

Murrayside Care Home Service

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Type of inspection:
Unannounced

Completed on:
9 May 2024

Service provided by:
Care UK Community Partnerships Ltd

Service provider number:
SP2016012818

Service no:
CS2018365368

About the service

Murrayside is a care home for older adults based in the Corstorphine area of Edinburgh. The provider, Care UK Community Partnerships Ltd, has been registered to provide 63 places at Murrayside since 31 October 2018.

About the inspection

This was an unannounced inspection which took place from 29 April to 6 May 2024. The inspection was carried out by an inspector 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 12 people using the service and 7 of their family
- Spoke with 22 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- People described their experiences of the home very positively
- Staff were confident in their roles
- There were a range of activities and social opportunities available for people to join if they chose to
- Quality assurance was robust and supported improvement

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were fully involved in making decisions about their care and support, through the development of their personal and anticipatory care plans, this included people who live with long-term and life limiting conditions. This meant that people had control of their lives and could choose how they wished to live them.

There were a wide range of opportunities and activities available which promoted social, physical, and mental wellbeing. This included quizzes, puzzles, singing and making use of the outdoor spaces and gardens. Small areas for reminiscence had been developed within the home, which allowed people to spend time on an activity as and when they chose to, outwith the planned organised group activities. Regular namaste relaxation sessions had had a positive impact for people. One relative commented on how these sessions had relaxed their relative and reduced their distress "he's much calmer". These approaches enabled people to be involved in meaningful activities that positively impacted on their wellbeing.

People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to mobility and falls prevention. This was limited to the most non-invasive approach as possible, where positive risk enhanced people's lives. This ensured trips and falls were wherever possible minimised for people.

We discussed with the manager how to further promote and enhance people's freedom of movement throughout the home and into the garden spaces. could be enhanced. The manager agreed to consider how risk could be assessed and managed for people living with dementia. We'll follow this up at our next inspection.

The service had developed mutually respectful relationships with external healthcare professionals, who visited the home regularly. This supported the development of holistic good health and wellbeing outcomes for people. The service had a very compassionate and caring approach for people approaching end of life care. A healthcare professional commented "Residents are well cared for. Nurses and staff know the residents well". This meant people had care and support that was based on their assessed healthcare needs.

Some people had control over their medication, which promoted their independence. A robust medication management system was used within the service. We discussed with the managers the use of paper copies of recording forms along with the electronic system, which had the potential to confuse staff. The managers agreed to remove this process. We'll follow this up at our next inspection.

A variety of food and drink, including cakes, fruit, snacks, fruit juices and hot drinks, were easily accessible in some areas of the home. We discussed with the manager how this could be extended to support people to have more choice and independence, with additional opportunities for people to make their own drinks and snacks.

People ate their meals in an unhurried and generally relaxed atmosphere, with as much support as they needed. Some people made the choice to eat in their rooms or in quieter places within the home. Some people were supported with the use of a tabard to protect their clothing during mealtimes.

We discussed with the manager how this approach could impact on the dignity for people. The manager agreed to consider alternatives. We'll follow this up at our next inspection.

Feedback on food was mixed with most people enjoying the food but some stating it was not to their taste. Menus included a range of fruit and vegetables, with alternatives and special dietary requirements catered for. This meant that people chose where to enjoy various snacks and meals throughout the day.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People living in the care home and staff benefited from a warm atmosphere because, there were good working relationships. People and staff knew each other well. We observed there was fun, banter and thoughtful communication between most people.

There was effective and positive communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. Staff described the management team, as supportive and responsive to their wellbeing and development needs. This meant that staff were involved in decisions about the home and were able to share their views on the care and support needs of people and their own wellbeing.

The staff were motivated, effectively deployed around the home and worked well as a team. This meant that staff were able to spend as much time as possible with people. The overall care home teams all worked together to support people, from housekeeping, kitchen staff, maintenance staff to care staff. The relations between all departments appeared to be conducive to working relationships that then had a positive impact on people. Everyone clearly played an important role and was valued within the care home. This approach ensured that people's needs and preferences were met from the staff team as a whole.

We observed staff working over all three floors of the home, each of which focused on the different care needs for people. Staff appeared to know people's care needs and preferences well. They were clearly motivated to make sure people were comfortable and engaged. People and relatives described staff as being supportive. Relatives commented that the staff consistency helped them to be confident in their relatives care and support.

The management team had a good understanding and knowledge of people's needs and wishes. They had developed rapport with people through working alongside staff. This impacted positively on the assessment of staffing levels, staff skills mix and rota development. One relative commented on staffing levels "there is always staff around. You can ask the nurse anything". This meant that there was consistency and continuity in people's care and support.

The manager described a new staffing assessment process being developed by the provider. They agreed to consider how to meaningfully involve and include people, relatives, and staff in assessing staffing levels. While using feedback to improve the staffing process. We'll follow this up at our next inspection.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together | 5 - Very Good |

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