

# Four Seasons 2000 Limited

# Murdoch House

## Inspection report

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09 December 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Murdoch House is a care home without nursing that accommodates up to 25 older people in one adapted building. The accommodation is arranged over three floors, with lift access to each floor and is close to Wokingham town centre. At the time of the inspection, there were 13 people living at the service

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

The service had ensured that policies were now in place for when required (PRN) medication, meaning there was clear guidance for staff to follow. People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people and regular maintenance checks of the home were undertaken. 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.

The service had an open and transparent way of working to ensure the safety of the people living there. The provider was able to demonstrate that quality assurance systems had improved to ensure the quality of the service was maintained. People felt there were enough staff at the home and felt safe living there. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 22 July 2019) where one breach was identified: Regulation 12 (safe care and treatment). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced focused inspection of this service on 9 December 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The provider has taken action to mitigate the risks and if this has been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Murdoch House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Murdoch House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and inspection manager carried out this inspection on 9 December 2020.

#### Service and service type

Murdoch House 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

We gave the registered manager a short period notice of the inspection as we wanted to be assured that no one at the home was symptomatic considering the current COVID-19 pandemic.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also sought feedback from professionals who work with the service and received one response.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who use the service about their experience of the care provided. We spoke with three members of staff including the registered manager, and a senior carer.

We reviewed a range of records. This included four people's care records and medication records, four staff files in relation to recruitment and staff supervision, maintenance records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four family members and six members of staff to gain further feedback about the service. We also contacted three further professionals. We looked at further training data and quality assurance records and policies and procedures sent to us after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had not ensured care and treatment was provided in a safe way. They did not ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Detailed and individualised 'when required' (PRN) medication guidance was in place to give guidance to staff about when people would need to be given the medicines.
- Only trained, senior care staff were administering medication and their competencies were reviewed annually by both the provider and by an external assessor.
- Where people received medicines requiring additional monitoring, the medicine administration records (MAR) chart were signed by two staff administering the medicine as per the provider's medicine policy.
- We reviewed people's MAR charts and no recording gaps were seen. Staff supported people to take medicines at the correct time.
- Medicines were stored securely in a locked medicine trolley and checked by the senior staff daily; this was regularly reviewed by the management team. We reviewed the stock of specialised medicines kept in a separate locked cabinet and accurate records had been kept regarding these medicines.

### Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding training. Staff were aware of what actions to take if they felt people were at risk of harm including how to contact organisations such as the local authority safeguarding team.
- Staff knew how to recognise abuse and protect people from the risk of abuse. One staff member said, "I would inform the manager and complete an [accident report]. If necessary, I would talk to the regional manager and know I can also contact the Local Authority and CQC". Staff reported they felt confident the management team would act on any concerns reported to ensure people's safety.
- People felt safe in the home and liked the staff who supported them. One person said, "I feel safe here and the staff are very friendly... I feel listened to". Relatives also agreed and felt their family members were safe.
- When safeguarding concerns were raised, the registered manager had dealt with them appropriately and recorded all actions taken.

## Assessing risk, safety monitoring and management

At our last inspection we recommended the provider arrange training for staff completing care plans in line with current best practice on writing care plans and determining appropriate prevention measures and outcomes. The provider had made improvements.

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded and had improved since the last inspection.
- During the inspection, we found one record that did not clearly state in the tool what action staff should take to support the person to gain weight sufficiently. However, a staff member was able to show another person's tool that had been completed accurately. The registered manager took immediate action to ensure that the other person's risk assessment tool was updated with the relevant information to inform staff on what actions they should take to encourage weight gain for the other person.
- The provider had arranged for a staff member to come across from another of the providers services to improve consistency with clear prevention measures and outcomes within the risk assessments.
- A COVID-19 policy had been introduced to protect residents and staff and a business continuity plan was in place to ensure people were supported in the event of emergency.
- Risk assessment and equipment checks were in place to ensure a safe environment was maintained for people to receive safe care. The maintenance team, along with staff, monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards. Any concerns found by staff were brought to the maintenance team and the registered manager.

## Staffing and recruitment

- We reviewed four staff recruitment records. They contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- Due to the current pandemic, the number of suitable staff on each shift was currently maintained at a level above that shown to be required by the provider's staffing needs analysis. This enabled staff to spend more time engaging in meaningful interaction.
- Both staff and people felt that there were enough staff on a day to day basis to support people's needs. Staffing numbers were also regularly reviewed by the regional management team and the registered manager.
- We saw staff responded to people's request in a timely manner for support during the day of the inspection.

## Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- Appropriate measures were in place regarding infection control. We observed dedicated staff ensured the service was kept clean, tidy and odour free.
- Staff were observed to be wearing appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- All staff had received training in infection control and followed the provider's policies and procedures.
- A legionella assessment had been completed within the last 12 months and where recommendations had been made, the registered manager was able to provide documentation to show the actions undertaken to meet the recommendations.

## Learning lessons when things go wrong

- There was a policy in place for recording accidents and incidents and this was up to date. The registered manager explained how incidents and accidents would be investigated and how staff completed 'lessons learned' to prevent recurrences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider sought advice and guidance from a reputable source about Regulation 20: Duty of Candour and ensured their policies were in line with this regulation to meet the requirements at all times. The provider had made improvements.

- The registered manager was able to provide evidence that action taken in relation to the Duty of Candour regulation was now effective. For example, a fall had taken place within the home in October 2020, the registered manager had written to the relevant persons and provided evidence of the investigation undertaken along with a written apology.
- People were supported to access health services for routine care or to have injuries treated. Any changes to people's care needs were documented in their care plans to ensure they were kept up to date.

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

- The registered manager had ensured there was an open, transparent and positive culture at the service. Staff felt listened to and supported. One staff member said, "Management is very supportive, and I am happy to go to them at any time...they have supported me with my extra needs, and I would feel confident that they would listen to any concern I raised."
- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed having friendly and open conversations with people.

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

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular review of documents including Medicine Administration Records (MAR), care plans, incidents and accidents and maintenance checks e home.
- 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 safety and quality of care provided.

- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager reported that people or the relevant person were involved within their care. We asked relatives 'Have you and your relative been asked your opinion about how things are run?' One relative said, "My [relative] is regularly involved... they [management] go above and beyond".
- The registered manager held regular meetings for people using the service to listen to and gather any views or concerns they had. One person said, "We have regular meetings to discuss anything we like...there are 'you said we did' boards in areas to see what has been done".
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meeting.
- Where any incidents or accidents had occurred and learning was needed, this was also seen to take place at team meetings as appropriate.

Working in partnership with others

- The service worked in active partnership with professionals such as GPs, social workers, community nurses and the local authority. One professional said, "The care home co-operates with me and my staff whenever we request their input...If [ the registered manager] has ever had any medical queries or concerns, [they] have always contacted me promptly via email or phone."
- Any actions to be taken following contact with a professional were clearly documented within the person's care plan.