

Murreyfield Lodge Limited

Murreyfield Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The comprehensive inspection took place on 1 and 5 November 2018. It was unannounced on the first day and was announced on the second day. The inspection was completed by one adult social care inspector.

Murreyfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 can accommodate a maximum of 23 people. At the time of the inspection 16 people were using the service. The property consists of two large houses that have been converted into a care home and has bedrooms and bathroom facilities located across three floors.

Murreyfield Care Centre has been operating for a number of years and had previously been registered with CQC under a different provider. Changes to the ownership of the service mean the service was reregistered with CQC in November 2017 and therefore this was the first inspection of the service under the new providers ownership.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection, a manager was in place, however, they had not yet completed an application to register. 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. The service had been without a registered manager since March 2018.

Staff administered people's medicines safely and they were stored securely. Audits identified recording errors, but had not found issues with the timing of administering controlled drugs, or the lack of protocols for some when required medicines. The provider had addressed recording issues though we found these continued.

Areas of the service were not always clean or in a good state of repair. The layout of the premises meant people who used the service were often disturbed when watching television. Audits had not identified environmental issues, so issues had not been addressed. You can see what action we have told the provider to take at the back of the full version of the report.

Staff had completed training and further training was booked. However, the provider had not assured themselves that best practice was imbedded and staff had the required skills and knowledge to meet

people's needs, as there was a lack of supervisions and appraisals.

People felt safe and trusted the staff. People were protected from avoidable harm and abuse by staff who were able to identify and report concerns to relevant professionals. Risks to people's safety and wellbeing were appropriately managed. Recruitment processes helped ensure only suitable people were employed and arrangements were in place to promote continuity of care for people whilst staff were recruited.

People's health and dietary needs were met and the provider had reviewed meal times and menus; offering people more choice. Staff were kept informed of people's changing needs by appropriate communication methods.

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

People were supported to maintain relationships with relatives and friends and had built meaningful relationships with staff. Each person was respected as an individual and their privacy and dignity was maintained and independence was promoted by staff.

Staff were knowledgeable about people's needs, provided person-centred care and included people in their care plans. End of life care plans were in place for those who wanted them to be and end of life training was booked for staff. People were supported to access a range of activities and spent their time as they wished. Processes were in place to investigate and address complaints.

The service had a positive culture and staff worked well as a team and liaised with relevant organisations and professionals. People were included in the development of the service.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were stored and administered safely, but recording errors continued to be made after being addressed.

Areas of the service were not always clean and in a good state of repair which was a risk to people's health and safety.

Staff had the skills and knowledge to safeguard people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had received training but had not received regular supervision or appraisals to ensure learning was imbedded in practice.

People's dietary and health care needs were met and staff worked closely with relevant professionals.

Staff sought consent from people and followed the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and sensitive to people's emotional needs.

People were respected as individuals and staff promoted equality and diversity.

Staff maintained people's privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that were specific to their individual needs and helped staff provide person-centred care and their end of life wishes were recorded.

People had access to a wide range of activities in the service and the local community and were encouraged to follow their interests.

Processes were in place to address and resolve complaints.

Is the service well-led?

The service was not always well-led.

There was a lack of leadership and quality of the service had not been maintained. Audit processes had identified and address some but not all shortfalls within the service.

People were included in developing the service and staff worked well as a team and with other professionals.

Requires Improvement 

Murreyfield Care Centre

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 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.

The comprehensive inspection took place on 1 and 5 November 2018. It was unannounced on the first day and was announced on the second day. The inspection was completed by one adult social care inspector on both days.

We contacted the local authority adult safeguarding and commissioning teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

During the inspection, we spoke with the manager, two directors, the manager of another service owned by the provider, two care staff, one of whom was also the cook and the activities co-ordinator. We spoke with six people who used the service and two health and social care professionals.

We completed a tour of the environment, looked at four care files, monitoring charts, daily communication logs and records relating to four people's medicines. We looked at three staff recruitment files, three staff supervision records, appraisals and the training matrix. We also looked at handover sheets, staff rotas, staff meeting minutes and audits. We looked at a variety of documents relating to the maintenance of the premises and safety certificates.

Is the service safe?

Our findings

People told us, "I always get my medicines. Staff bring them to me when I need them" and, "Staff give me my medicines and they give me them on time." Staff were trained in safe medicine management. We observed staff administer medicines to people in a safe way and record medicines after they had been administered. Medicines were stored in a locked trolley and held securely in a locked room. Those medicines that required more secure storage or which required refrigeration were stored appropriately and safely.

