Royal Borough of Kingston upon Thames

Murray House

Inspection report

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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

Murray House is a local authority run care home that can provide permanent or short stay respite or hospital discharge rehabilitation assessments (between six to eight weeks) for up to 38 people. The service specialises in supporting older people living with a range of health and social care needs, including dementia, who require varying degrees of personal care and support. At the time of our inspection because the service was not accepting any permanent admissions there were only 12 people living at the home either permanently or on a temporary basis.

At the last Care Quality Commission (CQC) inspection of this service in May 2015, although we rated them 'Good' overall, we rated them 'Requires Improvement' for the key question 'Is the care home safe'. This was because the provider had failed to store substances hazardous to health safely, which meant the people living at the home had been placed at unnecessary risk of harm. We undertook a focused inspection in November 2015 to check the provider had taken appropriate action to resolve this issue and found they met legal requirements. At this inspection we found the service continued to meet the regulations and fundamental standards and therefore remains rated 'Good' overall.

The service had a registered manager in post who had returned to work in June 2017 after being on maternity leave for the past year. In the registered manager's absence the service's deputy manager had been in operational charge of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When people were nearing the end of their life, they received compassionate and supportive care. However, staff had not received any end of life care training. We discussed this with the registered manager who agreed to arrange for staff to attend this training to help them meet the needs and wishes of people nearing the end of their life. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

People received personalised care that was responsive to their individual needs. Each person had a comprehensive and individualised support plan that encompassed all aspects of their lives. This set out clearly for staff how they should be meeting people's needs and wishes. This meant people were supported by staff who knew them well and understood their personal and health needs, food and drink preferences and social interests. Staff encouraged people to actively participate in meaningful leisure and recreational activities that reflected their social interests and wishes, and maintain relationships with people that mattered to them. In addition, the Eden Alternative Foundation recently accredited Murray House for its innovative work providing older people who lived there with person centred and fulfilling care and support. The Eden Alternative is an internationally recognised Foundation that promotes person centred care, independent living skills and accessing meaningful social activities for older people.

People remained safe at Murray House. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Although there had been a reduction in staffing levels there continued to be enough staff on duty to keep people safe. Medicines were managed safely and people received them as prescribed.

Staff continued to be suitably trained and received all the support they needed to perform their roles effectively. People were supported to have enough to eat and drink to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

People continued to be treated with dignity and respect by staff. People's privacy was maintained particularly when being supported by staff with their personal care needs. People were supported to have maximum choice and control of their lives and staff helped them in the least restrictive way possible.

The registered manager and deputy manager continued to provide good leadership and led by example. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service was exceptionally responsive. People received excellent person centred care from staff who promoted each person's health, well-being and choices.

People had an up to date, personalised support plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests. People were involved in discussions and decisions about their care and support needs.

People were actively encouraged to participate in social activities that were meaningful and reflected their social interests.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service remains Good.

Murray 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 checked 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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good approximately every two years. This inspection took place on 6 September 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider 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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During our inspection we spoke with six people who were living at the home, the registered manager, the deputy manager, a senior team leader, three care workers, the activities coordinator and the cook. We also undertook general observations of staff interaction with the people who lived at Murray House throughout the day. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records we looked at included five people's support plans, which included two for people on short stay assessment placements, a range of staff files and other documents that related to the overall governance of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Murray House. One person said, "The staff keep an eye on us and make sure we're alright."

People continued to be protected from the risk of abuse or harm. Since our last inspection all staff had received refresher annual training in safeguarding adults at risk. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Records indicated safeguarding was a fixed agenda item at monthly individual and group staff meetings, which was confirmed by managers and staff we spoke with.

Measures were still in place to reduce identified risks to people's health, safety and welfare. Managers assessed and reviewed risks to people due to their specific health care needs. Risk management plans were still in place for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. For example, this included falls, moving and handling and nutrition. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, staff followed individual guidance when supporting people to transfer safely using a mobile hoist.

There continued to be enough staff to keep people safe despite a reduction in staffing levels since our last inspection. This was because the decrease of one member of staff on duty per shift during the day reflected the decrease in the overall number of people permanently living at the home. The registered manager told us although on average nine new people at month came for short stay respite or a six to eight week hospital discharge rehabilitation assessment, the service had not accepted any new permanent admissions since our last inspection. This meant over half the service's bedrooms were continuously vacant and therefore they did not need so many staff on duty during the day.

Throughout our inspection we saw staff were always visible in communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. We saw the staff rota for the service was planned a week in advance and took account of the level of care and support people required in the home. The service's approach to planning staffing levels was flexible and additional staff were arranged when needed. The registered manager gave us a good example of how they had temporarily increased staffing levels to meet the needs of someone receiving respite care who required two staff to help with their mobility.

The provider continued to have suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, people had personal emergency evacuation plans which explained the help people would need to safely leave the building. Staff demonstrated a good understanding of their fire safety role and responsibility and told us they received annual fire safety refresher training.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in

relation to the home's fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health continued to be safely stored in locked cupboards when they were not in use.

