

Murrayfield House Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 March 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300758

About the service

Murrayfield House Nursing Home is a care home service registered to provide 24 hour care for 100 older people. The provider is HC-One Limited which is an organisation providing care homes for older people throughout the UK.

The home is situated in a quiet residential area to the west of Edinburgh in the Murrayfield area, close to transport links, amenities and the city centre. The service is provided over two buildings. The original house has been extended and accommodation is provided on the ground and first floors in communities named Fettes and Glendevon. There is easy access to a central courtyard garden and terraced seating area. There is also a newer building which provides accommodation over three floors; Avenue (the ground floor); Blinkbonny (middle floor) and Crammond (second floor).

There are several lounges and dining rooms throughout the home. There is a kitchen, a laundry and hairdressing room in each building. The extensive grounds and gardens are well maintained. Care and support is provided by a team of nurses and care staff. There is also a housekeeping team who are responsible for domestic tasks, the laundry, and serving meals and refreshments. There is an on-site chef and kitchen team in both buildings. A café is located in the original building for use by all people living within Murrayfield House, their relatives and visitors.

At the time of this inspection there were 78 people living at Murrayfield House.

About the inspection

This was an unannounced inspection which took place between 11 March 2024 and 18 March 2024. The inspection was carried out by two inspectors and two inspection volunteers from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, intelligence gathered since the last inspection and feedback from questionnaires. In making our evaluations of the service we:

- spoke with people living in Murrayfield House
- spoke with relatives and friends
- reviewed feedback from questionnaires completed by people living in Murrayfield House, their relatives, staff and visiting professionals
- spoke with staff and managers
- observed practice and daily life.

Key messages

- Staff in all roles demonstrated warmth and kindness when supporting people living in Murrayfield House.
- There was a dedicated programme of activities for people, although some people felt that they would like to be more involved in designing or carrying these out.
- People living in the home, their relatives and professionals consistently spoke highly of staff and managers.
- The manager was committed to making continuous improvements in the home and was very responsive to feedback throughout the inspection.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experiencing care benefitted from respectful, dignified interactions with staff. While staff demonstrated commitment to promoting people's rights, there were a few occasions where improved understanding of what a good life looks like for people living in a care setting would have improved individual experiences. This meant there were some missed opportunities to promote the best quality of experience possible for people. Staff would benefit from group sessions exploring values to ensure all people experience the consistently high level of care observed most of the time (see area for improvement one).

There was a dedicated team of wellbeing workers who planned activities and outings. While people acknowledged the busy programme on offer, many people felt that activities did not reflect their individual interests; that they were not tailored toward their abilities; or that they would like to lead on activities. Several people told us that there was less structured activity during weekends and this is when they often felt bored. The manager was aware of the feedback around activities and was recruiting a further wellbeing worker to ensure there was more on offer at weekends.

Effective processes were in place to monitor people's health. People were supported promptly to access the right care and treatment during changes to their health or mobility. Visiting professionals spoke very highly of the care and support people were given to maintain their health and wellbeing. We identified some inconsistencies in staff's completion of charts and notes detailing care tasks completed. Some improvements were needed to ensure people can be confident that they are supported with health and wellbeing needs identified in their personal plans (see area for improvement two).

People were offered well-presented and tasty food, in the setting they chose to eat. Most people were happy with the quality of meals, however several people told us that they would prefer more fresh vegetables with main meals. People had fed this back through a recent resident's meeting and the manager had an action plan in place to address this.

Records of administration of prescribed medication were well organised and accurately completed. When medication was given to support people experiencing stress and distress or pain, this was recorded well. Information to guide staff on when to administer as needed medication was clear. People could be confident that they were supported safely with their medication needs.

Areas for improvement

1. To ensure people who experience care are confident that staff continue to promote their rights, the provider should arrange development sessions for all staff exploring the health and social care standards and how these can be implemented in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. To ensure people can be confident that their care is provided as outlined in their personal plans, the provider should ensure charts detailing records of care are completed consistently. This would include management oversight to identify and remedy issues in completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

While there had been a change of manager in the last 12 months, senior staff demonstrated understanding of the strengths within the service, and a good awareness of where improvements were still needed. There were established systems in place to audit and monitor the quality of the service in most areas. We identified that it would be beneficial to also audit call bell response times to ensure that these were consistently acceptable to people (see area for improvement one).

Vacant posts meant that the manager had to complete many administrative tasks which prevented them from consistently ensuring that areas identified for improvement in audits were actioned. The provider should ensure that the manager has sufficient time to monitor and revisit action plans to ensure identified improvements have taken place (see area for improvement one).

Managers in the home were visible and available to staff, visitors and people who were living in Murrayfield House. A common theme, however, was that people living in Murrayfield did not always feel confident about how to speak with managers if they wanted. We fed this back to the manager and we were confident that they would ensure people living in Murrayfield would have regular, planned opportunities to speak with senior staff.

There was a good overview of staff supervision arrangements, and this was supported by observations of staff practice. We suggested that observations of staff practice take place by senior managers in the home as well as immediate line managers to ensure a consistent approach throughout the care home. The manager was keen to put this in place as part of their approach to quality assurance and the provider should ensure that they have time to action this (see area for improvement one).

Areas for improvement

1. To ensure people have confidence that the service they use is led well and managed effectively, the provider should ensure the manager has sufficient, dedicated time to complete all quality assurance tasks in a planned and consistent way. This should include, but not be limited to, establishing systems to regularly meet with people living in Murrayfield House, and to audit call buzzer response times.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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