

Four Seasons (No 10) Limited Murrayfield Care Home

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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 11 and 14 September 2015 and was unannounced. At our last inspection on 17 and 18 November 2014 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches were in relation to medicines management, consent to care, nutrition, assessment and welfare, quality assurance and health and safety monitoring.

Murrayfield Care Home provides accommodation, nursing and personal care for up to 74 older people over three floors. The second floor supports people with dementia.

There was a new manager who was recently in post. This new manager had not yet applied to be the registered manager. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Following our inspection in November 2014 and as a result of concerns about the service, the local authority had developed an improvement plan for the organisation and regular meetings were being held to monitor the standard and safety of the service. The provider had a voluntary suspension on admissions to the home and therefore since our last inspection the service had not taken on any new admissions. At the time of our inspection there were 43 people using the service.

Summary of findings

Our inspection in September 2015 found that the service had addressed some of the breaches identified at the inspection in November 2014 but there were areas that still required improvement.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. Relatives of people who used the service told us that they were confident that people were safe in the home. Systems and processes were in place to help protect people from the risk of harm. These included careful staff recruitment and systems for protecting people against risks of abuse.

Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Our inspection in November 2014 found that some aspects of medicines management were not safe. During our inspection in September 2015 we found that whilst the home had made some improvements there were still issues in respect of medicines. The service was not following current guidance and regulations about the management of medicines. This meant that people were not protected against the risks associated with the recording and administration of medicines. We found a breach of regulations in respect of this.

There were generally enough staff to meet people's individual care needs and this was confirmed by the majority of staff we spoke with. There was a lack of evidence to confirm what training staff had received and some staff told us that there were gaps in their training. Some supervision sessions had taken place recently. However there was no documented evidence to confirm such supervision sessions took place on a regular basis and for all staff. Further, there was no evidence that staff had received annual appraisals about their individual performance. We found a breach of regulations in respect of this.

Some staff told us that they had not received training in the Mental Capacity Act 2005. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. During the last inspection in November

2014, we noted that the service had not applied to the local authority for DoLS authorisations for people. During the inspection in September 2015 we saw evidence that the service had applied to the local authority for necessary DoLS authorisations.

Our inspection in November 2014 found that people were not positive about the food provided and we saw that the quality of food provided at the home was not up to an acceptable standard. During our inspection in September 2015 people had mixed reviews about the food. During the inspection in September 2015 we saw that the food provided looked appetising and was presented well.

People who used the service and relatives spoke positively about the atmosphere in the home and we observed that the home had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

During the inspection in November 2014 we found that quality monitoring systems and safety audits were not always effective or robust enough to identify problems within the service. During the inspection in September 2015 we found that the service had introduced a quality survey. We saw evidence that the service carried out medicine's audits, however we found that these were not comprehensive and failed to pick up the serious issues on the ground floor. We also noted that there was a lack of audits for other aspects of the care in the home. For example there was no evidence of audits in respect of infection control, staff files and housekeeping. We found a breach of regulations in respect of this.

Staff we spoke with had mixed views about the morale within the home. Some staff said that the morale in the home was good but others said that morale could be better and that this had been affected by the constant change in management. Staff were however positive about the new manager.

Summary of findings

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe because the service was not managing medicines properly and this was putting people at risk.

People told us that they felt safe in the home and around care staff.

Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Staff were aware of different types of abuse and what steps they would take to protect people.

Requires improvement



Is the service effective?

The service was not always effective. There was not an up to date record of what training staff had received and staff confirmed that there were gaps in their training. There was no documented evidence to confirm supervision sessions and appraisals took place consistently for all staff.

The service was following the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS).

There were satisfactory arrangements for the provision of meals. People's nutrition was monitored.

Requires improvement



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Care plans provided details about people's care needs and preferences.

People and relatives spoke well of staff and said care staff listened to them.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. The majority of care plans were detailed and specific to each person's individual needs.

Activities were available and people had opportunities to take part in activities they liked.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. There was mixed feedback from staff about whether they felt supported by management within the home. People and relatives felt that there was uncertainty in respect of management.

We noted that there was a lack of comprehensive audits. For example,; in respect of medicines, infection control and staff files. The service did not have an effective system to monitor and improve the quality of the service.

The home had carried out an annual satisfaction survey and we saw evidence that the service took action where required.

