

CSA Young Adult Residential Care Care Home Service

Murtle House Murtle Estate Bieldside
Bieldside
ABERDEEN
AB15 9EP

Telephone: 01224 86 7935

Type of inspection:
Unannounced

Completed on:
20 October 2025

Service provided by:
Camphill Rudolf Steiner Schools
Limited

Service provider number:
SP2003000021

Service no:
CS2003000252

About the service

CSA Young Adult Residential Care provides support for up to 54 young adults with learning disabilities across seven homes. The service is based on two woodland campuses in Aberdeen. The main campus is located on the Camphill Rudolf Steiner School's Murtle Estate, a 50-hectare site in the suburbs of Aberdeen. It includes workshops, gardens, a farm, equestrian centre, zero-waste shop, swimming pool, and office buildings with a hall. The estate is also home to several animals, including alpacas and horses, which contribute to the therapeutic and inclusive environment. Just over a mile away, the Cairnlee campus is situated in Bieldside and is closely connected to the Murtle Estate. People living at Cairnlee regularly access the facilities and activities at Murtle, supporting continuity of care and inclusion across both sites.

At the time of inspection, 39 young adults were living in the service.

About the inspection

This was an unannounced inspection which took place on 14 and 15 October 2025. The inspection was carried out by two inspectors 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 and observed 28 people using the service
- spoke with 12 staff and management
- had contact with 14 relatives through the Care Inspectorate survey
- had contact with 13 staff members through the Care Inspectorate survey
- had contact with eight professionals through the Care Inspectorate survey
- observed practice and daily life
- reviewed documents.

Key messages

- People consistently experienced warm and respectful care, which supported both their physical and emotional wellbeing.
- People engaged in activities that reflected their interests and abilities, enriching their lives and strengthening their sense of purpose and connection.
- Mealtimes were calm and well supported, promoting nutrition, wellbeing, and a strong sense of community.
- Medication was administered safely and with sensitivity, supporting people's health and wellbeing.
- People experiencing stress were supported in ways that helped them settle and feel understood.
- Staff were skilled and responsive, creating a calm atmosphere where people felt safe and valued.
- Leadership was visible and trusted, creating a culture of reliability and continuous improvement.
- The environment was clean and tidy, helping reduce the risk of infection.
- A phased refurbishment programme was underway, aiming to ensure all people benefit from consistently high quality and homely living spaces.

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?	5 - Very Good
How good is our setting?	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?

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 experienced respectful and dignified care. Staff interactions were considerate and thoughtful, contributing to a strong culture of empathy and inclusion. For example, one staff member played piano for a person who had recently moved into the service, helping them feel comfortable in their new environment. People spoke positively about staff, with one person saying, "The staff are all kind," whilst others proudly introduced their CSA workers. Relatives also praised the team, with one saying staff "try to join the young people's worlds in ways that make them feel seen and respected." These approaches helped people feel valued and safe.

People experienced purpose and enjoyment in their days. They attended the day centre on the Murtle Estate, where activities reflected individual preferences. People took part in gardening, baking, crafting, repairing bikes, and contributing to the food distribution hub. CSA staff worked collaboratively with day centre staff, offering encouragement and practical support. This continuity of care enabled people to engage in activities that mattered to them and promoted a strong sense of inclusion. Furthermore, one person told us, "I love having things to do," whilst a relative said, "My daughter experiences a strong sense of daily fulfilment and achievement." People with complex needs, including those who did not communicate verbally, were observed engaging through movement, expression, and focused activity. Staff responded with sensitivity and adapted their approach to ensure everyone could participate. This person-centred practice helped everyone feel involved.

Mealtimes were calm and well managed, with staff supporting people in ways that reflected their routines and choices. Some people preferred to eat in the privacy of their rooms, whilst others enjoyed the social aspect of dining together. Where able, people were encouraged to take part in tasks, such as setting the table, which promoted inclusion. Meals were freshly prepared and looked and smelled appetising. One person told us, "The food is always good and I like mealtimes," whilst a relative said, "The food choices are plentiful, healthy, and varied." These approaches supported positive dining experiences that enhanced nutrition and wellbeing.

People received their medication safely and in ways that upheld their dignity. Staff demonstrated confident knowledge of medication protocols and clearly described how medication was administered. Regular audits were carried out, with lead staff identified and oversight maintained. This supported people to take their medication as prescribed which contributed positively to people's health and overall wellbeing. Protocols for 'as needed' medication were generally well understood. However, some lacked clarity around how effectiveness was evaluated. We discussed this with the manager, who took immediate action to strengthen documentation. We will follow this up at future inspections to ensure improvements are embedded and sustained.

