

Murreyfield Lodge Limited

Murreyfield Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Murreyfield Care Centre is registered to provide accommodation and personal care to 23 adults of different ages who may be living with a learning disability, mental health needs or dementia. At the time of the inspection, 16 people were using the service.

The service was large and supported more people than current best practice guidance. The service did not consistently reflect the principles and values of Registering the Right Support which limited people's ability to achieve the best possible outcomes and live a full and meaningful life.

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

People's medicines were not managed safely and risks to people's health and safety were not always identified or addressed. The provider did not ensure the safe recruitment of staff and had not managed associated risks. Staff did not have the appropriate skills or training to care for people safely. Quality assurance systems had not found or resolved quality shortfalls.

Staff did not feel valued or supported. People's feedback about the service was not used to drive improvements.

People's end of life wishes were not discussed and care plans did not always show how people wanted to be cared for. Staff ensured people were referred to relevant professionals and supported people to attend appointments. Most people liked the food and staff understood people's dietary needs.

Staff were kind, caring and had honest conversations with people about their needs. People were respected, their privacy and dignity was mostly maintained. Staff helped people to maintain their independence.

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. Though appropriate records were not always in place.

The service mostly applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service mostly reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. However, staff were not always available to support one person when they wanted to access the community.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. After the last inspection, the provider informed us how they planned to address areas of concern and improve the service. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found the provider failed to notify us of five specific incidents which had occurred at the service since the last inspection which the provider is legally required to inform us of. On this occasion, we did not take enforcement action in relation to this.

We have also identified breaches in relation to the safe management of medicines, identifying and managing risks, staff skills, safe recruitment and the systems for monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Murreyfield Care Centre

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 completed over three days. One inspector attended on the first day, two inspectors attended on the second day and three inspectors and an inspection manager completed the inspection on the third day.

Service and service type

Murreyfield Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. 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 sought feedback from the local authority safeguarding adults and contract teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, two care staff, one senior care staff and the inclusion co-ordinator. We also spoke with the new manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around the home to review the facilities available for people and the cleanliness of the service. We observed staff interactions also looked at a range of documentation including the care files for eight people and we reviewed the medication administration records for four people. We looked at three staff files for recruitment, induction, supervision and staff training and reviewed documentation relating to the management and running of the service.

After the inspection

We shared information from the inspection with the local authority fire safety inspector. The provider sent an improvement plan, information regarding training, medicines, fire safety and accessible 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 remained the same. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the safe management of medicines and had not provided a clean and safe environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. Staff did not record the time when they administered 'as and when required' medicines. This meant staff did not know when the last dose was administered and placed people at risk of their next dose being administered too soon.
- Medicines were not always stored appropriately which meant they were no longer safe to use. Some medicines were stored in the fridge. However, on multiple occasions the fridge was above the required temperature and no action had been taken. We raised this with the manager who sought advice from the pharmacist. Due to the high temperatures, the medicines had to be disposed of and new medicines collected to ensure they were effective.
- Protocols were not always in place to guide staff how to administer 'as and when required' medicines. One person did not have a protocol in place for their heart medicine, which meant staff could not consistently identify when the person needed their medicine.
- People were at risk of burns through uncovered, hot radiators. Three radiators in communal areas were uncovered, with surface temperatures above safe limits. One person became unwell whilst near a hot radiator. Staff maintained their safety at this time, however, there was a risk this could happen again whilst staff were not present. We raised this with the provider on the first day of the inspection and found radiators continued to be above safe temperature limits on the third day of inspection.
- Risks to people's health and wellbeing were not always identified and monitored. Two people were losing weight, one person did not have a care plan or appropriate risk assessments in place to inform staff how to monitor and manage the risks. Another person had a risk assessment in place and needed to be weighed weekly, but records did not confirm this was happening.
- The provider had not completed required actions following a fire risk assessment. Regular fire drills were not completed, and records showed gaps in weekly fire tests.

The evidence indicated was a failure to ensure the proper and safe management of medicines and assess and manage risks to people safety and wellbeing which placed people at risk of harm. This was a continued

breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider confirmed action had been taken to increase monitoring of medicines, review risks and address actions from the fire risk assessment.

Staffing and recruitment

- Recruitment processes were not safe. Two members of staff were working with people at the service before all appropriate employment checks were completed, this meant the provider could not be assured staff were of a good character.
- The deployment of staff did not always manage the risks associated with unsafe recruitment. Agency staff worked alongside staff who did not have all appropriate employment checks. This meant the risks associated with unsafe recruitment were not managed through having appropriate staff on shift.

