

Murrayside Care Home Service

34 South Beechwood
Edinburgh
EH12 5YS

Telephone: 01315 168 548

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Care UK Community Partnerships Ltd

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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".

This was a focused follow-up inspection since the inspection carried out in November 2021 to evaluate how the service has responded to the required actions to improve upon.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

During the inspection we met with residents as we went round the care home and spoke with visiting relatives. Feedback was mixed with positive comments about the quality of care and staffing as well as areas identified for improvement.

Feedback from residents told us that people enjoyed activities on offer and were happy with their care staff and management. A resident told us that they would like bigger portions of food.

A relative told us ' staff are very good and hardworking. Communication is good and the entertainment is very good. The manager on this floor is excellent.'

We heard that there were some very good staff but it could be 'tricky with agency staff' due to consistency.

Relatives told us that although agency staff seemed caring they had not built relationships with their loved one. Issues with clothing were raised and two relatives told us clothes could go missing or get shrunk. Another relative said that possessions could also go missing.

Another relative told us that they didn't feel their relative got enough individualised support and would like the home to reimplement the keyworker system.

We discussed this feedback with the management team who acknowledged the points raised and had already started to take action to make necessary improvements.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order that people can be assured of support that is provided in a planned and safe way. By 31 December 2021 the provider must have care plans in place that detail care and support needs.

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'.

This requirement was made on 12 November 2021.

Action taken on previous requirement

When we visited the home we found improvements in this area.

It was evident that since the previous inspection the service had focussed on improving residents' personal plans, ensuring that these were being regularly updated and reflected their current health and wellbeing needs.

Personal plans reflected each resident's personality, interests and what was important to them. This showed that the plans were being developed in a person centred way.

The plans also reflected that people's individual support needs were being monitored and assessed.

There was evidence of regular recording of the care people experienced. However, improvements could be made around the recording of people's engagement with their preferred activities.

We observed a number of care plans containing confidential information being stored outside people's rooms. Whilst we were informed this was as a result of people's choice, the provider agreed to review this so that confidential information is stored securely.

This requirement has been met.

Met - within timescales

Requirement 2

By 31 December 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).

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

This requirement was made on 12 November 2021.

Action taken on previous requirement

When we visited the home we found improvements in this area.

A staffing tool was used to inform staffing numbers throughout the home. People's care and support needs were being reviewed regularly. Where resident's needs had changed this was reflected in the scores within the staff dependency tool and the resulting report informed the service how many staff were required in each unit across the home. Whilst there were appropriate numbers of staff in place we advised the provider to review the skill mix and how staff were being deployed at peak times.

The provider was actively recruiting staff at the time of the inspection so while there remained reliance on agency staff we heard there were permanent members of care staff and a nurse due to start imminently. This will provide more consistency and reassurance for residents as they will have the chance to build relationships with staff and know who is providing their support. It will also support the established staff team and ease some of the current pressures on them.

During the inspection we noted that the digital technology used for electronic care planning was not supporting staff effectively. We heard it could be difficult to readily input resident care information due to connection issues and the age of the devices in use. The provider took prompt action to remedy this through involving their IT support to assess and rectify the current problems. This should result in a more accessible system for staff to use when recording and planning residents' care. The provider agreed to keep the Care Inspectorate updated as to progress made in this area.

Met - within timescales

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

Make sure that PPE stations are fully stocked.

Make sure that cleaning takes place of all items used in the service.

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

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

This area for improvement was made on 12 November 2021.

Action taken since then

We found that this area for improvement had not been met and is therefore continued in this report. The care home was meticulously clean and and furnishings, communal areas and bedrooms maintained to high standard. Staff were able to describe the restocking and checking of PPE (Personal Protection Equipment) procedures. However the majority of PPE stations did not have different sizes of nitrile gloves.

We found that a number of disposal bins were not functioning properly - some foot pedals did not work and some bin lids were broken.

The majority of hand sanitiser receptacles had plentiful supplies. However, we found one that was empty and had not been replenished.

Equipment cleaning records were not readily available. This made it difficult for staff to easily record when they had cleaned equipment. A few items of equipment we noted would benefit from being cleaned and we advised the provider of this.

The provider agreed to improve their quality assurance procedures to include PPE stock checks; regular checks that waste disposal units are fit for purpose; that hand sanitiser stations are refilled once empty and

that equipment records are easily accessible for staff to record items of equipment when they have cleaned them.

The provider promptly ordered more robust waste disposal units and replenished the PPE stations and hand sanitiser receptacles whilst we were visiting the care home.

We will follow up this area for improvement at the next inspection of the care service.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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