

Four Seasons 2000 Limited

Murdoch House

Inspection report

1 Murdoch Road
Wokingham
Berkshire
RG40 2DL

Tel: 01189785423
Website: www.fshc.co.uk

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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

This inspection took place on 11 and 13 October 2016 and was unannounced. We last inspected the service in September 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Murdoch House is a care home without nursing that provides a service to up to 27 older people. The accommodation is arranged over three floors, with lift access to each floor and is close to Wokingham town centre. At the time of our inspection there were 23 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during this inspection.

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare.

People were mostly protected against environmental risks to their safety. During our inspection we found hot water temperatures were higher than the recommended temperatures to prevent scalding in all baths and two of the three showers. Once pointed out to the registered manager prompt action was taken to ensure people were safe from harm. Other premises risk assessments and health and safety audits were carried out and issues identified dealt with quickly. Furniture and fixtures were of good quality and well maintained.

People were protected by recruitment processes and staff were well trained. Staff had the tools they needed to do their work and provide good quality care. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

People received effective care and support from staff who knew them well. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed monthly or as changes occurred.

People received effective health care and support. They saw their GP and other health professionals when needed. Medicines were stored and handled correctly and safely. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they

were given choices.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People were aware of how to make a complaint and told us they would speak to the registered manager or one of the staff. They told us they could approach management and staff with any concerns and felt they would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service felt there was a good atmosphere and thought they were provided with a comfortable and homely environment to live in. Staff felt the service was well-managed. They told us the management were open with them and communicated what was happening at the service and with the people living there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met. The premises were bright and homely. The environment was designed and laid out to enable people to mobilise around the home independently where possible.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. They were able to enjoy a number of activities, based on their known likes and preferences.

The registered manager and staff helped people maintain relationships with those important to them.

People knew how to raise concerns and were confident any concerns raised would be dealt with and resolved.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management team and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Murdoch House

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 13 October 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 16 people who use the service, five of them in private, and one relative. We spoke with the registered manager, the deputy manager, three care staff, the maintenance person, the chef and the activity coordinator. We observed interactions between staff and people who use the service during the two days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from seven health and social care professionals and received responses from three.

We looked at four people's care plans, monitoring records and medication sheets, two staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the equipment safety checks, equipment service records, health and safety risk assessment, the fire risk assessment and the complaints, compliments and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local safeguarding procedure. All staff told us they would report to their manager, in line with the provider's policy, and were confident safeguarding concerns would be taken seriously by the management.

Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management. People felt safe living at the service. One person told us, "I feel safe here, they look after me well." Another commented, "I feel safe, they are very good."

People were protected from risks relating to their care and welfare. Care plans included risk assessments related to all areas of their care and support. Where a risk was identified, reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, risks related to the potential for skin breakdown, risks of inadequate food intake and risks of falls. Health and social care professionals felt the service, and risks to individuals, were managed so that people were protected.

There were sufficient numbers of staff deployed to ensure people's needs were met. The care staff team included the registered manager, deputy manager, seven senior care workers and six care workers. Additional staff included one administrator, one activity coordinator, one maintenance person, two chefs and three domestic staff. Staffing levels at the time of our inspection were the deputy manager or a senior and two care workers during the day shift. Overnight there was one senior and one care worker, with a member of the management team on call if needed.

During our observations in the dining rooms at lunchtime there were ample staff available to assist people eating their meal, where needed. There were also sufficient staff available at other times. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care. People told us staff were available when they needed them and didn't rush them when providing support. One person commented, "When they are helping me they go at my pace." Staff members felt there were usually enough staff on duty at all times to do their job safely and efficiently.

Accidents and incidents were reported to, and investigated by, the registered manager. Records were clear and included actions taken to reduce any risk. The reports were also entered on the provider's internal computer system, where they were monitored by the area manager. The provider's health and safety area manager was notified of incidents that were more serious. The system was robust and ensured that any patterns or themes of incidents were identified and dealt with appropriately.

People were mostly protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. The hot water on three baths and two of the three showers was found to be above the

Health and Safety Executive's recommended safe temperature levels of 44°C. Records in each bathroom showed staff always checked the temperatures before people got into the bath and no people had been harmed. However, we pointed out the high temperatures to the registered manager and prompt action was taken to make sure the water from the bath hot taps was not above the recommended temperature. The bath thermostatic mixing valves were checked and adjusted where necessary and staff were allocated to supervise people having showers until the shower units could be replaced. We were told after the inspection that new shower units were being fitted 24 October 2016. The provider monitored other risks and we saw up to date equipment servicing certificates, fire safety checks and the gas safety certificate. The passenger lift had been serviced in September 2016. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example evacuation plans in case of emergencies.

People were protected by the provider's recruitment processes. Staff files included the recruitment information required of the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines.