Staff maintained a register of controlled drugs (CD) held within the service and when these were administered to people; two staff completed checks of the CD register to ensure records were accurate. We found on two occasions the CD register had not been signed by two members of staff. The CD register showed one person's medicine was not administered at the same time each day. On two occasions it was administered four hours late and on two occasions it was administered two hours late. This placed the person at risk of being in pain and discomfort.

Some people required medicines to be administered 'when required'. To help staff administer these medicines safely appropriate protocols should be in place. We found that protocols were not in place for all when required medicines. We spoke with staff who knew when people required these medicines. Following the inspection, the provider sent us the required protocols.

We found there were some missing signatures on some people's MARs. We raised this with the manager who was aware of the issue and had acted to address this. Daily audits were being completed to monitor MARs. Following the inspection, the provider advised audits would also be completed after each shift to monitor MARs were completed correctly.

Areas of the service were not always clean and in a good state of repair. During the environment tour, we saw one person's bedroom had not been properly maintained as there was mould on the wallpaper. The provider used a maintenance log to monitor repairs. The mould had not been identified and continued to pose a risk to the person's health. A toilet frame was being used, however, the arm rest was broken and had been fixed with tape and the frame was rusty. This meant it was difficult to keep clean and posed an infection control risk. Light pulls and the bath hoist were found to be dirty. We raised these issues with the manager, who acted so the problems could be addressed. The provider monitored the safety of the premises. They completed gas, electrical, fire and equipment safety and water temperature checks.

Not ensuring the safe and effective management of medicines and providing a clean and safe environment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

We found one person's bedroom smelled strongly of cigarette smoke and a used cigarette was on the landing carpet. People who used the service were not allowed to smoke in the building as this was a fire risk. We raised this issue with the manager who advised they would address this and encourage people to use the designated smoking areas.

We received mixed views about staffing levels. A health and social care professional said, "I feel the staff ratio is good." Whilst another told us there had been some concerns regarding the service not having a manager or a senior carer on duty. One person who used the service said, "I think we need more staff, just one more carer on each shift would be enough." The provider was aware of the staff vacancies and was in the process of recruiting staff. To promote continuity of care for people, staff from the providers other services were working at Murreyfield Care Centre.

Recruitment processes helped ensure only suitable staff were employed. Records confirmed relevant pre-employment checks had been completed. We found staff completed application forms, provided references and had a Disclosure and Barring Service (DBS) checks. A DBS check allows employers to make safer recruitment decisions and to determine if an individual is suitable to work with vulnerable adults.

People felt safe. People told us, "I feel safe and I trust the staff" and, "I feel very safe when out with the staff." A member of staff said, "I won't allow people to come to any harm." Personal Emergency Evacuation Plans (PEEPs) had been completed and contained information for staff and emergency services about the support people required in the event of an emergency. We found they required reviewing and updating to ensure they contained current information.

Staff assessed and managed risks to people's health and wellbeing. Risk assessments for choking, self-medication, health conditions, bedrails and weight loss were in place and appropriate management strategies had been implemented. Staff and relevant health care professionals were involved in monitoring these risks which helped to maintain people's health and wellbeing. People were encouraged to remain as independent as possible, even if there were risks present.

People were protected from avoidable harm and abuse. Staff had completed safeguarding training and had the skills and knowledge to identify different types of abuse and report concerns. Concerns were reported using internal processes and consent from people was sought before sharing information with relevant organisations, such as the local authority safeguarding team. Where people did not have capacity to consent, referrals were made in people's best interests under the Mental Capacity Act 2005.

Personal protective equipment was provided for staff included gloves and aprons to maintain effective infection control.

Is the service effective?

Our findings

The layout of the premises was not always suitable to meet people's needs. A social care professional said, "My visits can feel a bit rushed with [Person's name] as there isn't anywhere suitable for us to talk privately. We are offered the manager's office but it isn't always appropriate." During the inspection, we saw the dining area did not have sufficient seating areas for everyone to eat at the same time. The lounge area was used to access the other side of the building, which meant people watching television, were regularly disturbed by people walking through. The provider advised plans to improve the layout of the premises were in place, however, we did not see an action plan for this.

The provider had not assured themselves that staff had the required skills and knowledge to meet people's needs. A member of staff told us, "I know any time I need support I can get it as there is always someone available to help." Since the service registered, the provider had not followed their supervision policy as staff had not received regular supervision or appraisals and their competency had not been assessed. As a result, the provider could not be assured that staff were following best practice. We raised this issue with the provider, who following the inspection sent us a plan to complete staff supervisions, competency assessments and appraisals.