Requires improvement



Murrayfield Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 11 and 14 September 2015 of Murrayfield Care home. The inspection team consisted of three inspectors and a pharmacist specialist advisor.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed fourteen care plans, nine staff files, staff records and records relating to the management of the service such as audits, policies and procedures. We spoke with fourteen people who used the service and nine relatives. We also spoke with the manager, area manager, fourteen members of staff and two healthcare professionals who had contact with the home.

Is the service safe?

Our findings

People who used the service told us that they felt safe in the home and around care staff. One person said, “I feel safe in the home.” Another person said, “Staff are good to me. I feel safe.” Relatives of people told us that they were confident that people were safe in the home. One relative said, “I have no reason to feel that [my relative] is not safe.” Another relative told us, “I feel [my relative] is safe there.”

During our previous inspection on 17 and 18 November 2015 we found that the service was not safe because the service was not managing medicines properly and this was putting people at risk. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our inspection on 11 and 14 September 2015 found that the service had made improvements in respect of some aspects of the management of medicines but there was still a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff giving medicines to people in a caring way. We noted that they checked if people were in pain. Staff administering medicines to people who were prescribed medicines ‘when required’ were supported by clear protocols. Some people were having medicines covertly, disguised in food or drink. These people had been assessed as not having the capacity to make the decision about their medicines and this process had been agreed to be in their best interests. Medicines were in stock for people and were stored securely. However, we saw that at the beginning of this month’s supply of medicines, the pharmacist had had to make an emergency supply for five days to make sure that people on one unit did not go without their prescribed medicines. This is a supply made when a prescription is not available so that people receive continuity of treatment.

We saw that some medication administration records (MAR) were duplicated and the same medicines had been signed for on both records, therefore we could not be sure that people had received the correct dose of medicines. When we checked some medicines in stock against the records we saw that there were more of some medicines than we expected. People may not have received their medicines as prescribed. Where people’s doses of

medicines had been changed by the prescriber we saw that entries had been altered on the MAR by staff. We saw that one entry had been crossed out and changed but not dated, signed by a second staff member or referenced to information from the prescriber. It was not clear when this alteration was made or if the change referred to both the morning and evening dose. The home’s policy for amending doses had not been followed.. When we looked at one person’s record we saw that they had been displaying some signs of a side effect of their medicine. This had been noted but a review by the doctor had not been requested.

The home had undertaken internal medicine audits and we were shown some of these. They were not regular or comprehensive. The audits that had been done had not picked up any of the issues we found with medicines in the service. We were therefore not assured that appropriate arrangements were in place to identify and resolve any medication errors promptly.

The above is a breach of Regulations 12(2)(g) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported our findings to the manager and area manager who said immediate action would be taken to improve the safe and proper management of medicines.

Staff we spoke with were able to identify the different kinds of abuse that could occur in a care home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. Staff confirmed that they had received training in how to safeguard adults. However, training records were not up to date and could not confirm this. We spoke with the manager about this and were informed that the home had recently changed the training system they used and there had been difficulties accessing staff training records. Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people and contained the necessary contact details.

At the time of our last inspection in November 2014, there were a high number of safeguarding alerts received by the Care Quality Commission (CQC). The local safeguarding

Is the service safe?

team had been working closely with other health and social care professionals to investigate the concerns and to implement an improvement plan. The CQC had regular contact with the local safeguarding team to monitor the safety and wellbeing of the people living at Murrayfield Care Home. During our inspection in September 2015, we noted that the number of safeguarding alerts had fallen.

The service had a whistleblowing policy and the majority of staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Individual risks to people had been identified and actions were in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool

and falls risk assessment. We also saw that risk assessments contained action for minimising potential risks such as falls, bed rails, and diabetes. The assessments included details of significant hazards, existing controls, the level of risk and details of further action required. Risk assessments were reviewed every six months or more frequently if required and were updated when there was a change in a person's condition.

During our inspection in November 2014, people who used the service and some relatives we spoke with had concerns about the staffing levels at the home. We also found that there were a number of care staff and nursing staff vacancies at the home. This inspection in September 2015 found that generally there were enough staff to meet the needs of the people living in the home. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. However, on the second day of our inspection we observed that the ground floor were short staffed during the morning. We spoke with the manager about this and she confirmed that staff had called in sick and therefore they had called an agency to provide cover on that day. The manager also

explained that the service had recently appointed permanent unit nurse managers for two floors and therefore each floor had a permanent nurse leading the floor and therefore there would be consistency of nurses in the home. We looked at the staff duty rota and saw that this correctly reflected the staff on duty on the days of our inspection. Two people who used the service, one relative and one member of staff said that there was a lack of staff during the night. We raised this with the manager who confirmed that she would look into this. The manager explained that if they were short staffed, cover was arranged.

