

Murrayside Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Care UK Community Partnerships Ltd

Service provider number:
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Service no:
CS2018365368

About the service

Murrayside care home was registered with the Care Inspectorate on 31 October 2018 as a 63-bed care home service for older people. The home is managed by Care UK Community Partnerships Ltd a national independent care provider from their head office in Colchester.

Murrayside is a modern purpose-built care home based in a quiet residential street near the busy local shops of Corstorphine. The home consisted of three floors, each organised for people with a specific level of need. The ground floor - Roseburn, provided residential care, the first floor - Nisbet provided specialist care for people living with dementia, while the second floor - Broomhouse, provided nursing care. Each floor was similar in layout with a large comfortable lounge, a small quiet lounge and a relaxed dining room. The home also has a hair salon and activities room on the ground floor, small cinema room on the first floor and a family friendly café with roof terrace on the second floor.

The outdoor areas of the home were attractive, with seating areas and wheelchair friendly pathways. Some ground floor rooms had direct access to the garden.

Care UK state on their website "Our vision is to be the UK's favourite care provider, helping residents lead fulfilling lives - living happy, healthy lives in any way they choose, with care that's personalised to their needs and wishes.

Fulfilling lives is our promise to deliver outstanding care to every resident, every day, and underpins everything we do. It's instilled in our values, of Caring, Passionate and Teamwork which shape how we work as an organisation, as care homes, and as carers supporting residents".

59 people were using the service at the time of inspection.

What people told us

We observed and/or spoke with the majority of people using the service. They told us that they liked the home, found the food nice but "not sure about the soup".

People were complimentary about the staff but a few said that they could wait some time for their call alarms to be answered.

We spoke with seven relatives and their comments overall were:

- Staff were friendly and welcoming.
- Visiting was good with no restrictions.
- The majority said that they were happy with the quality of care to their family member but comment was made about a need for more attention to personal care.
- There were mixed views on communication with some saying it was good and effective but two told us that their experiences had caused them some frustrations and felt it could be improved.
- Staffing levels comments - staff are always busy/ there is a lack of stimulation/ no monitoring of lounge and communal areas.

However, we were told about a trip to the zoo for one person who had requested this.

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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated the service to be performing at an adequate level overall. Strengths can be identified but people's experiences and outcomes is reduced because key areas of performance need to improve.

Staff practice was seen to be kind and compassionate. Interactions between staff and residents showed there was a sense of familiarity and trust.

Staffing availability contributed to how speedily people were attended to with a few commenting that they could wait for some to be assisted.

Open with care guidance had been followed in the home and visitors were welcomed.

Planned activities were offered and people were encouraged and assisted to join sessions from each of the units.

A cinema room and bar facilities were inviting and we were told that these were used. Specific wishes had been taken into account and some people experienced positive outings. However, people who spent time in bed did not have the same opportunities to engage or enjoy facilities in the home. One to one time was given but not during our inspection as recruitment was on going to fill activity coordinator posts. There was no time spent stimulating and engaging people out with care regimes.

There were links to other professionals to meet the health and well-being of people. This included GP, community nurses, social work, dieticians and OT. This meant that there positive outcomes for some people.

Nutrition for older people is important for health and well being. Good system of reviewing weights were in place for this aspect of care. However experiences for people could have been better. There was a lack of support for several people during lunch. Some would have benefitted from support to eat and opportunities for enhanced calorie intake was missed. People became frustrated at the time taken to deliver meals and the time between course and this meant, for one, that they left the table.

Staff did not always have the right information available to them about people's daily food and fluid targets, or guidance about the steps they should take to support people if they needed to increase their intake.

See area for improvement 1.

Appropriate skin care must be in place to keep skin supple and prevent breakdown. Reviews of wounds, not attributed to pressure, and their treatment took place weekly and guidance was given to staff.

However daily practice in the prevention of development of pressure ulcers needed further work and monitoring.

A range of pressure-reducing equipment was used in the home. However, these were not always set to the correct level as set out in records.

A few residents needed assistance to reposition in bed. Records could not evidence that assistance with this was delivered in a way that ensured that they experienced support in accordance with their assessed needs.

Prescription creams and lotions should show a date opening to ensure that they are fit for use and records should show when these have been applied.

See area for improvement 2.

There was an electronic system for care planning which was supplemented by easy access care records. We looked at five personal plans focussing on the plans readily available to staff. Information was not easy to find. Often key details of NOK/significant others was missing. Managers explained that a summary sheet should be in place for all.

Some plans needed updated, for example 'visiting' care plans did not reflect the current status of the home. One recorded that the individual used a zimmer frame to walk however they were no longer mobile.

We have discussed the importance of nutrition and skin care and made areas for improvement. For these aspects of care, care planning needed to be improved with guidance set out for staff to follow to ensure consistent and safe care. This must take account of peoples' wishes and preferences.

Additionally, examples were seen which had no specific guidance for staff to manage people who had stress and distress. For instance, when people were affected, direction should be set out for staff in how to recognise this, how to manage the situation and what they can say to alleviate the symptoms.

We have asked that these areas are prioritised when work is taking place on care plans.

See Requirement 1.

A recent audit of medication had taken place, the results of which led to planning for staff retraining.

We will review this when training has been completed.

We discussed equipment that was needed in the home to enhance outcomes for people. This included adapted seating for people who remained in bed as they were unable to use standard chairs. There had been OT involvement for some and assessments made, however this was in May 2021. The manager planned to take this forward. We will review progress at the next inspection.

Requirements

1. In order that people can be assured of support that is provided in a planned and safe way. By 31 October 2021 the provider must have care plans in place that detail care and support needs. This should encompass all aspects of care and commence by prioritising in detail how needs will be supported in relation to nutrition and skincare.