Medicines were being managed safely. Support plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines administration records (MARs), which included a Controlled Drugs register, were appropriately maintained by staff who managed medicines on behalf of the people living at the home. For example, there were no gaps or omissions on these medicines records, which indicated people, received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to do this was assessed annually. A medicines audit undertaken by a community pharmacist in June 2017 indicated they were satisfied the service's medicines management was safe.

Good

Is the service effective?

Our findings

Since our last inspection the provider had maintained a rolling programme of training and support for staff to help them to meet people's needs. Records showed in the last 12 months staff had refreshed their existing knowledge and skills in a range of topics that were relevant to their roles. This had included training in dementia awareness, moving and handling, food hygiene, equality and diversity and infection control. Staff spoke positively about the on-going training they had received. One member of staff told us, "It's compulsory for all of us [staff] to keep our skills up to date and attend the annual refresher courses."

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended monthly one-to-one supervision meetings with their line manager and group meetings with their fellow co-workers. Staff's overall work performance was also appraised annually by their line manager. Staff told us at these meetings they were encouraged to reflect on their working practices and how they were helping people to achieve good outcomes as a result of the support they provided. Their learning and development was also discussed to check they were up to date with the knowledge and skills required for their roles. It was clear from staff member's comments they felt supported by their managers and the senior staff team.

People said staff enabled them to make choices and decisions and sought their consent to support them. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and documented in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the Act. The registered manager had assessed where a person may be deprived of their liberty. Some people living at Murray House were unable to access the community unaccompanied. DoLS applications made to deprive people of their liberty had been authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink. People typically described the food and drink they

were offered at the home as "good". Feedback included, "The food is lovely. Always tastes great and there's plenty of it", "The cook asks us every day what we would like to eat for breakfast, dinner and tea" and "I chose to have the roast beef for my lunch today, which is my favourite. The cook does a good roast." We saw support plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. The cook demonstrated a good understanding of people's specific dietary requirements and food preferences, which staff respected. For example, during lunch we saw the cook had prepared a vegetarian meal for one person whose support plan indicated they did not eat meat and make another person boiled potatoes instead of roast potatoes because they had expressed a dislike for them.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and had regular check-ups with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Outcomes from these were documented and shared with staff so that they were aware of any changes or updates to the support people required. Staff remained alert and acted quickly when people became unwell or needed additional assistance with their healthcare needs.

Good

Is the service caring?

Our findings

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their support plan. This included conversations with people, and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances.

However, records indicated that staff had not received any end of life care training, which was confirmed by the registered manager. Staff told us they felt would benefit from receiving this training to help them meet the needs and wishes of people nearer the end of their life. We discussed with the registered manager who agreed to arrange for staff to attend end of life training. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

People told us they were happy living at Murray House and typically described the staff who worked there as 'nice'. One person said, "I can't fault the place…The staff treat me so well." Another person remarked, "Staff are all nice… They're [staff] lovely." We also saw the service had received a number of written compliments from people's relatives since our last inspection. One person wrote, "Thank you for looking after my [family member] so well. I'm sure you [staff] prolonged her life and made her last day's happy ones."

We observed positive relationships had been built up between staff and the people living in the home, including people on short stay placements. For example, people looked at ease and comfortable with the staff during our visit. We saw staff responded promptly to people's questions or requests for assistance and always spoke to people in a kind and caring way. For example, during lunch we saw staff frequently checked in a polite and friendly manner if people were enjoying their meal or needed anything.

People's privacy and dignity continued to be respected and maintained. It was clear from discussions we had with staff that they recognised the importance of upholding people's privacy and dignity. We observed staff knock on doors and seek people's permission to enter before doing so, address people by their preferred name and ensure toilet and bathroom doors were kept closed when they were supporting people with their personal care.

People's diverse cultural and spiritual needs and wishes were respected and met in an appropriate way by staff. One person told us, "Staff help me to attend services at my local Catholic church three times a week which is what I asked to happen when I first moved here." Information about people's ethnicity and spiritual needs were included in their support plan. We observed the cook prepare a meal for the person that reflected their specific religious dietary needs and wishes. Religious leaders from various faiths regularly visited the home to support people to meet their spiritual needs and wishes. The registered manager gave us a good example of how they had arranged for an interpreter to help one person whose first language was not English participate in the process of developing their support plan.

Staff continued to support people to build and maintain the skills they needed to remain as independent as

they could. One person told us, "I've been independent all my life and the staff here do respect that. I still get myself dressed in the morning and walk downstairs for my meals. Another person said, "As long as I tell the staff they're happy for me to go out to the pub with my [relative] sometimes." We observed staff asking a person if they wanted help walking to the dining room for lunch, but the person declined and staff respected their wishes and did not intervene. Support plans set how they wished to be supported to increase their independence in managing daily living tasks such as their personal care and hygiene, dressing, cleaning their room, laundry, shopping and watering plants.

Good

Is the service responsive?

