

Minster Care Management Limited

Attlee Court

Inspection report

Attlee Street
Normanton
Wakefield
West Yorkshire
WF6 1DL

Tel: 01924891144

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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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Attlee Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Attlee Court has two floors with living accommodation on both. The first floor is for people living with dementia and is accessible by a lift. The home is registered to provide accommodation for up to 68 people and there were 33 people living in the home during our inspection

People's experience of using this service:

Improvements had been made in relation to systems for managing risks to people's health and wellbeing although staff did not always follow the detail in people's risk assessments.

People told us they felt safe at the service.

Systems for managing medicines had improved and were safe.

Care records were inconsistent. This had been identified by the registered manager as being largely due to a mixture of electronic and paper based records. At the time of the inspection work was ongoing to revert to an entirely paper based system.

People said there were enough staff to meet their needs although some said they sometimes needed to wait for support. The registered manager gave assurances they would look at improving deployment of staff.

Staff felt supported by the registered manager and said they received effective training. Training was being arranged for staff supporting people living with dementia.

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. Some improvements were needed in relation to recording best interest decisions and mental capacity assessments.

People received support from health and social care professionals as needed.

People said they enjoyed the food, but improvements were needed in the systems to monitor food and fluid intakes.

People said staff were kind and caring and we saw positive interactions.

Care plans did not always evidence a person centred approach and there was a lack of consideration of people's diverse needs within the care planning process.

People enjoyed the activities provided and said their relatives and friends were welcomed to the home.

People had confidence in the registered manager. Systems were in place to monitor quality and safety within the service. Some improvements were needed to make sure these systems were robust enough to identify all issues.

Rating at last inspection (and update)

This service has been in Special Measures since January 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Attlee Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On the first day of our inspection the team consisted of three inspectors, a specialist advisor in governance, a medicines 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. On the second day three inspectors attended.

Service and service type:

Attlee Court is a care home which provides personal care and support to older people and older people living with dementia.

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.

Notice of inspection:

This inspection was unannounced.

What we did before the Inspection

Before the inspection we reviewed all the information we held about the service, including notifications about events and incidents the provider is legally obliged to send us. We sent a provider information return request (PIR) before this inspection. This is a request for information about what the service does well and what the provider plans to do to ensure the service continues to improve. This was returned within required timescales.

During the inspection

We spoke with the registered manager, two operations managers and the deputy manager. We also spoke with seven members of staff including the cook and a member of housekeeping staff, seven people who used the service and five visiting friends and relatives. We spent time making observations in all communal areas of the home and visited some people in their rooms with their consent. We looked at documentation relating to the running of the home including five people's care plans. We reviewed systems for managing medicines and looked at several medicines records.

After the inspection

We asked the registered manager to send some more information to help support our judgements, and received this in a timely way.

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 inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place for areas such as nutrition, falls, mobility and pressure area care. However, the guidance for staff about how to mitigate risks was not always followed. For example, we observed a person assessed as at high risk of falls mobilising with a shuffling gait, wearing ill-fitting shoes that were too large for their feet.
- Staff told us, and records included, some conflicting information in relation to supporting people who experienced behaviours that challenged themselves and others.
- Up to date environmental risk assessments were in place.
- Personal emergency evacuation plans (PEEPs) were in place but were not always practical. For example, some PEEPs advised use of the hoist. This would not be practical in the case of emergency. The registered manager had identified the need for PEEPs to be reviewed.
- The registered manager had introduced an audit of people who may be at risk for reasons such as weight loss, infection or poor skin condition. A monthly meeting was held with senior staff to discuss what needed to be done to minimise the risk.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One said, "I feel as safe as anything here".
- Safeguarding alerts to the local authority had been made appropriately when incidents occurred. However, one incident record showed the registered manager had not obtained information from all staff on duty at the time of the incident.
- Staff understood different ways in which people could experience abuse and knew what to do if they were concerned about somebody.

Staffing and recruitment

- Recruitment practices were safe, with checks on identity, work history and suitability to work with vulnerable people in place. Records were held of confirmation of checks completed for staff supplied

through an agency.

