

Mellandene Limited

Murreyfield 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

Murreyfield House is a care home that is registered to provide accommodation and personal care to 23 older people, including those with dementia related conditions. The property consists of two large houses that have been converted into a care home and adapted to meet the needs of older people. The home is situated on one of the main roads into the city centre so it is close to transport links and other local amenities.

At the last inspection in January 2015 the service was rated Good. At this inspection we found the service remained Good.

People who lived at the home told us they were content and felt with the staff who looked after them. We observed staff providing support for people throughout our inspection visit. We found they were kind and patient and this was confirmed by people we spoke with.

We found by looking at appropriate documentation and talking with staff they had been recruited safely, received ongoing training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required

Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at Murreyfield House and found them to be correct and up to date.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. We confirmed this by our observations at lunchtime. Care records we looked at described people's food preferences and any allergies. Comments were positive about the quality of food and included, "We get plenty and fortunately we have good cooks."

People who lived at the home told us staff and the registered manager had a caring and supportive manner. Comments from people who lived at the home included, "The staff make me feel I'm at home here. They are very friendly and we like to have a laugh together."

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. People who lived at the home told us they were aware of the who to talk with if they had any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided.

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 remains Good.

Is the service well-led?

Good ●

The service remains Good.

Murreyfield House

Detailed findings

Background to this inspection

We carried out this comprehensive 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 inspection visit took place on 06 June 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included six people who lived at the home, one relative, the registered manager, and three staff members. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of two people who lived at the home, staff training and recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with people who lived at the home and asked them if they felt safe and cared for living at Murreyfield house. We received only positive comments and they included, "I only came for a couple of weeks and months later I am still here. That tells you something, you see I feel safe and protected here". Also, "Yes I feel safe otherwise it would not be worth it to stay." A relative we spoke with said. "My [relative] loves it here it is like a big family. It feels safe for him and makes him relaxed."

Two care records we looked at contained relevant risk assessments to the individual who lived at the home, to identify potential risk of accidents and harm that may occur. For example one person went out a lot independently. Any potential risk was identified and what action staff should take to ensure the person was safe. In addition risk assessments provided instructions for staff members when delivering support and care to ensure the person was safe.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff told us they had received training and were confident in the process to follow should they witness any form of abuse. For example one staff member said, "I know the process inside out and would not hesitate to speak with the manager or whistleblow if that was necessary."

By looking at staff recruitment records we found they had been recruited according to the policy of the service. All required checks had been completed prior to staff commencing work. One staff member told us they were not allowed to start work until every check had been completed to the satisfaction of the registered manager.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. The registered manager told us they would assess if more staff were required when occupancy levels rose or the needs of people who lived at the home changed. Staff we spoke with were happy with the amount of staff on duty.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at Murreyfield House. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

There were controlled drugs being administered at the time of our visit. This medication was locked in a separate facility. We checked the controlled drugs records and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked.

We had a walk around the building and found the premises was clean, tidy and maintained. One person who lived at the home said, "You cannot knock how clean it is the staff do a good job. It is hard because it is an

old building." We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building and were in operation.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

We observed interaction between staff and people who lived at the home during the day. We found staff had an understanding of the needs of people that led to effective care provision. For example, one person was due to go out independently and was involved in discussion with a staff member. They were talking about where to go and what time to return and other topics. We spoke with the person who lived at the home. They said, "[Staff member] knows me well and our chats help me to be more independent and make choices." A staff member said, "We are so well trained to know the needs of people we care for and know well."

When we discussed staff training and experience, people who lived at Murreyfield House and relatives told us said they found staff to be effective and professional in their approach. One relative said, "They are well trained you can see that by the way they care for people. They know what they are about."

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). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. We confirmed this by our observations at lunchtime. Care records we looked at described people's food preferences and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. Two people who lived at the home were involved in setting and clearing tables with support if they wanted to. One of the people said, "I enjoy helping out with the staff." Lunchtime was a relaxed atmosphere with people coming and going as they pleased. People's food preferences were written down in the kitchen and the cook had a good awareness of what people liked and disliked. Information was available about special diets, such as diabetic and blended meals. Comments were positive about the quality of food and included, "The grub is good here." Also, "We get plenty and fortunately we have good cooks."

People's healthcare needs were monitored and discussed with the person or relative. A relative said, "Yes any health issues or appointments are discussed with me." Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was.

We looked around the building and grounds and found they were appropriate for the care and support provided. The garden area was used by people who lived at the home to grow vegetables. One person who lived at the home said, "I enjoy being out in the garden."

Is the service caring?

Our findings

We were able to speak with six people who lived at the home and relatives and only positive comments were received about the caring, patient and sensitive attitude of staff towards them. For example comments included, "The staff make me feel I'm at home here. They are very friendly and we like to have a laugh together." Another person who lived at the home said, "I do go out a lot they respect my wishes and only want the best for me. They are lovely people."

We observed instances where staff respected people's privacy and dignity. We saw staff knocking on doors and waiting for a response before entering. They also called out their name to ensure people knew who was at the door. In addition we found staff spent time sitting and talking with people. One person who lived at the home said, "Just for staff to sit and chat is nice because I like that." Another person said, "They are so polite and treat me with respect."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and the registered manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by everyone at Murreyfield House during our inspection visit.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information available for people and their relatives. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Is the service responsive?

Our findings

People we spoke with who lived at the home were satisfied with activity programmes and their own hobbies they chose to follow and how they were supported to do them. One person who lived at the home said, "I love walking and going out on my own sometimes. They encourage me to do so and provide books for me which is what I like." Another person told us they like to go to the allotment and staff help with providing information about gardening.

Care records of people who lived at Murreyfield House were clear about the support needs of people and how they wanted their care to be delivered. People who lived at the home and a relative told us they made their views known and staff responded to what their choices and needs were. We found examples of this, for instance a person enjoyed going out with staff shopping, and alternatively another person enjoyed working in the garden growing vegetables. One staff member said, "Whatever they want to do we try and accommodate them."

Murreyfield House had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. A relative and people we spoke with about complaints confirmed information on how to make a complaint had been provided to them.

The registered manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This ensured people who had difficulty communicating their needs had information as to how to support them and include information about a person's mobility, dietary needs and medication.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability with a structured management team in place. This consisted of a registered manager and senior staff. They were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager confirmed they were clear about their role and provided a well-run and consistent service. This was confirmed by people we spoke with and comments included, "A well run service for the residents that is what goes on here." Also a relative said, "[Registered manager] has years of experience and it shows. She always keeps me informed and I am confident they know what they are doing. It is a well organised home based around the residents."

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included checking the building and care plans of people who lived at the home. The registered manager told us audits were an important part of their quality assurance systems. This was so they could continue to monitor and improve the service they provided for people.

Staff and 'resident' meetings were held on a regular basis. The last resident 'residents' meeting put forward suggestions for more activities. The registered manager and staff reacted by arranging games afternoons and an outdoor barbeque (BBQ). A staff member said, "Meetings are useful so that we can improve things and take suggestions on board to make a better quality of life for people." A person who lived at the home said, "I attend meetings it is a way of getting things done."

The registered manager told us they were in contact with other health and social care organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They worked with for example Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.