

Murreyfield Lodge Limited

Murreyfield Care Centre

Inspection report

342-344 Beverley Road
Hull
North Humberside
HU5 1LH

Tel: 01482492778

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Murreyfield Care Centre is registered to provide accommodation and personal care to adults who may be living with mental health needs, a learning disability or dementia.

The service supports up to 23 people and there were 18 people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because people received person-centred care and where possible people were supported to access leisure and education services in the community. The service applied the principles and values of Registering the Right Support which supported people to achieve the best possible outcomes and live a full and meaningful life.

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

Since the last inspection, the provider had implemented systems to monitor the safety and quality of the service. Improvements were evident, though some shortfalls continued to be found in records and risk monitoring. For example, hot water temperatures were too high. We have made a recommendation about monitoring systems.

People's medicines were administered safely, care plans contained appropriate guidance and systems were in place to protect people from abuse. Staff understood what to do in the event of a fire and the support people needed.

The provider's recruitment processes helped ensure only suitable staff were employed. Staffing levels were safe. However, they were lower at evenings and weekends which meant staff had less flexibility to support people. We have made a recommendation about staffing.

Staff had the relevant skills and knowledge. They supported people appropriately to meet their needs and access healthcare services. People were happy with the support they received. They were offered a healthy diet and alternative options which met their dietary needs.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, inclusion and developing people's independence.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 8 January and 24 January 2020. Breaches of legal requirements were found, which included safe care and treatment, staffing, fit and proper persons employed and good governance.

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, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Murreyfield Care Centre on our website at 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Murreyfield Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was completed by one inspector.

Service and service type

Murreyfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced from outside of the service. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

What we did before the inspection

We used information we received about the service and information the provider had sent us since the last inspection. We sought feedback from the local authority. 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

This inspection was carried out by conducting a site visit, speaking to staff and relatives remotely and reviewing various records remotely. We spoke with two people who used the service and two relatives. We spoke with eight staff members including four care staff, the cook, the activities co-ordinator, the registered manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's full care records, four people's care records in part and three people's medicine records. We looked at three staff files in relation to recruitment. We reviewed a range of records and policies regarding the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to identify, assess and mitigate risks and ensure the 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.

- People's medicines were administered as prescribed.
- Systems were in place to monitor the side effects of medicines.
- Protocols were now in place and contained appropriate details to guide staff when to administer 'as and when required' medicines.
- Medicines were stored securely with temperature monitoring in place.
- Staff understood what to do in the event of a fire and participated in regular fire drills.
- Water temperatures were found to be above safe temperature limits and placed people at risk of scalds. We raised this with the provider who addressed the risk immediately.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures to ensure staff were of good character. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.

- Recruitment processes were safe. The provider followed their recruitment processes and completed appropriate employment checks.

At our last inspection the provider had failed to ensure there were sufficient numbers of skilled and competent staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff were recruited for specific roles which supported care staff to provide support in a timely way. Since the last inspection, the provider had recruited a cook and another member of domestic staff.
- Staffing levels were safe to meet people's needs.
- The provider used a dependency tool to assess how many staff were needed. Staffing levels had increased on a weekend, though staff deployment had not fully accounted for evenings when managers and administration staff were not available to give additional support.

We recommend the provider review their systems to ensure appropriate staffing levels are maintained.

Preventing and controlling infection

- People were provided with face masks to maintain their safety in the community.
- Staff were trained in infection prevention and control and the use of Personal Protective Equipment (PPE).
- Staff used PPE appropriately and in line with the latest national guidelines. Sanitising stations were in place for visitors and staff to use.
- The service was clean and additional cleaning processes had been introduced during the COVID-19 pandemic. The registered manager regularly monitored the cleanliness of the service.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Accidents and incidents were responded to appropriately. Records were kept and the provider was working with staff to improve the quality of the records.
- The provider had established a process for monitoring and analysing accidents and incidents. The registered manager completed this monthly to learn from accidents and incidents.
- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate training and support to be able to carry out their duties. This was a breach of Regulation 18 (Staffing) 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 18.

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme and mandatory training. A staff member told us, "When I first started, I shadowed experienced staff who were really good with the residents."
- Staff received support and supervision. Supervisions considered staff development, people's needs and improving the service.
- The registered manager was working to ensure all staff received supervision and an annual appraisal in line with the provider's policy.

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

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care.
- Assessments were used to develop care plans, which supported staff to provide care in line with people's needs and personal routines.

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

- Staff provided appropriate support for each person with eating and drinking. Support included making meals, gentle encouragement and helping people to eat and drink.
- Staff were knowledgeable about people's dietary needs and specialised diets were catered for. Healthier options were promoted, and fruit was available for people.
- Staff contacted relevant healthcare professionals when they had concerns regarding people's weight or swallowing difficulties.
- People's personal preferences were catered for. The menu was changed to ensure people's preferred meals were included and other options prepared if people wanted something else.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Staff were kept informed of changes to people's needs through handover meetings, updated care plans and the provider's electronic care record system.

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

- People's independence was promoted. Facilities were available for people to make hot drinks in their rooms or the communal kitchen.
- People's rooms were personalised to their tastes. People had decorated their rooms with their personal photos, belongings and their rooms were arranged as they wanted.
- People had been supported to move to different rooms which were more appropriate for their needs.
- The provider was working to improve the service. An improvement plan was in place, which included improving bathing and showering facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and respected their right to refuse support.
- People were given choices and encouraged to make decisions where possible. Mental capacity assessments were completed when needed, and where appropriate decisions were made in people's best interests with involvement from family, advocates and relevant professionals.
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS and meet conditions on authorisations.

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. This meant the service was appropriately managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 the provider had failed to ensure systems were operated effectively to ensure compliance with the regulations, and to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) 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 17.

- The provider had implemented systems to monitor the quality of the service and drive improvements. The provider had followed their action plan and progress had been made in managing medicines safely, staff training and deployment, and managing risks.
- Most audits identified and addressed shortfalls. Though shortfalls relating to the monitoring of temperatures and fire safety records had not been identified.

We recommend the provider reviews their monitoring systems to ensure they continue to identify and address shortfalls.

- The registered manager understood the regulatory requirements and reported information appropriately, though not all relatives were kept informed of accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff had developed positive and supportive relationships with people. People said, "Staff have been helping me and [staff member's name] is always there for me. I can talk to them all" and "Staff are really supportive. I really like it here."
- People were supported to work towards their goals. Through staff support one person was accessing education and developing their independent living skills.
- People spoke positively of the registered manager. One person told us, "[Registered manager's name] is great. They're sound, fair and I can't ask for anything else."

- Staff regularly engaged with and sought advice from healthcare professionals about people's physical and mental health needs.

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

- Feedback was sought to improve the service. The management team spoke privately or in groups with people and staff regarding their views on how to improve the service.
- The provider had established and reviewed processes for monitoring and analysing accidents and incidents. The registered manager completed this monthly to learn from accidents and incidents.