Care Quality Commission

Mellandene Limited

Murreyfield House

Inspection report

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Date of inspection visit: 9 and 10 January 2015
Date of publication: 17/04/2015

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

Overall summary

We undertook this unannounced inspection on the 9 and 10 January 2015. The last inspection took place on 30 August 2013 and the service was compliant in all the regulations we assessed.

Murreyfield House is a care home that is registered to provide accommodation and personal care to 23 people including people who are living with dementia and people with mental health related conditions. The property consists of two large houses that have been converted into a care home and adapted to meet the needs of the people who use the service. 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.

The service had a registered manager in post. 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.

Summary of findings

People were treated with dignity and respect throughout our inspection. Staff spoke to people in a considerate way and included people in decisions about their daily lives. It was evident staff were aware of people's wishes for how care, treatment and support was to be delivered.

People who used the service had their assessed needs met by appropriate numbers of suitably trained staff. Records showed staff had been recruited safely and relevant checks had been completed before staff commenced working within the service.

Staff told us they had undertaken training in relation to safeguarding vulnerable adults from abuse and they felt confident the management would respond to and investigate any concerns they raised. Records we looked at confirmed safeguarding training had been completed.

Medicines were managed safely. Policies were in place that provided guidance on the safe ordering, storage, administration and destruction of medication.

People were supported to maintain a healthy and balanced diet. Choices were offered for each meal and a self-service kitchen was available to help people maintain their independence. Dieticians and speech and language therapists had been contacted and provided guidance when people required a high calorie diet or other assistance.

People were involved in the planning of their care and records showed that reviews took place periodically. We saw that when possible people had signed to show their agreement with the contents of their care plans.

The service sent questionnaires to people who used the service, their families and relevant professionals. We saw that when feedback was received it was acted upon and used as a way to improve the service.

A range of audits were completed to highlight any shortfalls within the service. Records confirmed the fire alarm and emergency lighting systems were checked regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse.

People's needs were met by sufficient numbers of suitably trained and experienced staff that had been recruited safely

Medicines were managed safely.

Good

Is the service effective?
The service was effective. A range of healthcare professionals were involved in the care and treatment of people who used the service.

People were offered choices for their daily meals and were encouraged to eat a healthy diet.

People's consent was gained before care and treatment was provided. Staff had been trained to ensure they could carry out their roles effectively.

Good

Is the service caring?
The service was caring. Staff spoke to people in a friendly and familiar way and knelt to be at their eye level during conversations.

Staff gave people time to respond to questions and encouraged people to be as independent as they could be.

People's wishes for how care and treatment was to be delivered was recorded in their care plans.

Good

Is the service responsive?
The service was responsive. People were asked for their views on the level of service they received and their comments were acted upon.

A complaints policy was in place at the time of the inspection. We saw that when people had raised concerns the registered manager took immediate action.

Good

Is the service well-led?
The service was well led. Staff told us the registered manager was approachable and operated an open door policy.

The culture of the organisation encouraged openness, inclusion and promoted quality.

A quality monitoring programme was in place that consisted of a range of audits. Questionnaires were sent to people who used the service, their relatives and healthcare professionals to gain their feedback on the service.

Good

Murreyfield 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 registered 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 took place on 9 and 10 January 2015 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection took place we spoke with the local safeguarding team and the local authority contracts and commissioning team to gain their views of the service. They told us they had no current concerns or on-going investigations.

During the inspection we used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) on two occasions. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also spoke with the registered manager, registered provider, two senior carers, three carers, the cook, the handy person, six people who used the service and three visiting relatives.

We looked at a selection of documentation relating to the management and running of the service including policies and procedures, the service's mission statement, the training matrix, staff rotas, audits and equipment maintenance records.

We assessed six care plans and their associated risk assessments, six medication administration records and took a tour of the premises to check on cleanliness, hygiene and the general maintenance of the building.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and that they were not discriminated against. One person said, "It's a very safe place, we all live together in harmony." Another person told us, "Yes, I feel safe" and "We are all equals here, no matter why we are here we are all treated equally and that's refreshing."

People also told us, "I get my medicines every day" and "They have never run out of anything I take (medicine) and they are always on time."