- A review of longer term employment files had taken place, and the registered manager had identified gaps such as missing interview notes. They had recorded their rationale for taking no further action, for example considering the staff member's performance and conduct to date.
- Staffing was arranged in accordance with assessment of people's dependency needs. Our review of the staff rota confirmed planned staffing levels were usually met.
- Most people we spoke with felt there were enough staff to meet people's needs. One said, 'I don't wait too long if I press my buzzer'. However, some people felt staff were very busy and this had meant they did not always respond to their call as quickly as they needed. One person said, "I've got this [call bell] to hand and if I press it they come. How long I have to wait depends on what they're doing, they do their best, but I often have to wait, they say hang on and I do but there's only so long you can hang on, I have a times not been able to." The registered manager said they would review staffing, in particular deployment of staff to make sure people received the support they needed.

Using medicines safely

- At the last inspection in April 2019 there were weaknesses in the management of medicines. This included management of pain relieving patches, systems for ensuring adequate stocks of medicines to meet people's needs and safe storage and use of thickening agents (these thicken food and fluids for people with swallowing difficulties). On this inspection we found improvements had been made and medicines were being managed safely.
- Some people were prescribed medicines via a patch, previously these had not been rotated to different areas of the body as recommended by the manufacturer. On this occasion we found there was a system in place to record the site and time of application to prevent the patch being placed on the same site too frequently.
- Agents used to thicken drinks were stored securely.
- The registered manager and members of staff qualified to handle medicines regularly completed audits (checks) to make sure that procedures were followed. Any issues identified had been acted upon and improvements made.
- Guidance on how to administer medicines prescribed "when required" had been updated since our last inspection. Records showed that people received their medicines as prescribed.

Preventing and controlling infection

- Since the last inspection CQC had received some information of concern from the local authority Infection Prevention and Control (IPC) team in relation to standards at the service.
- On this inspection we found the home to be clean and staff followed appropriate procedures to make sure the risk of cross infection was minimised.
- On the first day of inspection care plans had not been developed for receiving anti-biotics for infections. This had been part of an action plan from the IPC team. Care plans had been developed when we returned for the second day.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the manager and the operations manager on a monthly basis to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.
- The registered manager showed us a 'lessons learnt' file which included individual lessons learnt across areas including: low level safeguarding, medication, mattress checks, unit walk around and conflicting information regarding nutrition and hydration.
- The registered manager said where lessons were identified for staff to learn from, these were discussed in

'resident at risk' monthly meetings, clinical review meetings and staff supervision. We saw a group supervision record about the importance of incident reporting and documenting injury and bruising. Staff had signed to show their attendance

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

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

- Some care plans contained pre-assessments showing people's care needs before they began to use the service. These assessments lacked information relating to people's needs and preferences in relation to equality diversity and human rights (EDHR) and the person's preferences for their care.
- Some care plans lacked evidence to show how people had consented to various aspects of their care.
- Some care plans had been redeveloped in paper format when we returned for a second day of inspection. These included much more detail about people's assessed needs. The registered manager said all care plans would be redeveloped as a matter of urgency in this format.

Staff support: induction, training, skills and experience

- Staff said they received good support from the registered manager. They said there was an on-call system which meant they could call for support and advice whenever needed.
- Recently recruited staff completed a 12 week induction programme during which they completed face to face and on-line learning, and had their competence checked in a range of areas of their work. These included nutrition, falls, use of bedrails and nutrition.
- The format of training matrix in place at the time of the inspection was difficult to analyse. The registered manager had recognised problems with the format and was in the process of developing a much clearer matrix. The registered manager provided an overview of the training matrix which showed staff were up to date with essential training such as moving and handling, infection control and safeguarding.
- Staff working on the dementia care unit had not had effective training in supporting people living with dementia. The deputy manager told us this was being planned.

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

- There was a lack of rigour in the systems in place to monitor food and fluid intake. The deputy manager told us the electronic system in use could trigger alerts to remind staff to prompt people to drink, however it had proved ineffective and had been switched off. Although staff continued to record what people had drunk this was not consistent and there was no target intake for the person or system to monitor the total intake over time.
- One person had a care plan which said they were at high risk of malnutrition. Food intake was recorded, however, over the period of time we reviewed staff had recorded the person as eating 'all' of whatever was offered to them. Reviews of the person's care plan continued to record the person as having a poor diet.
- People taking their meals in their rooms were not always given the support they needed to make sure they received adequate diet and fluids. The registered manager acted to address this issue during the inspection.