We looked at the home's recruitment process to see if the required checks had been carried out before staff started working at home. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for nine members of staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition and there was a record of fire drills. There was a contract for maintenance of fire safety equipment. The home had a fire risk assessment and there was a document provided by the manager to confirm that all recommendations had been actioned.

The premises were generally well-maintained and clean. Some parts of the building such as the corridors and doors showed signs of wear and tear and the paintwork was damaged. The maintenance person said that these were in the process of being repainted and repaired. This was confirmed by a workman we spoke with. The home had an infection control policy and measures were in place for infection control.

Is the service effective?

Our findings

When asked what they thought of the home and staff, one person who used the service told us, “Very good. Little tiny giggles but nothing serious.” Another person said, “Staff are very good. They are helpful and listen to me.” The majority of relatives we spoke with spoke positively about the staff and the home. One relative told us, “Some of the care staff are marvellous” and, “impressed by most of them.” Another relative said, “Carers are good. Really good. They always make sure [my relative] is comfortable.” However, one relative said, “Staff are not particularly helpful, especially night staff.”

Some staff we spoke with did not understand the principles of the Mental Capacity Act 2005 (MCA) and they told us that they had not received training in this area. We raised this with the manager and she confirmed that she would look into this.

On the first day of our inspection we observed that during lunch on the second floor, staff put on food protectors (these are aprons designed to protect clothes from spillage whilst eating and drinking) for people without seeking their consent. We told the manager about this so that they could take action. However, this was the only time we saw a negative interaction between staff and people they were supporting.

During our inspection in November 2014, capacity to make specific decisions was not always being accurately recorded in people’s care plans and we saw blanket statements about people’s capacity rather than consideration of specific decisions they needed to make. During our inspection in September 2015 we found that care plans now included details about people’s capacity to make decisions. Such information was recorded in the “rights, consent and capacity needs” section of the care plan and was individualised according to each person’s needs.

In November 2014 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the home had not applied for the relevant safeguarding authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that an individual being deprived of their liberty, either through not being allowed to leave the home or by using a key pad which they would not be able to use, is monitored and the

reasons why they are being restricted is regularly reviewed to make sure it is still in the person’s best interests. Our inspection in September 2015 found the service was now meeting this regulation. We saw that half of the necessary applications had been made and the necessary paperwork was available. Following our inspection, the manager confirmed that the outstanding necessary applications had been made and therefore all applicable applications had been made to the relevant local authority.

Our inspection in November 2014 found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During the inspection, people were not positive about the food provided and we saw that the quality of food provided at the home was not up to an acceptable standard. During our inspection in September 2015 people had mixed reviews about the food. One person said, “I think its good food. You get a choice.” Another person said, “It’s (food) not too bad.” However, one person told us, “The food could be better. It is a bit bland but I can ask for alternatives.” Another person said, “The food isn’t good.” On the first day of the inspection there were two choices of menu for lunch. We looked at the food provided and it looked appetising and was presented well. We also spoke with relatives about the quality of food provided. The majority of relatives said that the food was good. One relative said, “The food is better than before.” Another relative said, “The food is very good.” However, one relative told us, “The food is not good. It could be improved.”

During our last inspection we saw that there was no choice of pureed meals for people on such diets. Our inspection in September 2015 found that this was still an issue and people did not get a choice if on a pureed diet. We discussed this with the manager and she acknowledged that this needed to be addressed. The manager also explained that the home had recently introduced pictures of foods that were on the menu so that people could pick what they would like to eat with the help of pictures and they were starting to use this on the second floor of the home.

On the first day of our inspection we noted that lunch was served approximately 45 minutes late and spoke with the manager about this. She confirmed that there was a delay because the fryer had stopped working that day and they were trying to repair it. On the second day of our inspection, we noted that breakfast on the ground floor

Is the service effective?

was not served until 10.20am. We spoke with one person who used the service and he told us, “Breakfast is usually late.” We spoke with the manager about this and she explained that the breakfast was served late on the day due to a lack of care staff that morning. She assured us that she would look into the issue.

During our inspection in September 2015, we were provided with a matrix detailing what training staff had undertaken. However, we noted that the matrix did not include details of all staff currently working at the home and was therefore not an accurate indication of what training staff had received. The service was unable to confirm what training each member of staff had received and what was outstanding and therefore it was not clear what training staff had received. Some staff we spoke with told us that they had received training, however some staff said that there were gaps in their training.