Our findings

People remained active and participated in activities and events of their choosing that meet their social interests and needs. People told us they really enjoyed the activities they could choose to join in both at the home and in the local community. Typical feedback we received included, "I told the staff I liked gardening so they built some raised planting beds in the garden for us to grow our own fruit and vegetables and bought me a hose to water them", "I'm going out next week in the minibus with the activities person to visit a local farm, which I'm really looking forward to. I do like the day trips they organise here" and "The activities coordinator is fantastic. She's definitely the life and soul of the place."

Since our last inspection the home's long serving activities coordinator had been presented with an international award from The Eden Alternative Foundation for their innovative work developing meaningful person centred social activities at Murray House. The activities coordinator gave us several good examples of fulfilling, person centred activities they had introduced as a result of finding out what people's social interests were. This included having children regularly visit the home, creating easy to access raised beds to grow fruit and vegetables, gentle exercise classes, sing-alongs, quizzes, reminiscence groups, film presentations, and a range of community based activities that included trips out to local parks, cafes, pubs, shops and farms. During our inspection we observed the activities coordinator and staff initiate a number of activities including a discussion group, a drawing class and a Hymn listening session. People who chose to participate in these activities seemed to enjoy them. We saw the home's designated activities room was well resourced with all manner of games, art and crafts materials and a shop where people could buy things.

It was also evident from support plans we looked at and comments we received from the activities coordinator they ensured people who liked to spend time on their own also had opportunities to engage socially with staff in their bedroom. They explained the rationale behind this was to mitigate the risk of these people becoming socially isolated.

People's needs were assessed and care was planned and delivered in line with their individual support plan. People continued to be actively involved in discussions about the level of support they required and were encouraged to make choices and decisions about this. This was evident in people's support plans which were personalised and contained highly detailed and clear information about their needs, strengths, social interests, food preferences, life history, who was important to them and how they wanted their personal care to be provided. For example, morning routines were documented which included what time the person liked to wake up, what they liked to have for their breakfast, and if they needed support getting washed and/or dressed. The level of detail we found in support plans meant that new staff could build up a clear picture of who each person was, what support they needed and what they could do for themselves. Staff we spoke with demonstrated a very good understanding of the specific needs of people and explained to us in detail the support people required and why.

Staff routinely reviewed the support people received to ensure this continued to meet their needs. People and their designated key workers were actively involved in these reviews. This was done monthly or sooner if there had been a change in people's needs. Where changes were identified, people's plans were updated

promptly and information about this was shared with all staff.

Staff were also knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. For example, staff were able to tell us about people's daily routines, what their social interests were and what they liked to eat and drink. During our inspection we saw staff had given a person a specific beverage they liked to have at a certain time of the day, which was clearly stated in their support plan. Each person had a keyworker. This was a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected. Several staff told us key working had helped them build positive caring relationships with people and to get to know them well.

People were given choices about various aspects of their daily lives and constantly consulted by staff about what they wanted to do. People told us staff supported them to make choices every day about the clothes they wore, the food they ate and social activities they participated in. Three people told us the cook invites them every day to choose what they would like to eat at mealtimes. Throughout our inspection we observed the cook staff ask people what they wanted to eat for their lunch that day.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Good

Is the service well-led?

Our findings

The service has a registered manager in post who knew the people who lived at the home well. They demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

Murray House had an effective management structure in place. The registered manager was supported by a deputy manager who had been in day-to-day charge of the home for a year while the registered manager had been on maternity leave. They were also supported by three other senior staff members who had a range of responsibilities including dementia awareness, medicines management and infection control. The staff team were caring and dedicated to meeting the needs of the people living at the home.

The provider valued and listened to the views of staff working in the home. Staff spoke favourably about both the registered and deputy manager's leadership styles and said the managers worked well as a team and were always available to offer them any advice and support they might need. One member of staff told us, "The managers are amazing here. Very approachable and supportive. I couldn't wish for better managers." Managers, senior staff, care staff and catering/domestic staff all had monthly meetings with their peers where they were able to contribute their ideas. The service also had an annual team day which was open to everyone who worked at the home. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home. Staff also shared information through daily shift handovers and a communication book.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home, their relatives and professional representatives. The provider used a range of methods to gather these people's views which included a suggestions box, monthly residents' meetings and stakeholder satisfaction surveys. All the satisfaction surveys that people living in the home, their relatives or health and social care professionals had completed since our last inspection were complimentary about the standard of care provided at Murray House.

The provider continued to have appropriate arrangements in place to monitor the quality and safety of the service people received. For example, we saw monthly 'Your care' checks were conducted by an independent auditor who routinely looked at random samples of people's support plans and associated risk assessments, Deprivation of Liberty Safeguards (DoLS), medicines management, fire safety and complaints. Other governance records indicated that in addition to the checks described above the registered manager audited staff training and support records every two months. Senior staff told us medicines records were checked daily. We saw where any issues had been identified or feedback received from people as part of any of the audits described above, an annual action plan was always developed by managers that stated clearly what the service needed to do to improve.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Support plans showed how the service engaged with other healthcare agencies

and specialists to respond to people's care needs and to maintain people's safety and welfare. An example of this was the organisation's recent accreditation by the Eden Alternative Foundation which recognised the person centred care and meaningful support the people living at Murray House were provided.