

Minster Care Management Limited

Wordsley Hall

Inspection report

Mill Street
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Tel: 01384571606

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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

About the service

Wordsley hall is a residential care home providing personal care for up to 41 older people, some of whom live with dementia. At the time of the inspection the service was supporting 38 people. The care home accommodates people in one adapted building.

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

People were safely supported by staff and systems were in place to identify and minimise risks to their safety and wellbeing. People were supported by sufficient numbers of staff who knew people well. Systems were in place to ensure lessons were learnt following any accidents or incidents that occurred at the home to reduce risks to people.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff were knowledgeable about people, and how best to support them. Staff worked in partnership with healthcare professionals to ensure people's health needs were met.

People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice. People and relatives made positive comments about the staff that supported them. Staff were described as friendly caring, down to earth and people and relatives spoke about the positive atmosphere in the home. People were treated with respect and dignity and their independence was promoted. People were supported to participate in meaningful activities.

Peoples were involved in the development of their care plans which reflected their needs and preferences. People and relatives knew how to raise concerns and felt confident any issues would be addressed.

People, relatives and staff thought the service was managed well and in people's best interests. The registered manager was described as approachable, kind, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service and to gain feedback from people and relatives to continuously improve the service provided. All the required improvements from our last inspection had been made.

Rating at last inspection

The last rating for this service was Requires Improvement (published 8 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Wordsley Hall

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 was undertaken by an inspector, inspection manager and an assistant inspector.

Service and service type

Wordsley Hall is a care home. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with five care staff, the cook and kitchen assistant, an activities coordinator, deputy manager, registered manager and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including the care records for six people, 10 medicine records and three staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We requested training information and quality assurance information.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I am on quite a lot of tablets and the staff come and give them to me. I know what they are for, but the staff would explain if I didn't." Another person said, "Yes I have my tablets when I need them."
- On our last inspection we identified several gaps on the medicine's records. Improvements had been made and records we reviewed demonstrated people received their medicines as prescribed. However, the processes for managing eye drops were not always robust. For example, the opening dates recorded on eye drops were not a clear reflection of when the bottles were actually opened and administered. Immediate action was taken to address this when we brought this to the registered manager attention and staff practices were changed to ensure the date recorded was the actual date the eye drops were opened and used. The registered manager told us further training had also been arranged for staff.
- There were clear guidelines for staff to follow for people who required medication 'as and when required'.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and when being supported by staff. One person said, "I didn't feel safe at home, but I do feel safe here as I have the staff to look after me. The staff are kind and treat me well." A relative told us, "[Name] is safe here I would know if they weren't and I would soon report anything untoward."
- Staff were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would report any concerns straight to the manager and she would deal with it." Staff knew which external agencies they could report concerns to if they needed to such as the Local Authority.
- The registered manager was clear about her responsibilities to safeguard people and had reported any safeguarding concerns to the local authority and ensured they were investigated appropriately.

Assessing risk, safety monitoring and management

- On our last inspection we found some environmental risks had not been identified in relation to some windows. Improvements had been made and these windows had been replaced.
- People and relatives told us staff knew about any risks associated with providing support to their loved one. A person told us, "The staff know I am unsteady on my feet, so they walk with me and keep me safe and make sure I have my frame." A relative said, "The staff know what they need to be aware of when supporting [name] and they support them well to keep them safe."
- Risks to people were assessed when people moved into the home and then monthly. Risk assessments covered a variety of areas including malnutrition, skin integrity, falls, and moving and handling. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin

emerging.

- Checks were carried out on the facilities and equipment, to ensure they were safe. Fire safety checks were completed, and people had personal emergency evacuation plans (PEEP) completed to inform staff on how to support people in the event of an emergency.

Staffing and recruitment

- People told us there was enough staff on duty to meet their needs. One person said, "There is enough staff but we could do with more as they work so hard and look tired at the end of their shift." A relative said, "Some days appear busier than others, but the staff work hard and meet [name] needs."
- The majority of the staff we spoke with confirmed there was enough staff on duty. One staff member said, "We could do with more in the afternoon as some people become more agitated then." Another staff member said, "There is enough staff on duty to provide a good standard of care." Staff told us they felt confident to raise any concerns about the staffing levels with the management if they felt people's care was being compromised. We observed people's needs were met in a timely manner.
- Records confirmed all the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a disclosure and barring check which ensured potential staff were suitable to work with vulnerable people.