Staff were knowledgeable and able to meet people's needs. One person told us, "Staff usually have the skills to support me." The training matrix showed staff had either completed or were booked onto relevant training such as safeguarding, medication, mental health, mental capacity and end of life care. We spoke with staff who demonstrated a good knowledge of these areas.

People's dietary needs were met. One person told us, "There's a good choice of food, though they could have more steak." A member of staff said, "There is a lot more choice for people now. Snacks are always available and if someone wants something to eat or drink we'll make it for them." People were included in developing a four-weekly menu which was implemented to offer people greater choices and variety of meals. Staff knew who required specialised diets and how to support them. Food and fluid intake records were kept for people who needed them, however, the records did not allow for staff to easily record or view the required information. We raised this with the manager who advised they would review the document.

People's needs were assessed and relevant care plans were put in place. A social care professional said, "There is a care plan in place for [Person's name], which is being followed by staff. They are really on the ball and do what needs to be done."

Staff worked closely with health and social care professionals, ensuring people's needs were met. A health care professional said, "Staff will phone for support and ask for a visit if required." We saw people were supported to access health care services when required. Staff were kept informed about people's needs through staff handover which enabled staff to be updated about each person who used the service and covered topics such as appointments, medicines, creams and positional changes. A communication book was also used to record important information for each shift.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff sought consent from people and had a good knowledge of the MCA. Care files evidenced capacity assessments and best interest decisions had been made in line with the MCA. Staff had a good awareness of DoLS and the provider had applied for DoLS when required.

Is the service caring?

Our findings

Staff were kind, caring and built meaningful relationships with people who used the service. People told us, "Staff are nice and friendly and they're always talking with me" and, "They're very friendly and easy to talk to." A member of staff said, "The best thing about my job is the people who live here. I love coming in and listening to their stories."

People were respected and accepted for who they were. One person said, "Staff accepting me for who I am, has had a positive impact on my life." Staff had a positive approach to equality and diversity and people were protected from discrimination. Staff told us how they respected how people wanted to be viewed by their families, friends and peers. When speaking with people, staff used their preferred names and gender, which matched information in people's care plans. Records relating to people's care were respectfully written and continued to refer to people as they preferred. Care plans contained diversity information such as gender, race, religion, nationality and sexual orientation.

Staff were sensitive to people's needs. Some people needed help shopping for clothes. During this activity staff provided people with advice and encouragement when it was needed and respected their choices. One person said, "Going out shopping with [Staff member's name] has had a big impact on me."

Staff promoted people's independence. A social care professional told us, "[Person's name] is quite independent and staff promote this, but ensure plans are in place to maintain their safety as far as possible." Staff were knowledgeable how to promote people's independence and told us different ways they promoted people's independence such as encouraging people to complete tasks for themselves, reminding people to take their medicines when out for the day and showing people how to use the washing machine.

People's privacy and dignity was maintained. People told us, "There's plenty of privacy" and, "Staff always knock before they come into my room." A healthcare professional said, "Staff give people privacy and choices." Staff told us how they maintained people's privacy and dignity when meeting people's care needs. We observed staff speaking quietly with people, so they could not be over heard. People's personal information was stored securely and electronic information was password protected, ensuring only relevant staff had access.

People were encouraged to maintain relationships with relatives and friends. Staff recognised the importance of relationships and told us, "We welcome visitors and they can come at any time." One person was supported to regularly visit their relative, who lived at a different care home and with staff support, took them to the park. Special events such as Halloween and Bonfire Night were celebrated and used to bring people together. The provider had other services and invited people and staff to join in the activity. We saw visitors were welcomed by people who used the service and staff. There was a friendly relaxed atmosphere as people were talking and laughing together.

Staff were welcoming and helpful. People said, "Staff do a great job" and, "Staff help me to have a good quality of life." A healthcare professional said, "Staff are always positive and helpful. They are always smiling

and are welcoming." Another healthcare professional told us, "I feel staff are very good and helpful at all times."

People had access to advocates. People who had an authorised Deprivation of Liberty Safeguards had access to professional advocates. Family members were also able to advocate on behalf of their relative.

Is the service responsive?

Our findings

People were included in creating care plans that were specific to their individual needs. People said, "Staff let me know about my care plan" and, "Staff talk to me and keep me involved." People's care plans contained key information including next of kin details, involvement of health professionals and relevant medical history. Care plans were updated and reviewed as people's needs changed, which helped staff to provide the support people required.

