York  
North Yorkshire  
YO31 8TA

Date of inspection visit:  
19 August 2020  
09 September 2020

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20 October 2020

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Minster Grange is a residential care home providing personal and nursing care to 53 people. The service can support up to 83 people. The service has five separate units across three floors. On the ground floor, Ash provides nursing care and Aspen provides nursing care for younger adults. On the first floor, Beech provides 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.

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

This service had a new provider who registered with the Care Quality Commission (CQC) on 14 January 2020. The new provider's governance systems to monitor the quality of care provided had not been fully embedded into the service. This meant the provider had not identified and addressed the shortfalls found at this inspection. Records of the care people received were not consistently completed.

One unit did not have sufficient staff to meet people's needs. The provider increased staffing levels during the inspection. Lessons had not been fully learnt from previous incidents to protect people's safety.

People's nutritional needs were met, although further work was required to promote choice at meal times. The building was appropriate for people's needs and their bedrooms were fully personalised. People were supported to access health care services.

Within the context of Covid-19 infection risk, procedures were in place to ensure infection control was managed. Staff understood their responsibilities to reduce the risk of spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and had developed positive relationships with people living at the service. We received positive feedback from relatives about the staff and the care they provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 12 July 2017.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, end of life care, nutrition and personal hygiene. A decision was made for us to inspect and examine those risks.

### Enforcement

We have identified breaches in relation to staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Minster Grange Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was carried out by three inspectors on the first day and two inspectors on the second. An Expert by Experience made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Minster Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been off work prior and during the inspection. The registered manager was due to leave their employment with the service. The deputy manager had been overseeing the management of the service with support from the regional director and nurse practitioner.

#### Notice of inspection

We gave a short period of notice due to the current Covid-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service about the experience of the care provided. We spoke with ten staff including the deputy manager, a nurse practitioner, four nurses, two senior care assistants, five care workers, one activity coordinator and one chef. We spoke with ten relatives by telephone.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further three relatives. We received written feedback from one health care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There was insufficient staff to meet people's needs on one of the units. We observed people requiring staff support and intervention. There was no staff available in communal areas to do this meaning there was an increased risk to people's safety.
- Staff told us they were concerned about people's safety in relation to falls due to lack of staff. One person who had regular falls required staff intervention to reduce the risk, but staff were not available to do this.
- The provider had recently reduced staffing levels due to a decrease in occupancy. We observed staff were extremely busy and under significant pressure. Although staff were trying to support people, they were unable to provide person- centred care due to the work- load demands.

Failure to provide sufficient numbers of staff is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the provider increased staffing levels on this unit.
- Recruitment checks had been carried out to ensure staff were of suitable character.

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

- Lessons had not been fully learnt. For example, a previous incident had occurred when one person had absconded from the service due to the access to the garden area. Yet we observed the external gates were not secure. This was addressed immediately during the inspection.
- Risks in relation to people had not always been fully mitigated. For example, one person's mattress setting was incorrect and records did not always contain clear information on the correct setting. This was addressed during the inspection.
- Clean Personal Protective Equipment [PPE] such as gloves were stored in communal areas which were accessible to people. This posed a risk to people of ingestion of PPE and risk of cross contamination. The deputy manager addressed this during the inspection.

### Systems and processes to safeguard people from the risk of abuse

- The service followed internal and external processes to ensure any allegations of abuse were addressed.
- Staff understood their responsibilities to report safeguarding concerns.

### Using medicines safely

- People received their medicines as prescribed.

- Staff had received medicines training and competency assessments to ensure they were suitably trained to administer medicines.

#### Preventing and controlling infection

- Measures had been put in place due the current COVID-19 pandemic. The service was clean, tidy and free of malodours. Increased cleaning was taking place including all 'touch areas'.
- Staff had received training on donning and doffing PPE. We observed staff wearing PPE appropriately.
- Staff and visitors had their temperature tested on entering the building. People and staff were receiving regular testing for COVID-19.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's nutritional needs were met. When people lost weight, this was identified, and appropriate action taken.
- Staff knew people well and were fully aware of people's preferences with their food and drink. Care records were not always fully completed with this information.
- Further work was required to ensure all people received a choice of meals.
- The management team had training organised to improve the meal time experience. This included training on presentation and adapted diets.
- People received support with their oral hygiene. Records regarding people's hygiene including oral hygiene were not consistently completed.
- Assessments were completed to inform people's care plans. However, they did not always contain accurate information. For example, one person's falls assessment detailed they had three falls in the past twelve months. There were no accident reports for this, and the deputy manager confirmed this person had not fallen.

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

- Staff recognised when people were unwell and sought medical attention promptly.
- Feedback from one health professional included, "Care staff do act on advice given, but this seems to wear off when our team is not involved."