The home had not had a permanent manager for a significant period of time since our inspection in November 2014. We spoke with staff about this and they said that they generally felt supported by their colleagues. We received mixed views from staff about support they received from management, however they were positive about the new manager. One member of staff told us, “Now there is a unit manager some things are better. Things will get better” Another said, “I feel supported by the manager. She is very nice and approachable.” However, when speaking about the changes in management, one member of staff told us, “It’s hard to be positive” and “hard to feel secure.”

Whilst we saw that some supervision sessions had taken place recently, there was no evidence to confirm such supervision sessions took place on a regular basis and for all staff. Further, there was no evidence that staff had received annual appraisals about their individual performance. This was confirmed by staff we spoke with. Staff therefore had not had an opportunity to review their personal development and progress.

We did not see evidence that all staff were supported to fulfil their roles and responsibilities through regular supervisions and appraisals.

The above is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of people being seen by other healthcare professionals, including speech and language therapists, physiotherapists and dieticians when required. People and their relatives said they had good access to healthcare professionals such as dentists, chiropodists and opticians. At our inspection in November 2014 concern was expressed by both relatives and staff in respect of the difficulty people had in accessing a GP service. Our inspection in September 2015 found that this was still an issue. We spoke with the manager about this and she confirmed that they had raised this with the local Clinical Commissioning Group who were aware of the problems and were trying to find a solution.

Is the service caring?

Our findings

People told us that they were well cared for in the home. One person said, "I love being here. The carers are lovely." Another person said, "Staff pay attention and listen to me." Another person told us, "Staff are very good. They are helpful and they listen to me." Our inspection in November 2014 found that people did not always feel involved in making decisions about their care. During our inspection in September 2015, people told us that they felt involved with their care. One person said, "I feel involved in my care."

The majority of relatives we spoke with told us that they were confident that people were well cared for and said that they were consulted and involved in people's care. One relative told us, "Generally the care is good. Care staff are friendly and generally helpful." Another relative said, "The home itself does a great job. I am happy with the care." Another relative said, "Staff are very friendly, can talk to them."

Staff generally had a good understanding of the needs of people and their preferences. They were able to tell us about people's interests and their backgrounds. Care staff were patient when supporting people and communicated well with people. Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of each person.

Staff interacted positively with people, showing them kindness, patience and respect. People appeared relaxed and comfortable around staff. People appeared well looked after. One relative told us, "I appreciate that [my relative] is always wearing clean clothes and looks well looked after."

During the inspection in September 2015 we observed a person appeared distressed. Immediately two members of staff attended and tried to reassure this person. We noted that this person responded to the reassurances of staff.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One person said they respected the privacy of people and they would close the door when providing personal care.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. Relatives spoke positively about people's bedrooms. One relative said, "[My relative's] room is very nicely decorated" and another told us, "[My relative's] room is clean and comfortable."

We observed that there was guidance in the staff office regarding treating people with respect and dignity and promoting choice.

Is the service responsive?

Our findings

People who used the service told us they were happy to raise any concerns they had with the staff and management at the home. One person said, “I feel able to complain if I needed to.” Relatives also told us that they were kept involved with their relatives care and staff provided them with updates. One relative told us, “Management have an open door policy but the turnover of staff is high.” Another relative said, “I feel able to complain if I need to. The new manager is very approachable. No problems.” Healthcare professional told us that they had been working closely with the service and felt able to raise issues with the service.

Our inspection in November 2014 found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Inappropriate needs assessments and subsequent

admissions were putting people at risk of receiving care and treatment that was inappropriate and unsafe. Further the lack of specific information and instructions to guide staff on how to care for people also meant people were exposed to the risk of receiving inappropriate care and treatment.

During our inspection in September 2015 we saw that the home had made improvements in respect of the above.

During our inspection in November 2014, there were concerns that the service was admitting some people with complex mental health needs which staff at the service were unable to meet. As a result of this the service had written to all placing authorities and requested that these people’s placement at the service be reviewed. During the inspection in September 2015, we saw evidence that the service had taken steps to ensure that these people were being placed in a more appropriate service.