Risks to people who lived at the home were managed appropriately to ensure their safety was maintained whilst they were encouraged to take positive risks in their daily lives. We saw that a number of risk assessments had been developed to support one person's choice to spend up to three nights a week away from the service. The registered manager told us, "It's their choice and we support that, but we had to have discussions with the other professionals involved in their care and make sure we had plans in place and we knew what to do in an emergency."

Positive risk management training had been completed by care staff and the registered manager. The registered manager explained, "I learnt that nothing is out of bounds or off limits, our role is to support people to take risks but to make sure we have assessed the situation and have plans in place so they are safe."

The care staff we spoke with told us they had completed training in relation to safeguarding vulnerable adults from abuse and described how they would recognise the signs that abuse had potentially occurred. We looked at the service's training matrix and confirmed staff had completed safeguarding training including a recent refresher course. The registered provider told us that the service utilised the local authority safeguarding team's risk matrix and would report any incidents of abuse immediately. The registered manager said, "All of the senior staff will attend the (local authority safeguarding team) matrix training this year, it will add to their confidence and understanding."

Staffing levels were reviewed regularly to ensure people had their assessed needs met by appropriate numbers of staff. The registered provider told us, "We have a new client group now who have different needs, when they first moved into the home we had a higher number of staff working but now everyone has settled in we have reduced the amount of staff." The registered manager said, "I have worked the early shift and the late shift to assess the staffing levels, if there were incidents or changes to people's mental health then we would increase the staff." A member of staff we spoke with told us, "They (the staffing levels) are good; we don't need any more staff."

Throughout the inspection we witnessed staff attending to people's needs in a timely way and observed call bells being answered promptly. A visiting relative told us, "It's not the biggest of homes so there's never a problem finding a member of staff."

We checked three staff files and saw that they had been recruited safely. Prospective staff were interviewed, which included discussing any gaps in their employment history, references were taken and a disclosure and barring service (DBS) check was completed to ensure they were suitable to work with vulnerable adults.

Medication was ordered, stored, administered and when required disposed of safely. We watched two medication rounds during the inspection and noted that medication cassettes were used as well as medication administration records (MAR). Medication cassettes were prepared by the supplying pharmacy and contained all the medication a person needed in one day. A member of staff we spoke with said, "I like the cassettes, I still check the medicines against the chart but they do make things easier."

A recent audit had been completed by the registered provider's supplying pharmacy that covered area's including storage, self-medication, records, staff practice and controlled drugs. We saw no concerns were raised by the audit.

At the time of the inspection one person who lived at the home managed their own medicines. The registered manager explained, "(Name) manages all their medicines themselves, we have supplied a lockable cabinet and a fridge which is in their room" and "We support (name) as much as possible, we do an audit every week and have found some issues recently. We have informed the specialist nurse and have regular meetings to make sure things are managed as best as we can but we have to respect (names) choice to be in control of their medication."

Good

Is the service effective?

Our findings

People who lived at the service told us they were supported to maintain a healthy and balanced diet. One person said, "The food here is really good, (Name) is the cook and she does a great job" and "We have a self-service kitchen as well which is set out like it would be in a hotel, we can have fresh fruit or cereals or anything we like really. It's great because we don't have to bother staff, we can do things for ourselves and be independent." Another person said, "The food is nice, we always get a couple of choices and if we don't fancy them we can ask for something else."

We asked people if staff gained their consent before care and treatment was provided to them and were told how this would be carried out, "They always ask before they do anything", "They ask me if I want assistance or support" and "I don't need assistance with washing or dressing or daily things like that, but we will always discuss things like if I want them to speak to anyone on my behalf."

Care staff had completed a range of training to enable them to carry out their role effectively. This included the Mental Capacity Act (2005), mental health awareness, positive risk management, conflict resolution, infection prevention and control, moving and handling and health and safety. A member of staff told us, "We all had to do certain training before the new clients came which gave us the confidence to know we had the skills to support them."

We saw evidence to confirm care staff were supported by the registered manager through regular team meetings, supervisions and annual appraisals. Meetings were used as a forum to discuss changes to care needs, activities and training. A member of staff we spoke with said, "We see the manager every day, she doesn't just stay in her office so if we want to ask her anything she is always there."