People experiencing stress received thoughtful and responsive support. Staff used trauma-informed, sensory-aware and communication-sensitive approaches. Behaviour support plans were person-centred and included proactive, active, and reactive strategies. Staff recognised early signs of distress, such as pacing or withdrawal, and responded calmly and respectfully. People were supported using visual prompts, light conversation, or distraction techniques, with staff aware of individual sensory triggers. For example, they avoided loud noises or sudden changes in lighting.

A relative told us, "Staff know my son so well. They understand what unsettles him and always respond in ways that help him feel safe." These approaches helped reduce anxiety and kept people safe.

Care planning supported people to receive the right support at the right time. Plans reflected individual preferences and routines. They described how people preferred to be supported during transitions, the types of communication that worked best for them, and what helped them feel settled. These details were reflected in staff practice and contributed to the warm and gentle support. Staff regularly reviewed plans in response to changes in health, behaviour, or incidents. This ensured care remained responsive and that people's changing needs were consistently recognised and met.

Staffing and leadership supported person-centred care. People were supported by staff who knew them well, which helped them feel comfortable and secure. Interactions were calm, respectful, and responsive to individual needs. Staff described how structured inductions and mentoring helped them build confidence and understand the ethos of the service. Leadership was visible and supportive, contributing to a positive team culture where people consistently experienced kind and reliable care.

Overall, people at CSA experienced warm and respectful care that supported their physical and emotional wellbeing. Staff and leaders knew people well and responded with compassion. Health needs were met safely and people were supported to feel valued and engaged in daily life. These strengths consistently enhanced people's quality of life and promoted a strong sense of belonging.

How good is our setting?

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 lives.

People generally benefited from personal spaces that reflected their preferences and routines. Staff supported people to personalise their rooms and explained how individual setups were shaped by sensory needs, family input, or personal interests. For example, one person's room was intentionally minimal to reduce sensory triggers, whilst another had a dedicated games area to support enjoyment and relaxation. Some people described their rooms as "comfortable" and "just right" and staff were observed respecting personal spaces. These approaches promoted dignity and a sense of ownership over people's environment.

Outdoor spaces were inviting, well used, and contributed positively to people's wellbeing. People were observed gardening, walking, or simply spending time outside. Several people enjoyed time on the swings, which were in scenic areas surrounded by trees and natural greenery. All outdoor areas were set within peaceful, leafy surroundings, offering calm and a strong connection to nature. These spaces promoted emotional wellbeing and provided opportunities for people to relax and enjoy the outdoors.

People's homes were clean and tidy. Cleanliness and infection prevention and control (IPC) were generally well managed, with staff demonstrating confident knowledge of procedures. Some people took pride in helping maintain their own spaces, which promoted dignity and a sense of ownership. These practices contributed to a hygienic environment and helped reduce the risk of infection, supporting people's health and wellbeing.

Safety and maintenance systems were in place to support environmental upkeep. Staff actively reported issues and a tracker was used to monitor repairs.

However, some maintenance matters remained unresolved at the time of inspection and the pace of completing repairs varied. Staff responded appropriately to safety concerns but delays in some improvements highlighted the need for more consistent and timely repair processes. These delays could affect people's confidence in their environment. We discussed this with the service and they confirmed that action had already been taken to chase up outstanding maintenance tasks. We will follow this up at future inspections.

People's experience of the environment varied depending on which house they lived in. Relatives and professionals gave mixed feedback, ranging from describing the environment as "lovely" to saying some areas looked tired and dated. This variation highlighted the need for a consistent approach to decoration, furnishings, and overall environmental quality. Differences in how spaces looked and felt could influence whether people experienced their home as welcoming and personalised. The service had started a phased refurbishment programme, which was a positive step. One premises had closed for upgrades, with plans to rotate occupancy and improvements across the estate. If delivered effectively, this programme would help ensure everyone benefited from improved facilities. We will follow this up at future inspections to ensure progress and that all areas of the estate reflect the same homely and inclusive standards.

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 that people can be confident that staff supporting them are competent and skilled, the provider should introduce formal observations of staff practice to support staff to understand how their training and development impacts on practice and to improve outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 1 September 2023.

Action taken since then

Staff observations were effectively implemented to support improved practice. Managers carried out structured observations across houses using a consistent template to assess staff performance. Observations were followed up with reflective debriefs and agreed actions. This supported staff to understand how their training influenced their practice and contributed to improved outcomes for people.

This area for improvement has been met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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