Staff were knowledgeable about people's care needs, their preferences and respected people as individuals. They knew what caused someone to feel anxious, how to help someone calm down and how people liked their sandwiches. Some care plans contained sufficient information which enabled staff to provide person-centred care. Though not all care plans contained this level of detail. This made it difficult for all staff to care for the person in the same way. We raised this issue with the manager who advised care plans would be reviewed.

Technology was used to keep staff updated about people's changing needs. The provider was implementing electronic care plans and through this system messages could be sent to all staff so they had current information about people and their care needs.

People were supported to follow their interests. People accessed a wide range of activities from crafts, shopping, accessing the gym, going to the theatre and attended social events within the service. The provider had recruited staff solely to support people with activities. They organised social events such as Halloween buffets and firework displays which promoted social inclusion. People who accessed the providers other services were invited to these events and could visit the service any time, which helped people make and maintain friendships. Not everyone participated in these activities, but people were offered the choice.

People were informed of upcoming activities by staff, a notice board and a newsletter. One person wrote poetry, which was published in the service newsletter. This was sent to people who used the service and their families, where they had agreed to it.

Observations showed that people were able to spend their day as they wished. Some people enjoyed talking with other people in communal areas, whilst some people watched television or spent time in their bedrooms reading, listening to music or participating in craft activities.

People had the opportunity to discuss their end of life wishes. When people chose to do so, their preferences as to place of care and who should be present was recorded in their care plan. At the time of the inspection, no one was receiving end of life care. Staff had been booked onto end of life training to ensure they had the skills and knowledge when it was required.

People who used the service knew how to make a complaint and the provider had a relevant policy and procedure in place. The service had received three complaints regarding food, noise and finances. These

had been investigated and addressed in line with the policy.

Is the service well-led?

Our findings

At the time of inspection, a registered manager was not in place. The last registered manager de-registered in March 2018. The provider had recruited to the position and the manager will go through the application process to register.

There was a lack of management oversight and leadership. Whilst a manager was recruited, the service was overseen by the provider and the registered manager from another of the providers services. We received mixed feedback about the management support during this time. One person told us, "Management is a bit of a non-entity." A health and social care professional said, "The service needs someone to take charge, as staff were fed up and it affects people." Other feedback included; a health care professional who said, "I feel it's well-led, I've spoken to management on a few occasions and they are very helpful." A member of staff told us, "[Managers name] was always available on the other end of the phone. I feel we were well supported when we didn't have a manger."

A member of staff told us, "Things can be a bit disorganised." The provider advised staff meetings should have been completed monthly, however we found only five had been completed since registration. There was no monitoring system to ensure staff received regular supervision. As a result, we found staff had not received regular supervision or appraisals and the providers supervision policy had not been followed. We raised this with the provider who following the inspection sent us a supervision schedule for all staff.

Quality assurance processes were in place but had not maintained quality in the service. One person told us, "Things can take a long time to happen." Another person said, "The service could improve by fixing things straight away." Audits of the service were being completed, however the environmental audits had not identified the environmental problems of the mould, broken toilet frame and areas of the service that needed cleaning.

Medication audits were being completed regularly had identified recording errors and action had been taken to address these. However, during the inspection we found medication recording errors continued and controlled drugs were not administered at the same time each day as they were prescribed. We raised medication issues with the manager and the provider, who following the inspection advised medication audits would be completed after every shift. They also sent a plan to complete medication competency assessments for all staff who were trained in safe management of medicines.

We recommend the provider seek guidance from a reputable source and review their audit processes.

The new manager was visible and approachable. One person told us, "The new manager is really trying their best." A member of staff said "[Manager's name] is very approachable. We previously couldn't contact the manager out of hours, but now we can call them any time."

People confirmed they have been involved in developing the service and had completed surveys to give their views. People told us, "I feel I am included" and, "It will be nice to be involved with changes to my home

such as having an input in the home and looking at plans." The provider had worked with people who used the service to ensure meals were provided with a more person-centred approach. As a result, the provider had a larger food budget and had created a menu that included people's favourite meals. Meal times for people were also more flexible. Residents meeting were held, however we found only five had been completed since registration, despite the provider advising they should be completed monthly.

There was a positive culture of team work and staff were invested in. A member of staff said, "Since the provider took over, I've had medication training and I can now update people's care plans. We are one strong team and we work well together." Another member of staff told us the provider was accommodating and allowed them to work flexibly when needed.

Staff worked closely with other organisations and professionals. A social care professional confirmed they were kept informed about the person they were supporting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure care and treatment was provided in a safe way for people who used the service. They had not ensured the safe management of medicines and had not ensure the environment was clean and safe for people who used the service.</p>