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained. Health and social care professionals felt the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

People felt staff had the skills they needed when supporting them. One person told us, "They are very good indeed. I think they are correctly trained." Ongoing staff training was monitored. We saw staff were up to date in training the provider deemed as mandatory. The mandatory training included: fire, first aid, moving and handling, infection control, care of medicines and safeguarding vulnerable adults. Staff were also provided with training specific to the people they supported. For example, a local community nurse had provided training on Parkinson's Disease. Staff felt they had been provided with training they needed to deliver good quality care and support to the people living at the service.

Staff were supported to obtain additional qualifications. Of the 14 care staff, nine held a National Vocational Qualification (NVQ) level 2 in care and two held an NVQ level 3.

People benefitted from staff who were well supervised. Staff had one to one meetings (supervision) with their manager to discuss their work six times a year. Staff felt they were well supported by the management and confirmed they had yearly performance appraisals of their work carried out with their manager.

People told us staff asked their consent before providing any care or support. One person told us, "They explain and ask for permission to carry on." During our inspection we saw staff asking consent from people before offering any help or support. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. Managers had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. The registered manager had assessed people living at the service and, where applicable, had made a DoLS application to the local authorising body appropriately.

People received effective health care and support. People confirmed they could see their GP and other health professionals such as dentists and opticians when needed. Care plans and daily notes showed that specialist health professionals were consulted as necessary, and that any advice given was followed. Staff recorded in the care plans where issues had been identified, for example by recording on body map pictures

the location of bruises or grazes. Health and social care professionals felt the service supported people to maintain good health, to access healthcare services and to receive ongoing healthcare support.

The premises were clean and bright and furnishings and fittings were of a good quality. The majority of people living at the service were able to mobilise independently or with the aid of walking frames. People were able to mobilise with ease around the communal areas and their rooms, and the outdoor areas were also accessible and safe for them to use. Additional adaptations had been made to the outdoor area with the provision of raised flower beds to enable people to continue a previous interest in gardening.

People told us they enjoyed the meals at the service and confirmed they were given choices. One person told us, "The food is absolutely lovely. [There is] plenty of it." People confirmed there were alternatives available if they did not want the choices offered and we saw snacks were available throughout the day if wanted. Staff weighed people every month and used a malnutrition screening tool to identify people at risk. Where problems had been identified, people were weighed weekly and staff kept records of what people had eaten and drunk, providing fortified meals when needed. Referrals to a dietitian would be made by the GP if required. On both days of our inspection we saw people were enjoying their lunch, which was served hot and was well presented on each day.

Is the service caring?

Our findings

People were treated with care and kindness. Comments made by people when asked if staff were caring included, "The staff here are great.", "I love them all, they are very good." and "The carers are all very good. They care with affection." Health and social care professionals told us they felt staff were successful in developing caring relationships with people living at the service. During our inspection the atmosphere at the service was inclusive and happy and the care staff were chatting and laughing with people. People felt staff listened to them and acted on what they said. They also told us staff knew how they liked things done and did them that way.

People were involved in the day to day life of the service and information was available so people knew what was happening. The notice board contained information for people. For example, the latest activity schedule for that week. People were able to attend resident and relatives meetings, which were held four times a year. The minutes for the last two meetings showed that people were asked for, and gave, suggestions relating to the home and activities. Action had been taken to explore the possibility of a coach outing, which had been a suggestion at the May meeting.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were quick to react if anyone needed help or support. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and support people's independence. People felt staff encouraged them to be as independent as possible. During our inspection we saw staff worked with people at their own pace and never hurried them or did things for them they could do themselves.

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. One person told us, "Staff are always respectful." and another said, "They treat me with the greatest respect." Health and social care professionals felt the service promoted and respected people's privacy and dignity.

We saw examples of many complimentary cards and feedback from relatives and people using the service. Some of the comments from relatives included, "Many thanks to all the staff who made [name] so happy...", "Thank you for the wonderful care you gave to my mum.", "To all the staff at Murdoch House. Thank you for taking such good care of [name]." Comments from people who had stayed at the home for a respite break included, "Thank you for your care and kindness during my stay with you." and "With my thanks for your care and kindness during my stay. I hope to see you all again."

People's right to confidentiality was protected. All personal records were kept securely. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Health and social care professionals felt the service provided personalised care that was responsive to people's needs.

Each person had a care plan that was based on a full assessment carried out prior to them moving to the service. People's likes, dislikes and how they liked things done were explored and recorded in the pre-admission assessment form and used to develop their care plan after admission. The care plans were individualised to each person and staff were skilled in delivering person centred care. People's needs were monitored and care plans were reviewed and updated as changes occurred. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals via the GP.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the service and were offered hot drinks during their visit. Quieter areas of the service were available where people and their visitors could sit away from communal areas. For example, there were smaller seating areas around the communal lounge and a separate conservatory. The garden had a number of seating areas for people and their visitors to sit in warm weather.