This is to comply with Regulation 4 (1) (a) Welfare of users.

This is also to ensure care and support is consistent with the Health and Social Care Standards HSCS 1.15 my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

3.21 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' and 1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'.

Areas for improvement

1. In order to support good outcomes to meet people's nutritional needs, the provider should:

- Promote positive dining experiences for people making sure that meals are served and completed in a timely manner.
- Provide assistance to eat and drink as necessary.
- Make sure that food and fluid monitoring records are fully completed and analysed and guide staff to support individuals nutritional intake.

This is also to ensure care and support is consistent with the Health and Social Care Standards '1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' and 1.24: Any treatment or intervention that I experience is safe and effective.

2. In order to support good outcomes for people experiencing care, the provider should take steps to review the care of peoples' skin. This should include:

- Guiding staff to correct mattress settings and making sure these are checked.
- Make sure that repositioning monitoring records are fully completed and analysed and staff are guided in delivering care needs.
- Make sure that topical preparation used in skin care are fit for use.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Standard 1.24: Any treatment or intervention that I experience is safe and effective

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

We evaluated the service to be performing at an adequate level overall. Strengths can be identified but key areas of performance need to be improved to reduce the risks to people.

7.2 - Infection control practices support a safe environment for both people experiencing care and staff

The environment was homely, comfortable and looked clean and inviting.

There were good supplies of cleaning products and solutions and guidance was accessible to direct staff in how and where to use these.

Laundry was clean and stored appropriately. Staff uniforms were laundered by the individual but manager checked that these were clean.

Mattresses were clean and fit for purpose and equipment used for personal care was clean. Equipment such as trolleys delivered from the kitchen would have benefited from further cleaning.

Staff used PPE appropriately and supplies were readily available. Posters and guidance were used as a reminder of best practice.

The placement and number of PPE stations in the units alongside clinical waste bins and hand gel solutions needed to be reviewed. There were some missing hand solutions, waste bins were not always nearby and/or stations were not strategically placed.

Staff told us that their IPC training was good and we did also see some competency checks in place for handwashing. However we observed some practice that needed to improve, for example, during mealtimes we did not see any support offered to people using the service to wash their hands, and staff did not wash their hands or use gel before or between assisting people. This means that people are at risk of spread of infection.

See Area for improvement 1

7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care

People were complimentary about staff working in the service. Interactions between staff and people using the service were kind, pleasant, and caring. Staff worked hard but we noted that there were aspects of care that were missed. Mealtimes were particularly busy, and a few people would have benefitted from assistance and encouragement to eat and drink. However, staff were not present which resulted in drinks and breakfasts being uneaten.

The service used a dependency tool to assess people's direct care needs. These reflected the complex needs of people. However, it does not adequately reflect all things that must be taken into account to inform the required levels of staff needed to effectively support people.

Gaps were noted in duty rotas. Although they reflected direct care hours, they omitted to include the additional duties that staff must undertake. This means that people could not be confident of support from staff who could allow the time necessary for all of their health and well-being needs to be met.

The additional assessment of hours must take account of safety issues, nursing duties and other roles that staff need to undertake on a daily basis. We could not see that this had been considered in the assessment of staffing levels.

See Requirement 1.

Requirements

1. By 31 October 2021 the provider must:

Provide sufficient care staff to ensure people's safety, care and wellbeing needs are met at all times.

This is to comply with Regulation 4 (1) (a) Welfare of users & Regulation 15 (a) Ensure that at all times suitably qualified and competent persons are working in the care service. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

Areas for improvement

1. To ensure infection, prevention and control practice supports a safe environment for people experiencing care the provider should:

- Review the numbers of PPE stations in the units and make sure that these are fully stocked and waste bins are strategically placed.
- Make sure that cleaning takes place of all items used in the service.
- Audits are used to evidence that staff implement training of hand washing into everyday practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards:

4:19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

5.17: My environment is secure and safe.

5.22: I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To make sure that the care and support is person led, the provider should ensure that people are encouraged to feedback on their personal experiences and give their perspectives on the way the service is provided.

This is consistent with Health and Social Care Standard; 4.7 "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" and standard 4.8 "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve".

This area for improvement was made on 6 November 2019.

Action taken since then

There are a variety of ways in which people can give feedback. Complaint procedures are in place, reviews of care are carried out, people have used independent websites to show their level of satisfaction and the managers have an open door policy where people can discuss issues.

This recommendation is met.

Previous area for improvement 2

To make sure that people receive the right care and support when they need and want it, the provider should ensure that staffing levels are in keeping with the needs and wishes of people, especially at times during the day when there are high levels of demand on staff.

This is consistent with Health and Social Care Standards; 3.15 "My needs are met by the right number of people", 3.16 "People have time to support and care for me and to speak with me" and 3.17 "I am confident that people respond promptly, including when I ask for help".

This area for improvement was made on 6 November 2019.

Action taken since then

This area for improvement is subject to a requirement in this report.

Previous area for improvement 3

To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The plans should only cover needs and wishes and be concise and easy to read. Any system approaches that mean planning for care that is not required should be removed so care and support reflects people's needs and wishes, not policies and processes. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking
- B) be as independent as possible which will involve risk enablement
- C) highlight what is important to them and understand care that staff feel must be included in their plan and
- D) have detailed information about skin care, especially where a person has a wound or pressure ulcer.

This is consistent with the Health and Social Care Standards; 1.12 "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change", 1.14 "My future care and support needs are anticipated as part of my assessment", 1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices", 2.17 "I am fully involved in developing and reviewing my personal plan, which is always available to me" and standard 2.9 "I receive and understand information and advice in a format or language that is right for me".

This area for improvement was made on 6 November 2019.

Action taken since then

This area for improvement is subject to a requirement in this report.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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