People's mental capacity was documented in their preadmission assessment and then recorded in their care plan. The registered manager told us, "Everyone has capacity until proven otherwise" and "People's capacity can fluctuate so they can have the capacity to make some decisions and not others." The care plans we saw had been signed to show people were in agreement with their content.

The Care Quality Commission (CQC) is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). These safeguards are designed to protect the interests of vulnerable people and ensure they can be given the care and support they require in the least restrictive way. The registered manager had completed training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had recently made an application to the local authority to ensure when people were deprived of their liberty it was done lawfully. The registered manager told us, "We have just applied for a DoLS and will inform you (the CQC) if it is granted."

There was evidence in the daily notes that care staff had spoken to people and emphasized the importance of attending health appointments. We saw when one person had failed to attend various appointments; other professionals involved in the person's care had been contacted. The registered manager told us that staff would discuss the implications of not attending health appointments with the person and offer to go with them on future occasions. A person who used the service told us, "They (the staff) are very good at organising appointments for me and will help me when I need things explaining."

People chose their preferred meal from a daily menu. We saw options were offered for each meal and fresh fruit was available at all times. A self-service kitchen was available for people to prepare their own meals if they wanted to do so. The cook showed us that they had been provided with information in relation to people's dietary requirements including likes and dislikes. We saw they prepared high calorie meals and fortified drinks for people following advice and guidance from a dietician. Speech and language therapists (SALT) had also contributed to people's care plans when required.

Good

Is the service caring?

Our findings

People we spoke with told us they were supported by capable staff who understood their preferences for how care and support was delivered. Comments included, "The staff are very good at their jobs and are lovely people to be around", "The staff are great", "I like all the staff" and "They (the staff) know me and what I like." One person said, "I am very comfortable living at the home" and went on to say, "I don't ever want to leave here it's the best place I've stayed; with the best staff."

During the inspection we witnessed care staff treating people with kindness and sincerity. Questions about personal care were asked discreetly. Staff got down to people's level when talking with them and showed a genuine interest in the things they were doing. One member of staff told us, "We are one big family, everyone knows each other and gets on well and lives together happily." A visiting relative we spoke with said, "Since she has moved here she is so much happier, it's like someone has switched a switch and she is back to her happy smiley self." Another relative said, "It's a calm environment and everyone seems at ease with each other."

We asked care staff how they would treat someone with dignity and respect. One member of staff told us, "I treat people how I would want to be treated; if I'm providing personal care I cover them up and make sure doors and curtains are closed." Another member of staff said, "Sometimes people just want to talk so I always try and make the time for them and if someone wants me but I'm busy, I always go back and see them when I can, I don't just fob people off."

We observed the lunch and evening meal time experiences and saw people enjoyed spending time with one another. People laughed and joked amongst themselves and with care staff in a relaxed and comfortable atmosphere. People were supported at their own pace by attentive staff who were aware of their individual needs.

People's needs were met in respect of their age, disability, mental health, gender identity and sexual orientation. We saw plans were in place for staff to follow that ensured people were supported and had their needs met in a caring and professional manner. The registered manager told us, "We have certain procedures staff know about that helps us ensure people are able to express themselves in the way they want to and don't get discriminated against."

Staff were aware of people's personal preferences for how care and support was to be delivered. For example, one person liked to go to bed at a specific time each night and would choose which member of staff they wanted to support them; we saw the person's choice was accommodated. A member of staff told us, "I worked with the clients before they moved here from (another home) so know them all really well. They get all of their needs met and seem happy here."

People who lived at the home were supported to be as independent as possible. One person had been assisted to develop their independent living skills including cooking and washing their own laundry. We saw people were free to come as go as they pleased. A person we spoke with said, "I can go out whenever I want but I always tell someone where I'm going." The registered manager confirmed there were no restrictions on visiting times within the home.

Good

Is the service responsive?

Our findings

People told us they were involved in producing their care plans and attended regular assessments of their needs. We were told, "I have regular meetings to discuss how I'm doing and what support I need", "We had discussions before I moved here, we talked about what I needed and made sure it would be the right place for me" and "When I need to see someone (healthcare professional) about how I'm doing, the manager sorts it out for me."

People also told us they were encouraged to follow their personal interests and they knew how to make a complaint if they needed to. One person said, "We are going on holiday this year, we might be going abroad or staying in England, I don't care; I just love going on holidays." Another person told us, "I was given information about how to complain in the welcome pack" and "I'd complain if I had the need, but the manager always asks if I'm happy or need anything, so I'd just tell her."