People had access to a busy activity schedule and local community outings. The provider employed an activity coordinator who oversaw activity provision at the home. Activities included films, 'knit and natter', musical bingo, quizzes and gardening. People's birthdays were celebrated and special occasions or holidays were marked with an activity. One to one time was also scheduled with individual people where they could choose what to do. Time was also allocated for people to go out in the local community with a member of staff. The service was within walking distance of Wokingham Centre and people often went into the town on their own or with assistance if needed. On the days of our inspection people were fully occupied in activities that were meaningful to them. One person had a particular interest in gardening and, along with other people and staff, had been a key member of the team responsible for the home winning the silver prize in the local 'Garden in Bloom' competition. One health and social care professional told us, "The activities organiser has always seemed extremely enthusiastic about the work... there is an excellent (and up to date) activities board to show what they have been doing."

People were aware of how to raise concerns and told us they would speak to one of the staff or registered manager. There had been no formal complaints made to the service in the past year. Where any issues were raised on feedback forms these were dealt with at the time of the feedback and recorded. The registered manager felt this system enabled the service to address minor concerns before they became complaints. Staff were clear on the actions they should take if anyone raised concerns with them. People told us they were confident any concerns they raised would be listened to and acted upon.

Is the service well-led?

Our findings

The service had a registered manager in place and all other registration requirements were met. The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. All records we saw were up to date, fully completed and kept confidential where required.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff told us they got on well together and that management worked with them as a team.

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the service. Those meetings included quarterly residents and relatives meetings. Other meetings included staff handover meetings each shift and three monthly staff meetings. Monthly news updates were posted on their website and the notice board by the entrance hall was kept up to date with what had been happening at the service.

The provider had introduced a new feedback system, rather than carrying out a yearly survey. The system was computerised with an easy to use, portable hand held tablet computer that connected to the system wirelessly. People who use the service, their relatives, visitors and visiting health and social care professionals were encouraged to give feedback whenever they visited. Any negative results were then passed to the registered manager to deal with immediately. Positive feedback was noted and went towards a continuous feedback oversight of the service. There had been 17 comments left by relatives and people living at the service during 2016. Those comments were all positive with all saying they would be "extremely likely" to recommend the home. Two of the 17 respondents said the management of the home was "good" and the remaining 15 stated the management of the home was "excellent".

The provider had a number of quality assurance and health and safety checks and audits in place. The maintenance team dealt with those related to the premises, utilities and equipment, such as hot water temperatures, water safety checks and fire safety checks. When we identified issues related to high bath and shower hot water temperatures that had not been dealt with, the registered manager told us she would add auditing of those records to her regular checks. The registered manager and management team dealt with other audits and checks such as the registered manager's daily walk round checks, care plan audits, medicines audits and weekly weight audits. The registered manager and deputy oversaw staff supervision, annual staff appraisals and staff training. Food safety checks were carried out by the chefs. The service was awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 1 July 2016. Other audits were undertaken by the area manager and covered all aspects of the running of the service.

People felt there was a good atmosphere at the service. One person commented, "There is a good, cheerful atmosphere here. We have a good laugh." and another said, "The atmosphere here is brilliant, very happy." People felt the service was well managed with comments made including, "[The registered manager] does it

well I think. She has it under control.", "I think [the registered manager] does manage it well. It's difficult but she does it." and "I'd say that [the registered manager] does a good job here. I think so, certainly. I am very happy here, I am always smiling."

Staff felt the service was well managed and felt the management team supported them. Health and social care professionals felt the service demonstrated good management and leadership and delivered high quality care. One professional commented, "I have always had the impression that the [registered] manager knows all the residents well and is respected by the staff." and another said that the management, "has a good working relationship with the local surgery and district nurses." They also commented that the service worked well with the new Rapid Response and Treatment team. This is a new service introduced by Berkshire Healthcare NHS Foundation Trust in December 2015 to reduce acute hospital admissions from care homes. This has made it possible for people, when ill, to stay at the service wherever possible, rather than being sent to hospital for assessment and treatment.

People benefitted from a staff team that were happy in their work and from living in a service that had an open and friendly culture. People felt staff were happy working at the service. One person said, "Yes, very happy. They are always pleasant, smiling and laughing. They are very good, I like them." Staff told us they enjoyed working at the service and felt supported by the management and their colleagues. They felt encouraged to make suggestions and felt any suggestions for improvement were listened to and taken seriously. One staff member commented, "I love my job." Another comment made was, "[The registered manager] is a really good manager. I know I can talk to her about anything. She praises us all the time."