Preventing and controlling infection

- People told us the home was kept clean as was their bedrooms and relatives confirmed this. One person said, "The staff do well to keep this place clean and my bedroom is always cleaned regularly. They are redecorating areas as it is looking a bit tired."
- Staff told us, and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
- The registered manager discussed how lessons had been learned in relation to falls and the use of assistive technology. For example, how people can remove sensor mats from their chairs or step over floor sensor mats put in place to reduce the risk of falls.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives confirmed assessments had been undertaken before they moved into the home. One person said, "I was asked a lot of questions about what I could do and what support I needed. They also wanted to know about my life and interests, and preferences." A relative said, "We did visit and thought it had a lovely family feel as it is a big decision. An assessment was completed of the support [name] needed and about their past life and routines. The staff were very supportive and reassured us. [Name] has settled in very well."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, sexuality, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the staff abilities to meet their needs. One person told us, "The staff are experienced, some of them have been here ages, I think they have the skill for their role." A relative said, "The staff know how to use the equipment and they are very caring. I think they have the skills for their role."
- Staff told us they received the training they needed for their role. One staff member said, "I completed an induction when I first started, and I have completed all key training for my role. I have also completed a national vocational qualification. If I asked to go on any training I would be supported. There are lots of training opportunities here." Another staff member said, "I have completed the training for my role and I feel supported. We have regular supervision and appraisals where we can discuss our role and development."
- We saw training plans were in place to monitor the training needs of staff. The registered manager advised training in relation to supporting people with their oral hygiene was provided as part of staff induction and additional training was provided by the NHS.

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

- People told us they had choices and enjoyed the food provided. One person said, "There is a menu and we are asked what we would like. If I don't like the options I can choose something else." A relative said, "[Name] is eating much better now. The staff are monitoring this and providing encouragement. I think [name] likes the meals."
- We observed staff supporting and encouraging people in a dignified manner to eat their meal and to have drink. For example, sitting alongside people and explaining what was on the plate, and encouraging people to eat. Specialist cups were available to promote people's independence such as nose cups and cups with lids and spouts.

- The kitchen staff were aware of people's dietary needs and records were in place of people's preferences. The cook told us how they provided fortified milkshakes for people who were at risk of losing weight.
- People at risk of malnutrition and dehydration had their food and fluid intake monitored. People at risk of weight loss were weighed more regularly and changes in weight were monitored and appropriate referrals made to agencies as required.

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

- People told us their healthcare needs were met. One person said, "I have had my eyes tested and my toe nails cut. If I feel unwell they would soon get the GP out." A relative said, "The optician has visited, and the staff have made arrangements for the chiropodist and dentist to visit."
- People's oral hygiene was included as part of their care plan with specific detail to enable staff to support people to clean their teeth or dentures.
- The provider told us in the information shared with us (PIR), they worked with District nurses on a daily basis to provide care for people with diabetes, dressing people's wounds and to provide specialised equipment. They also worked with Dieticians, Speech and language therapists and Palliative care teams, amongst other professionals.
- People had 'This is me' documents in their files which reflected their needs in a brief format. This document could be used to support people's transition to hospital to provide key information about the person and to support the continuation of their care.

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

- People's rooms were personalised with pictures and other objects that reflected their personality and preferences.
- People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests. For example, sensor mats.
- The environment was supportive of people that lived with dementia as it had signage throughout the building to assist people's orientation. Several corridors were themed such as a train station, laundry, shop, and sea theme. This included objects on the wall for people to touch, to remove and to talk about. People had access to several quiet areas where they could sit with their loved ones or to read as there was a small book collection.
- The provider told us in the information shared with us (PIR), their plans to upgrade the home. This included replacing and redecorating bathrooms, redecorating the corridor areas, and further replacement of windows.