We saw people were involved in the planning of their care and the development of their care plans. People had provided information about their likes and dislikes, preferences for how care was to be provided and their life histories. A 'this is me' document was used to capture important times and events in people's lives.

People were supported to follow their personal interests and to undertake work opportunities. One person had applied to work at local charities and was awaiting a start date. People who lived at the home were also encouraged to develop and maintain relationships with important people in their lives. The registered manager told us, "We want them (the people who used the service) to do as much as they can" and "One person is in a relationship and stays out of the home about three nights a week." A member of staff we spoke with said, "We try and accommodate what people want so we have introduced movie night on Fridays and steak club on a Tuesday."

During the inspection we observed people choosing which member of staff provided their care and support and saw that their choice was respected. A member of staff told us, "We all know that if (name) picks you; you are the one to take them to bed and get them ready." We saw the person's right to choose was documented in their care plan.

Reasonable adjustments had been made to the home to ensure people maintained their independence. This included taps that stop independently after use, the self-service kitchen and one person had a medication fridge in their room. Other adjustments had been made following legislation such as alterations to bannister heights, the removal of pull cord lights and new style window restrictors.

People were encouraged to raise concerns and provide feedback on the level of service they received. We saw that when people had raised concerns they were acted on quickly and resolved to the person's satisfaction. Records indicated that two complaints had been received about minor alterations to the premises which had been dealt with promptly.

A complaints policy was in place at the time of the inspection which was provided to people when they moved into the home. The policy contained information including acknowledgement, response times, details in relation to how an investigation would be carried out and how the complainant could escalate their complaint if they felt the response they received was unsatisfactory. The registered manager told us, "I would always offer to sit down with anyone who wanted to complain and work to resolve their issue as quickly as possible."

Good

Is the service well-led?

Our findings

People who used the service told us the manager was approachable. Comments included, "You can speak to her whenever you want", "I speak to the manager every day, I can be in her office for a couple of hours some days" and "The manager is here most days and she comes and sees us all and asks how we are doing."

A member of staff we spoke with said, "The manager is great, you can talk about anything at any time" and "She does shifts with us so she understands what we do every day." A second member of staff said, "I've worked here for years, it's a great home and we all look after each other."

Staff were actively involved in developing the service. Team meetings were held regularly and staff were asked to contribute to decisions about how the service was run. We saw daily menus, activities, holidays and changes to best practice were discussed during meetings.

The service had a mission statement in place that stated the way care was delivered. It highlighted the need for person centred care, that people who used the service should be treated as individuals and involved with decisions about their care. The registered manager told us, "We do what we can to make sure people really see this as their home and are cared for by staff that know them as individuals."

There was transparency and openness within the service, the registered manager told us they had an open door policy and welcomed staff's opinions. A member of staff told us, "I have worked with these service users for years so know how to support them. I spoke to the manager when they moved here and she listened and put a lot of things in place that worked well for them." We saw house rules and smoking rules had been introduced which had been agreed to by the people who used the service.

The registered provider, registered manager and staff understood the key challenges to the organisation. The registered provider explained, "Social services visited us and said we were not purpose built like some of the newer homes so we would not receive large numbers of placements from them; because of that we made the decision that we would support a different client group." The registered manager told us, "We had meetings with the staff and the current service users to discuss the options we had and gave everyone the opportunity to decide if they liked the idea. One person moved to our sister home but everyone else was happy with the changes we wanted to make and we are really pleased with how things have gone."

The registered manager understood their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We saw that the registered manager was supported by the registered provider. The registered manager said, "I can speak to her (the registered provider) about anything. If we have an issue she is always there."

An audit schedule was in place that covered a range of areas including care planning, the environment, infection control, medication and accidents and incidents. We saw evidence that water temperature checks and legionella checks were completed regularly by the service's maintenance person. We saw when shortfalls were highlighted action was taken to improve the service.

Service user meetings were held periodically and provided a format for people to discuss any changes they required. We saw that people who used the service, relatives and relevant healthcare professionals were asked for their views using questionnaires. The registered manager told us, "We send them (questionnaires) out about three times a year and always focus on something different every time."