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training. Relatives confirmed staff were skilled and knowledgeable.
- Staff received supervisions. The provider was implementing a more comprehensive supervision and competency framework to support staff.

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

- The building had a variety of communal areas so people could socialise or have their own space which supported their wellbeing.
- People's bedrooms were personalised to their own taste.
- Signs were in place and hand rails and doors were painted a different colour to support people's

orientation around the building.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make their own decisions by staff who were working in line with the MCA. Staff recognised restrictions on people's liberty and appropriate authorisations were in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were extremely kind and caring. Feedback from relatives included, "They're [staff] lovely to [Name]. He loves the staff" and "They are kindness itself. They're as concerned about my welfare as they are about [Name]."
- People had formed positive relationships with the staff. One person told us, "[Name of staff member] is my best friend."
- People's religious beliefs were recorded in their care plan and these were respected by staff.

Supporting people to express their views and be involved in making decisions about their care

- People felt confident to express their views. One person told us, "I make my own decisions, I choose how to spend my time."
- People were supported to access advocacy services if they needed support with decision making.
- Pre-admission assessments were carried out with people and their relatives so people could make their wishes known.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One relative told us, "Yes my relatives' dignity is respected, if they come in to change [Name] they ask me to leave the room."
- Dignity screens were in place when people did not want their bedroom doors closing.
- Records were stored in locked rooms or on computers which were password protected to ensure confidentiality was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not always receive person centred care, due to the limited staffing on one unit. For example, two people had to wait until late afternoon for support with their personal care. Other people were unable to have their lunch when they requested and had to wait long periods of time as staff were busy supporting people.
- Feedback from staff included, "I feel the person-centred care is failing" and "There is no time to talk to people, even though we try our best."

This is further evidence of a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The standard of care records was not always consistent. Some care records contained person centred information. However, others contained inaccurate or contradictory information. This had no impact on people, as staff knew them well.
- The management team told us they were in the process of reviewing care plans to ensure they were person-centred.
- Staff knew people very well and we received positive feedback from relatives about the care people received. "They seem to know [Name] very personally. His face would light up when he sees them. There's good camaraderie between them. They know him very, very well indeed."

Improving care quality in response to complaints or concerns

- Complaints had been responded to and apologies sent. However, they had not always been used to learn lessons across the service.
- Concerns raised by staff were not always recorded. For example, staff had raised concerns regarding the staffing levels but there were no records of this.
- Information on how to make a complaint was available to people in a way they could understand.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Documents were available in accessible formats such as easy read.

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

- The provider had recently employed three new activity coordinators who were in the process of developing the activities in the service.
- People were supported to take part in activities as a group or on a one-to-one basis. For example, baking, arts and crafts and games. The activities coordinator was very passionate about providing people with stimulation during the current pandemic.

End of life care and support

- The provider was organising a detailed training package for all the staff on end of life care.
- The provider was taking action to address some recent concerns with regards to end of life care, such as ensuring visiting in line with government guidelines.
- Nobody was receiving end of life care at the time of inspection. People's wishes at end of life were recorded in their care plan.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had failed to address the shortfalls found at inspection which posed a risk to the health and safety of people. This included safe staffing levels, security of the building and risk management.
- The provider had not fully learnt from previous incidents and complaints.
- The provider had failed to listen and respond to staff concerns regarding the staffing levels on one unit.
- Records were not always accurate and contemporaneous. For example, inconsistent recording with people's hygiene and contradictory information in people's care records.

The provider failed to assess, monitor and improve the quality and safety of the services provided which was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems and processes to implement to address some of the issues raised, but due to the COVID--19 pandemic they had not been able to fully embed these in the service.
- The registered manager was absent during the inspection and was due to leave their employment. The provider was in the process of recruiting a new registered manager.

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

- We received mixed feedback from relatives regarding the communication from the provider. Some relatives felt communication had been poor. One relative told us, "No, I'm not kept up to date. People are able to visit their relatives and I was not told I found out from the paper."
- Other relatives told us, they struggled to get through on the phone line. One relative told us, "Sometimes you'll ring and there's no way you can leave a message. After office hours the phone rings but not necessarily connects to the right unit. If no one is in the office, it doesn't get answered."
- Although staff felt confident to raise issues or concerns, they did not always feel these were acted on.
- One health professional told us, "I have certainly noticed a decline in staff moral since the manager has not been present and the change of company."
- The provider had an independent company carrying our surveys to gather feedback from people, staff and their relatives. This was in the process of being completed.

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

- People were happy with the care they received. However, the lack of staffing on one unit meant staff were not always able to provide person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their responsibility to be open and honest.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to take action to improve the quality and safety of the service. The provider had failed to keep accurate and contemporaneous records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure their was sufficient staff to deliver person centred care.