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 told us staff asked their consent before providing support. One person told us, "The staff explain and always ask me if they can help me, they are very polite and friendly." A relative said, "I have heard the staff ask [name] if it is okay to assist them to the toilet or to take them through for lunch."
- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place.
- Where people did not have capacity to make specific decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff gave us examples how they would seek consent from people who may not be able to verbally communicate their choice. One staff member said, "You can tell from people's facial expressions if they want to do something or not. People have a way of telling us. I would never force anyone to do anything and always respect their choice."
- Staff had a good understanding of the MCA and the impact this legislation had on their role. Staff did not know all of the people that currently had authorisations agreed. They advised us this information had been shared with them in team meetings, during handover, and a list was displayed. We discussed this with the Registered manager about how this information could be shared more frequently.

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

- People told us they were respected and treated well by the staff. A person said, "The staff are very respectful and down to earth they treat me as an individual." "A relative told us, "The staff are lovely with [name] they always speak with them with respect and promote their identity."
- We observed positive interactions between people and staff. We saw staff laughing, and spending time with people. A relative told us, "There is lots of hugs and kisses here it is like one big family. The home has a lovely atmosphere." People appeared at ease with staff which created an inclusive and positive atmosphere.
- The provider told us in the information shared with us (PIR), how they promoted people's equality, diversity and inclusion by introducing information such as 'The Safe To Be Me' booklet which has increased staff understanding. This is a booklet which celebrates peoples' identity, and offers practical advice on providing a service where older lesbian, gay, bisexual or transgender (LGTB) people can feel safe to be themselves. They also aim to introduce a LGBT champion in the near future. We saw a poster was displayed at the entrance of the home to ensure everyone who enters was aware the home was a 'Safe place'.
- Staff spoke positively about working in the home. One staff member said, "I love it here, it has a good feeling and I love working with people, we all support each other, and our aim is to ensure people receive good care."

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

- People told us they felt in control of their daily routines and were able to express their views. One person said, "I choose when I get up, what I do during the day and when I want to go to bed. I feel able to express my views and staff listen they are a brilliant bunch." Relatives we spoke with confirmed this. One relative said, "[Name] makes their own decisions about their day and the staff respect this and support them as needed."
- Relatives told us they felt involved and were kept up to date with their relative's wellbeing. One relative told us, "The staff and the registered manager keep me updated about how [relative] is. The communication here is very good and if I want to know anything I only have to ask."
- The registered manager understood when advocacy services would be required, and she told us they would be called to support people when needed. An advocate is a person who speaks or acts in a person's best interests if they are unable to do this for themselves.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and promoted their independence. A person said,

"The staff always knock before coming into my bedroom, and they respect my choice to be alone in my room or in the bathroom. They only help me with things I struggle with and encourage me to do things for myself where possible." A relative said, "[Name] only likes female staff to support them and this is respected. The staff ask when I visit if we want to go to [name] room for privacy which is nice, but we are quite happy sitting in the lounge."

- We saw people being encouraged to be independent with drinks and during meal times and when mobilising. Staff ensured people's clothing was adjusted to maintain their dignity when supporting them to mobilise using equipment.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us their care was personalised to them and met their needs. One person said, "I am very happy here my needs are met, and I have choice and control over my life. It is a lovely place to live." A relative told us, "We visited several homes but this one felt like a home and had a nice feel to it. The assessment and care plan were developed with us and covered all of [name] needs. [Name] needs and preferences are met."
- People and relatives told us staff were responsive to their needs. A relative said, "[Name] had a holistic assessment completed and since moving here the change in [name] is amazing, they are like a new person. [Name] has settled well and is happy here. The staff invest in people they are dedicated."

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.

- The provider told us in the information shared with us (PIR), they assess people's communication needs during the assessment process and information is then used to develop a communication support plan for people. Information can be tailored to meet people's specific needs. Information such as the service user guide was available in large print, pictorial and audio.
- Records confirmed communication care plans were in place. Pictorial menus were also available to enable people to make choices about what food or drink they would like.

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

- People told us they had enough to do in the home. One person said, "We can do what we want, sing, play bingo, the exercise woman comes. We chat amongst ourselves, I also like to read. We go out on trips, and I have my hair done when I want. There is enough to do to keep me occupied." A relative told us, "[Relative] likes it when the dog comes in and sometimes they participate in the group activities or they just enjoy a chat with the staff or listen to music and watch a film."
- The home has a designated activities co-ordinator who told us about the various trips she has organised to places such as the Black Country Museum. The activities co-ordinator told us, "We have a weekly sparkle discussion about various topics and I try and evoke group discussions. For people who prefer their own company I spend one to one time with them reading or looking through photos or discussing their favourite football team and recent matches. Its people's choice on the activities they want to do, and I try to devise an activity plan around people's preferences. If people want to go out I support them on walks or we go

shopping."

