

Murrayfield House Nursing Home Care Home Service

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Edinburgh
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Telephone: 0131 313 4455

Type of inspection:

Unannounced

Completed on:

21 November 2018

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300758

About the service

This service registered with the care inspectorate on 31 October 2011.

Murrayfield House Nursing Home is a care home service registered to provide 24 hour care for 100 older people and is provided by 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 in two buildings and is set within its own well maintained extensive grounds and gardens. Care and support is provided by a team of registered nurses and care staff.

The original house has been extended and accommodation is provided on the ground and first floors. There is easy access to a central courtyard garden. The newer building provides accommodation over three floors and provides care for people with frailty who may also have dementia. There are several lounges and dining rooms throughout the home. There is a central kitchen, a laundry and a hairdressing facility. There is a café in the older house providing drinks and hot snacks for residents and visitors to the home.

The service states on it's web site:

"Murrayfield House's Home Manager will make sure that all Residents receive the kindest possible care. Our Home Manager's extensively trained team deliver all the specialist care and support services that your loved one could require. Personalised care plans consider not only medical, personal and dietary needs, but also the individual's likes and dislikes, religious preferences, and any suggestions from family members that might make their stay with us that little bit more enjoyable".

During the inspection we used the new Health and Social Care Standards to evaluate the care and support people experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at: <http://www.gov.scot/Publications/2017/06/1327/downloads>

What people told us

Prior to the inspection we received responses to questionnaires from seven residents, 11 relatives and 12 members of staff. Feedback from the questionnaires was very positive and we concluded that that overall residents and their families were very happy with the quality of care and support the service provided.

During the inspection we spoke with 28 residents and seven relatives. We also spoke with 24 staff. Overall people living in Murrayfield House were happy with the care and felt well supported by the staff and the manager, although some felt that there were some aspects that could be improved.

Comments from some of the residents:

"I have no complaints, I would have been on my own, since I moved in it's been better for me - I've always got company. The staff are very good - they are great!".

"This is a very well run home and everyone is very supportive".

"It's lovely here, the staff have made me feel very welcome" (recently moved into the home).

"The food menu is very repetitive - should be changed".

Relatives and visitors were very complimentary about the home and many spoke very positively about the difference the care had made to both their relative and themselves as family members. Close family and friends commented on how well they themselves felt supported by the staff and how much of a difference this made to them during difficult times. Some comments included:

"The home has offered me ...continuous support from day one for which I am most grateful".

"My mother ... tells me she feels safe and ..is treated with care and dignity at all times".

"I think Murrayfield provides an outstanding level of care and I know my relative (named) thrives there".

"The staff are all very caring , they treat them all so well...they always do their best and the manager as well, I wanted to see her and was able to see her instantly".

"On the whole it's amazing place , I have never been disappointed in the way they have cared for my friend (named)".

Other comments and views have been included within the report.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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 how well people's wellbeing was supported and concluded that there were many strengths and also some areas for continued improvement and development.

We saw genuine and spontaneous affection between residents and staff and people experienced compassion, dignity and respect. The staff team demonstrated the principles and values of the Health and Social Care Standards (H&SCS) and many spoke very highly of the staff. We observed staff that had a gentle considerate approach in the way they spoke with people. Through their detailed knowledge staff were able to be sensitive and respond to people's preferences and how they liked to be addressed, spend their time and be supported.

"The evident affection shown to staff by my father, and the warmth of response to him have been very reassuring to me, and my father comments that he feels well cared for" (relative).

The home, since last year, had taken forward ideas that we discussed to improve the experiences of people, especially within Crammond unit, which supports people with dementia. There was a calmer atmosphere with a better use of the different lounges and dinning room, offering alternative areas for some residents who preferred to spend time and have their meals in quieter areas.

Some residents were unable to verbalise their views of the service or how staff cared for them. In those circumstances we observed the experience of residents during mealtimes using an observational tool called 'Short Observational Framework for Inspection' (SOFI2). We concluded that the mealtime experience had significantly improved in Crammond Unit and overall our observations were positive. We saw many instances where people were supported well, encouraged and supported by staff with skill and sensitivity. However there were a few occasions where there were lost opportunities to promote people's independence and abilities. For example some residents were managing to feed themselves but then staff intervened to then take over, taking away their independence and not enabling people to use and maintain their abilities.