The evidence indicated there was a failure to ensure appropriate staff were employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had multiple roles which reduced their ability to provide care in a timely way and affected their motivation. A staff member said, "I just can't do it all, things have been missed, but there just isn't enough staff. We're supporting with personal cares, medication, cooking. I feel so stressed." Another said, "Some people need two staff. When you're helping them you just hope that a manager comes onto the floor. If not, people just have to wait until we are finished."

The evidence indicated there was a failure to ensure sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Not all areas of the service could be effectively cleaned. Since the last inspection, a bath panel remained cracked and light pulls were dirty. We raised this with the provider who addressed these areas during the inspection.
- Staff appropriately wore gloves to help prevent the spread of infections. Most staff were trained in infection prevention control.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel safe here. If I go out at night staff will ring and check I'm ok. They ask where I am and if I'm ok."
- Staff understood the types and signs of abuse and how to raise concerns. However, not all staff had up to date training in safeguarding.
- Systems did not ensure all safeguarding referrals were made in a timely manner. One referral was not made in a timely way and records did not show if two incidents had been discussed with a person about what action they wanted to take.

Learning lessons when things go wrong

- The registered manager had identified required actions in response to accidents and incidents. However, records did not always show these were completed. There was no evidence of accidents and incidents being monitored or analysed to learn from them.

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.

Staff support: induction, training, skills and experience

- Staff did not have the required skills and training to safely meet people's needs. Most staff training was not up to date. One staff member did not have up to date training to safely support one person with their health needs when in the community.
- The provider did not ensure staff on shift had an appropriate mix of skills and knowledge. Rotas showed staff on some shifts did not have training in health and safety, moving and handling and first aid. This placed people at risk of not receiving the right care and support to meet their needs.
- Staff had not received appropriate supervision and support. We received mixed feedback from staff regarding support available and found staff had not received supervision in line with the provider's policy.
- New staff completed the provider's induction programme, though induction records were not always available in staff files.

The evidence indicated there was a failure to ensure staff were sufficiently trained and received appropriate support for their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent through a training plan, showing arranged training for staff.

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

- The provider did not assess people's needs prior to admission and could not be assured they could provide appropriate support or sufficiently monitor people's needs. People's preferred routines and person-centred information was not always recoded in people's care plans.

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

- Most people were positive about the quality and the choice of food. Though one person required a specialised diet and at times there were limited options available.
- Concerns regarding people's weight were not always appropriately monitored. One person had lost weight but an appropriate care plan and risk assessment to manage this need was not in place.
- Staff were knowledgeable about people's dietary needs and professional advice, with relevant information recorded in people's care plans. One person regularly did not follow professional advice, though their ability to make informed choices around their diet was not clearly recorded.
- Staff provided appropriate support for people with their meals. Support included preparing meals, encouragement and cutting up meals and assistance to eat and drink when required.

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

- People were supported to access appropriate healthcare services. Staff referred people to relevant professionals and followed their advice. One person said, "[Staff member's name] acted quickly when I was unwell and went to hospital."
- Staff were kept informed of changes to people's needs through handover meetings and communication books. Though care plans did not always contain detailed information about people's needs.

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

- The provider had improved the environment to promote the wellbeing of people. This included a new lounge and meeting room, so people had more space to socialise and meet with their families and professionals in private.
- People's rooms were personalised to their own tastes. People had decorated their rooms with their favourite photos, posters, belongings and could bring their own furniture if they wished.

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.

- Staff sought people's consent and encouraged people to make their own decisions.
- Staff worked with relevant professionals where there were concerns around people's mental capacity.
- Where people lacked capacity, records did not always show how this was assessed. One person struggled to make their own decisions, but their care records did not contain appropriate capacity assessments and best interest decisions made for their care.
- Applications to deprive people of their liberty had been made.

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 were respected and accepted as individuals. Staff used people's preferred names and genders which reflected information recorded in their care plans. A staff member said, "Before [Person's name] gets ready, I always ask them who they want to be and help them pick their clothes to show this."
- Staff had a positive approach to equality and diversity, protected people from discrimination. People told us they were able to talk to staff who listen, explain options available and don't judge or try to pressure people.
- Staff were kind and passionate about providing people with good care. One person told us, "Staff are caring, fun and they listen to me." Staff spoke fondly of people, shared jokes with people and responded positively to them.

Respecting and promoting people's privacy, dignity and independence

- Most people's privacy and dignity was maintained. Staff understood how to support people in a dignified manner and respect people's private space. We discussed with the manager ways to make a person's room more private and the appropriate storage of old records.
- People were encouraged to maintain their independence. One person said, "I can make snacks. I do my own laundry, I'm quite independent really." They had also continued to maintain their skills through volunteering in the local community.