- People were offered drinks and snacks during the day, however these were prepared and offered by staff. People could not access these independently.
- Pictorial menus were displayed in the dining room to assist people to make choices at meal times. People told us they enjoyed the food.

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

- Some care plans contained advice from other health professionals following their input into the person's care. For example, in one care plan we saw the person had been assessed by a speech and language therapist (SALT), and their advice had been incorporated into the relevant care plan.
- One person had been seen by an out of hours doctor who had recommended staff contact the person's own GP for follow up. This advice had not been entered onto the electronic system and had not been done. We followed this up and found the person had recovered.
- We spoke with a visiting healthcare professional who said staff worked well with them.
- All of the people we spoke with said staff supported them, or their relatives, to access healthcare support. One relative said, "They are spot on getting the GP, Optician, Chiropodist and specialist shoes".

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

- Some signage on the dementia unit was incorrectly placed, for example the dining room was marked as 'lounge' and the lounge was marked 'dining room'.
- A Parisian style café was in development upstairs, however on both days of our inspection this was not accessible to people because a door in the corridor was kept locked.
- A plan was being developed to improve the dementia environment, however it was not available for us to review. We spoke with the unit manager who described their plans to create an 'outdoor/indoor' environment and a 'shop' for people to visit.

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.

- One person's DoLS had conditions which the provider had to meet. The registered manager told us there were no records to show how these conditions were being met. They told us they would put a care plan in place to ensure this was done.
- The registered manager had identified and addressed issues in relation to managing DoLS. These issues had occurred prior to the registered manager taking up their post.
- Some care plans lacked evidence consent had been sought for care and treatment. One person had an independent mental capacity advocate (IMCA) in place, although there was no evidence the provider had

contacted them to support the person in this area. The unit manager told us the IMCA had felt unable to sign as they felt they lacked legal authority to do so. They told us discussion were ongoing, however there was no record to this effect.

- Assessments of people's capacity to make specific decisions were included in care plans, along with best interests decisions, although these often involved only staff in the process.
- Some capacity assessments were not clear as to the decision that needed to be made. For example, one assessment was for the decision, 'Social activities and religious beliefs'. The text stated '[person] was unable to process and absorb the information given to make a decision', although there was no record of what this information was.
- We asked people if staff sought their consent to care. One person said, "Sometimes they ask", another said "Of course, they do."

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 requires improvement. At this inspection this key question has remained the same. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- People spoke positively about the staff and the care they received. One relative said, "(Name of person) moved in here a year ago, (Registered manager) came out to assess. When we arrived here we had such a warm welcome. The care here is very good, all the staff are caring. (Registered manager) is available and I can go to her with anything, she's brilliant, they all are."
- One person told us how, out of the blue, a staff member had asked them if they fancied fish and chips and when they said yes, had taken them out in their wheelchair to the local "chippy". They said, "I right enjoyed that." Another person gained comfort from cuddling a doll and we saw staff ensured the person had the doll with them when they were in bed. The person smiled when we mentioned the doll and told us, "I love her."
- Care documentation contained Equality and Diversity care plans, however these were not always meaningful. For example, one person's care plan contained an Equality and Diversity plan which repeated the content of their end of life plan.

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

- People told us they were involved in decisions about their care. One person said, "I say what I want" and a relative told us, "They react to his wishes as far as they can."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people with appropriate familiarity, and engaged in some meaningful interactions, for example chatting to people as they read, watched television or were engaged in activities such as drawing.
- On both days of our inspection we found a locked door separated people from their dining room and additional space to circulate and sit. The door had a large glass panel, meaning people would be able to see their dining room and other areas of the unit but not access them. This may have increased the frustration of people who wished to spend time walking around their home. On the first day the deputy manager told us this door should not be locked. On the second day of inspection a member of staff told us, "We keep it locked in case they wander." The registered manager said they would make sure the door was not locked.
- Some bathroom and toilet doors lacked locks, which meant people's dignity could not always be protected.
- People received discreet support with their continence needs although some improvements were needed to maintaining people's dignity when using the hoist.