There were designated staff for each area of the home called wellbeing coordinators who organised a range of activities and social events both in groups and also on a one to one individual basis, for example to go out for a local walk or visit the café within the home. The home also supports people to get out and about independently to do things that are important to them that they used to do and to continue with their interests. The manager, during discussions, had a clear idea of how people's lives could be more fulfilled, one of which was to make the lovely gardens accessible to all the residents, this she felt was a priority.

Some people that we spoke with said they were very happy with their life in the home but for others there were some aspects of their life that could be more fulfilling. One resident commented:

"It's very good here, everything is fine. The staff are excellent and I'd go to the manager if there were any issues. There is only one thing; the food is repetitive, I'd like to be able to have a meal from M&S now and again, one I could cook myself in the microwave".

We discussed some ideas with the manager that could address some wishes of people, for example to hold a fine dinning experience in the café where residents could, with support, go shopping for and prepare a ready meal.

The home also supported people well to stay connected with their families and involved in family life. Relatives also felt they were able to continue to be involved in the daily life of their loved one and this was especially valued by many relatives that we spoke with. Staying connected with family and friends helps promote a sense of well being, maintaining important social contact and relationships.

"We have nothing but praise and thanks for all staff. They don't just 'feed and water' him they really care about him...and they care about me and my siblings and other family" (relative).

There were good links with the local GP practice, with the GP visiting weekly working with the nursing staff to meet and promote people's health needs. People's health or well being was monitored closely and any changes were detected promptly with steps taken to address changing needs. Medications were managed well and we saw that proactive care and support had enabled one resident to have their medication reduced.

Future care wishes were considered, explored and recorded in a person's care plan. Knowing what people's wishes are is especially important when there is deterioration in someone's health. For example it may be a person's wish not to go into hospital for treatment or to be resuscitated and it is important that staff are aware of this so that their wishes are respected.

It was evident from our discussions with staff that the manager placed a high value upon supporting and valuing the staff. Staff we spoke with felt well supported and valued for their ideas and individual contribution and we found a positive culture within the home. This can bring positive benefits for residents and family, helping to create a welcoming and warm atmosphere.

"Its a lovely atmosphere I've recommended this place to one of my friends" (relative).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We evaluated that assessment and care planning of residents' care overall reflected people's needs and in some part their wishes.

People had a care plan folder that was kept in the staff office on each floor or unit. We saw that the initial assessment and plans on the whole were informative. Care plans assessed the individual's everyday living skills and health care needs, supported where necessary by risk assessments. For example management of falls, prevention of pressure ulcers, moving and handling, mobility and management of nutrition needs.

Since the last inspection we found that care plans were clearer, easier to read and were more detailed. However the whole care plan folder took a long time to read and one new staff member commented that they simply didn't have time to read it, getting most of their information from their team members at hand over discussions at the start of their shift. It was also difficult at times to identify what was important to the person and in some plans there was a lack of information about the person's background and their life history.

For one or two residents there were no plans to meet specific needs, for example in relation to pain or anxiety. One resident was prescribed regular painkillers yet there was no information or plan as to how the person was to be supported. The only place where there was any indication that the person suffered from pain was contained on the medication administration record. However when discussing the care and support needs, staff were able to describe in detail how they supported the person and we saw that their pain was well managed.

The current care planning system also included a monthly review involving lengthy notes to be completed by the nurses. Often this review was unnecessary as there had been no changes in the person's needs or wishes. Staff told us that they felt frustrated as they took a long time to complete with no apparent benefit to people's care (as there had been no changes) and that they would far rather be spending their time with the people that they were caring for.

We discussed ideas of how care planning could be improved to place more emphasis on what is really important to people and to create a care planning format that is more concise, easier and quicker to read. The manager had already identified care planning was an area that the home wished to develop and improve upon and welcomed the opportunity to discuss ideas during the inspection.

The Health and Social Care Standards state that people should be fully involved in developing and reviewing their personal plan, which is also available to them. The home should consider how they can ensure that plans are readily available for people by having a copy of their plan with them in their room, if this is what they wish.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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