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

- People were encouraged to make decisions and choices about their care. People confirmed they could follow their own routines.
- People were supported by their families or had independent professional support when making decisions.

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 now 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

- Staff could not always provide consistent, person-centred care. Experienced staff understood people's needs and preferred routines. However, care plans did not contain important details about how people liked to be cared for and guidance that all staff could follow.
- People were supported to spend their time as they wished, and staff ensured people were offered choices and respected their decisions.
- Where possible, people chose which staff member would support them to attend appointments and activities. One person had a positive relationship with the inclusion co-ordinator and regularly requested their support and this was facilitated when possible.

End of life care and support

- People were at risk of not receiving the right support at the end of their lives. People's wishes, and preferences had not been discussed, and care plans were not in place.
- Most staff were not trained in meeting people's needs at the end of their life.

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

- Not all people received appropriate support to access the local community. Some people accessed the community independently. However, for people who needed more support, staff were not always available. An inclusion co-ordinator was in place, but due to the number of people they supported and attending appointments with people, they did not always have time to support all people with accessing the community.
- Staff had multiple roles whilst on shift, which limited the time they had to support people with social activities. One person said, "I get on really well with all the staff, though night staff have more time to talk to me."
- People pursued their hobbies, interests and education. One person attended further education and had a positive role in local community volunteering at local charities. The inclusion co-ordinator had arranged trips out to the cinema, shopping, museums, theatre and football matches for people who wanted to attend.
- People were supported to maintain their relationships with family and friends. Visitors were welcome at any time and staff respected people's relationships.

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 were consulted on how they wanted information presenting to them. The manager understood the different ways information could be given to people and was working to update people's care plans to reflect their communication needs.

Improving care quality in response to complaints or concerns

- Complaints were addressed to people's satisfaction and in line with the providers policy and procedure.

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.

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

- Systems had not ensured people received a quality service or addressed problems. We identified a number of issues relating to safety management, medicines, staffing, training and care plans that had not been identified or addressed.
- Audits were not used effectively. They recorded where to find information but had not identified shortfalls or analysed the information. As a result, the provider and registered manager were unable to effectively monitor and address quality shortfalls.
- Medicines audits had not identified shortfalls. Audits of medicines were not regularly completed. Where they were completed, they had not identified issues in storage temperatures or delays in staff applying a person's pain patch.
- Robust systems for recording, monitoring and analysing accidents and incidents were not in place. Which made it difficult for the provider to learn from them and reduce the risk of them happening again.

The evidence indicated there was a failure to operate working systems to ensure compliance with regulations and to effectively assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most notifications had been sent to the CQC. However, we found five incidents had not been reported to CQC via a statutory notification in line with legal requirements. These related to safeguarding and DoLS notifications. Statutory notifications contain information about changes, events or incidents that the registered provider is legally required to send us so that we can monitor services.

This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

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

- There was a poor culture at the service and staff did not feel valued. Staff told us, "[Nominated individuals name] was always really grateful for what we do, but now they're not" and "I got a compliment after taking someone to an appointment. Why couldn't [Nominated individual's name] say thank you to me? They're too quick to jump when things are going wrong."

- Staff did not always work well as a team. Not all staff were appropriately trained and meant some staff were expected to do more, which had affected their motivation. They did not all feel supported by the management team. However, staff were positive about the changes made by the new manager in a short space of time.
- People were happy with the management of the service. People told us they knew and liked the registered manager and were getting to know the new manager.

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

- People's feedback was not always used to improve the service. People and staff were involved in the development of the service through meetings and questionnaires. However, meetings were not always regular and there was no evidence of questionnaires being analysed or negative comments being addressed. The manager told us plans were in place for regular meetings to be held.
- The registered manager and staff had effective working relationships with other organisations and professionals to ensure people received the right support.

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 manager understood and followed the provider's policy and procedure to act upon the duty of candour. They told us they planned to use this process to support with learning lessons when something goes wrong.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risks were identified, assessed and action taken to mitigate them. Regulation 12 (2)(b).</p> <p>The registered provider had not ensured there was a safe system of medication management. Regulation 12 (2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured systems were operated effectively to ensure compliance with the regulations, and to monitor and improve the quality and safety of the service. Regulation 17 (1) and (2)(a)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had not effectively operated their recruitment procedures to ensure employees were of a good character. Regulation 19 (1)(a) and (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not ensured sufficient numbers of skilled and competent</p>

staff to meet people's needs. Regulation 18 (1)

The registered provider had not ensured staff received appropriate training and support to be able to carry out their duties. Regulation 18 (2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not informed CQC of specified incidents via a statutory notification in line with legal requirements.

The enforcement action we took:

We did not proceed with enforcement action on this occasion.