Care documentation included relevant risk assessments and written care plan. It detailed the care to be provided and included monthly reviews of care needs and updates to the care plan as needs changed. The care plans we reviewed indicated people’s care needs had been regularly assessed and any changes in their care needs had been documented. Some care plans included a “This is Me” document which gave a snapshot of the person’s care needs and their preferences. There was also information regarding peoples’ diverse background such as their

sexuality, culture and religion. There was a page titled, “My choice, My preferences” with information on people’s preferences and choices but lacked information regarding people’s likes and dislikes. We raised this with the manager and she explained that a new format of care plans were going to be introduced which would provide more information around people’s preferences. However, we noted that this had not yet been put into action.

During this inspection in September 2015, the majority of care plans contained specific information and instructions to guide staff on how to care for people. However, we witnessed care staff using ‘thick and easy’ for two people who used the service. ‘Thick and easy’ is a product designed to thicken foods and fluids for people who have difficulty swallowing. The amount that the care staff told us they used was not the amount detailed in the person’s care plan. We also noted that in one care plan, there was no guidance for staff about how much thick and easy to use.

People who used the service told us that there were activities available at the home and we saw that there was an activities timetable on each floor. One person said, “I play bingo and go to the football with staff.” Activities available included board games, reading, “pamper yourself” and bingo. There were two activity workers, who worked from Monday to Friday. We observed a church service was being held during the morning of the first day of the inspection and approximately 12 people attended. One relative told us, “There are enough activities going on.” Another relative said, “There are activities, always something going on.”

Staff responded promptly when people’s needs had changed. Staff told us that they were made aware of changes by communicating with one another through daily handover meetings. When changes occurred, care plans were reviewed and changed accordingly and we saw evidence of this.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. Information about how to make a complaint was on display in the home and the majority of relatives we spoke with told us that they felt

Is the service responsive?

able to complain if they needed to. We examined the last five complaints recorded and noted that these had been responded to promptly or were in the process of being dealt with.

We saw that meetings were held for people living at the home as well as relatives where they could give their views

on how the home was run. People and relatives we spoke with confirmed that they could attend these meetings if they wished to do so. They also advised that after meetings, they were provided with minutes of the meeting and details of action taken by the service in response to issues raised.

Is the service well-led?

Our findings

Our inspection in November 2014 found that quality monitoring systems and safety audits were not always effective or robust enough to identify problems within the service. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection on 11 and 14 September 2015 we found that the service had introduced a quality survey. This was an electronic quality survey. The manager explained that they asked people and relatives who visited the home to complete a questionnaire on the home's iPad and they did this so that feedback could be obtained on an ongoing basis. This information was then recorded on the home's system and any necessary action required was taken to rectify any issues. We saw evidence that this information was then analysed by the service in order to improve the service. Relatives we spoke with told us that they had completed a survey.

During the inspection in September 2015, we saw evidence that the service carried out medicine's audits, however we found that these were not comprehensive and failed to pick up the serious issues on the ground floor. We also noted that there was a lack of audits for other aspects of the care in the home. For example there was no evidence of audits in respect of infection control, staff files and housekeeping.

The lack of audits was a breach of Regulation 17(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with confirmed that there had not been a consistent manager in post since the last inspection in November 2014 and this caused concern for both people using the service and their relatives. One relative said, "Leadership is a problem. Why can't they retain managers?" Another relative told us, "It is not stable with different

managers." During our inspection in September 2015 we noted that a permanent manager had recently been appointed and she confirmed that she would be applying to the CQC to be the registered manager. People and relatives we spoke with spoke positively about the new manager. One relative said, "The new manager is very approachable. I have had no problems."

Staff we spoke with had mixed views about the morale within the home. Some staff said that the morale in the home was good but others said that morale could be better and that this had been affected by the constant change in management. Staff were however positive about the new manager. One member of staff told us, "The new manager is very nice and approachable." Another said, "Staff do seem happy with the new manager." All staff we spoke with told us that they did not worry about bringing any concerns to the manager.

During the inspection we spoke with the manager and the area manager and they were aware of the recent failings of the service and told us they were very committed to improving the standards at Murrayfield. The manager had implemented a number of systems to improve the service in line with the improvement plan developed by the local authority safeguarding team.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff told us they discussed issues during daily handovers.

Accidents and incidents were recorded and analysed to prevent them reoccurring.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular supervisions and appraisals.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found a breach of Regulation 17(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of audits and therefore it was not evident that the service was carrying out necessary checks to identify problems within the service.

This section is primarily information for the provider

Enforcement actions

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

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>There was a breach of Regulation 12(2)(g) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service was not managing medicines properly and this was putting people at risk. There were issues with recording of some medicines.</p>