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 requires improvement. At this inspection this key question has remained the same. 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

- The provider used a mixture of paper and electronic care records to record people's needs. Some of the care records contained detailed, person centred information, describing people's needs and preferences and the support they required from staff. However, this was inconsistent and other records did not contain these details. For example, wound care records showed one person had a sacral sore. Pressure relieving equipment was in place and the district nurses were coming in to provide treatment, however the sore was not mentioned in the person's care plan.
- Care records did not always accurately reflect the care people were receiving. For example, one person had received appropriate catheter care, but records did not reflect the person's current situation. Others were receiving appropriate wound care from the district nurses, but this was not always accurately reflected in records.
- We did not see any evidence of people having experienced poor outcomes. However, the lack of accurate care records meant people could be put at risk. The registered manager had recognised this and was in the process of making all care records paper based at the time of the inspection.
- People and their relatives told us they had been involved in the development and review of their care plans.

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.

- Care documentation included basic plans to show how people could be supported with their communication needs.
- One person's communication care plan had been reviewed using language that was not person-centred. It referred to them being unable to 'string a sentence together.' The person was living with dementia.

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

- All of the people we spoke with were positive about the activities available to them. One said, "I do exercises, and I can move my arm better now. I've also done bingo and cards." Another said, "I choose to be in my room, but I know what activities are on." A relative said, "They choose to do some activities. (Person) is encouraged to get up, (they) went to Bridlington".
- On the first day of the inspection we saw people enjoyed Halloween celebrations which included games during the afternoon and a party in the evening. One person said, "Do you like my hat? It's fun all this, isn't

it?"

- All of the people we spoke with said relatives and friends were welcomed to the home at any time.

Improving care quality in response to complaints or concerns

- Systems were in place to make sure complaints about the service were managed in accordance with the complaints procedure. However, a letter of acknowledgement of complaint had not been sent to a person whose complaint was being investigated at the time of our inspection.
- People said they knew what to do if they had any concerns. A relative told us they had raised an issue and knew it was being dealt with.

End of life care and support

- End of life care plans were in place but lacked person-centredness and did not show how staff had discussed people's wishes for this part of their care with them. Where care plans contained more detail, this focused on the needs of family members and the person's funeral arrangements. Two end of life plans we looked at contained identical wording.
- One person's end of life care plan stated, 'Ensure [person]'s family feel welcome and supported and kept up to date with [person]'s well-being.' The person was not in contact with any of their family.
- End of life care plans referred to ensuring people's wishes were met, but there was a lack of information to show what these wishes may be.

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 requires improvement. At this inspection this key question has remained the same. 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.

At the last inspection we found there had not been enough action to address continued breaches in regulations and make sufficient improvements to the quality of care. At this inspection, although we found improvements were still needed, issues were being addressed and the provider was no longer in breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and relatives in an annual survey and through regular meetings. The most recent survey had taken place in May 2019, when 15 people responded. Where issues were raised we saw a 'You said' and 'We did' had been produced so people could see how their responses had helped to develop quality of service.
- Various meetings were held with staff on a regular basis. These included meetings with catering and housekeeping staff. Minutes were available for staff not able to attend.
- People were complimentary of the registered manager and had recognised some improvements. One said "(Registered manager) is around and available, she greets you. Some previous managers weren't really interested."

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 registered manager submitted notifications of events that happened in the home to CQC as required by regulation. They had also informed CQC of minor events in order to demonstrate their duty of candour.
- Relatives told us they were kept informed of issues affecting their relations in a timely manner. One person said "(Relative) has had a couple of falls which (person) is prone to. The home always calls me straight away".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had systems in place to audit the quality and safety within the service. These systems had identified a number of areas where improvement was needed, and a service development plan had been written. This evidenced where progress had been made.
- The inspection process highlighted some issues which audit systems had failed to identify. On the second

day of the inspection, the registered manager showed us how they had redeveloped audits to make them robust.

- The registered manager was supported by an operations manager who made weekly visits to the service to complete quality audits. Our review of some of these audits showed they had not been robust. For example, the audit of PEEPs had concluded they were appropriate when we found they were not.

- A new operations manager was due to start supporting the service the week after our inspection.

Continuous learning and improving care

- The registered manager was open and responsive to the inspection process. They told us about how they planned to use experiential learning with staff to improve their understanding of the needs of people living at the home.

Working in partnership with others

- Care records evidenced ongoing support from health and social care professionals. Students from a local college were being involved in the environmental development of the dementia care unit.