- Peoples spiritual needs were considered, and religious services were held regularly in the home for those people that wished to attend.
- The provider told us in the information shared with us (PIR), how they used technology to provide activities such as Reminiscence Interactive Technology Activities (RITA). This is a computer system which can be used in a variety of ways. For example, to play music, quizzes and films. It can also be used with people to build a profile of their own life history. This then gives staff a better understanding of their lives.
- People were supported to maintain and develop relationships with those closest to them. People told us their loved ones could visit when they wanted and stay for a meal if they chose. Relatives we spoke with confirmed this.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise any concerns they may have, and they had confidence they would be listened to and the concerns would be addressed. One person said, "I have no complaints but if I did I will soon speak up, the boss [manager] would sort any issues out." A relative told us, "The manager always says if there any concerns to raise them, but we are happy with everything."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately. Where improvements could be made this information was shared with staff in meetings or a memo was sent out. For example, ensuring people's clothes are changed if they have dropped any food debris down them during mealtimes.

End of life care and support

- Information was considered as part of people's care plan. A document called 'planning for your future care' was in place. Where appropriate people's preferences and wishes were recorded and respected such as remaining at the home as opposed to going into hospital.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- On our last inspection we found systems in place where not robust to identify shortfalls within the service. For example, a specific environmental issue had not been identified. On this inspection we found all required improvements from our last inspection had been made. Audits were in place which were completed regularly and covered a variety of areas including records, infection control and the environment.

- Audits of the medicines systems were completed weekly and monthly, but they had not identified the issue with the dating of eye drops. Immediate action was taken during the inspection to rectify these issues. Memos were completed, and discussions took place in handovers to ensure staff were aware of our findings and the improved practice that needed to be followed. Audits were also updated to include the checking of dates recorded on eye drops.

- A representative of the provider visited the home to maintain oversight of the service and completed their own audits on a regular basis to monitor the quality of the care provided to people. The registered manager also recorded information such as accidents and incidents on the providers internal computer system to ensure the quality assurance of the service could be monitored within the company.

- Staff understood their roles and responsibilities. One staff member told us, "It is a team approach here we all work together to ensure people receive the best possible care."

- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

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

- People, and relatives spoke positively about the way the home was managed. One person told us, "The manager is lovely, approachable and is like our mother always checking in on us and asking if there is anything that could be improved." A relative said, "The manager is part of the team, she is visible and will help staff when needed. I saw her mopping on one of my visits. Her door is always open, and she is very approachable, kind and supportive."

- Staff told us they felt supported in their role. A staff member said, "I feel valued here and I get the support I need from both my colleagues and the management team. We have regular team meetings and I feel able to make suggestions if needed or get involved in discussions. The manager is approachable and checks in on us to make sure we are okay and thanks us for our work which is nice."

- The registered manager demonstrated her passion and commitment for the service and ensuring people

were placed at the heart of what they did.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback from people and their relatives. A person told us, "The manager is constantly asking what I think and if there is anything that could be improved. But I tell her I am quite happy with everything." A relative said, "The manager does ask for feedback regularly and I know there are meetings that I could attend, and I have completed a survey. I only have positive comments to share as everything is good, and my relative is happy and cared for which gives me peace of mind."
- Surveys were sent out to relatives yearly and then randomly every few months to obtain feedback. Surveys were also sent out to staff to obtain their feedback. We reviewed the analysis of the recent feedback provided and comments received were positive. The home had received many compliments about the care provided. Comments included, 'Couldn't wish for a better or caring place to look after our dear relative', and 'Thankyou for all the love and support you have shown to our relative'

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 understood their responsibilities in relation to the duty of candour regulation. The registered manager told us she aims to be open and honest in the way she manages the service and would always inform people or their families when things may have gone wrong. Lessons learnt were used to drive improvements in the home.

Working in partnership with others

- The provider told us in the information shared with us (PIR), they worked with a variety of professionals to ensure peoples' needs were met. These included healthcare professionals such as District nurses, CPN's and social care professionals such as social workers and Local authority commissioners.