

Murray House Care Home Service

Angraflat Road
Kelso
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Telephone: 01573 224 886

Type of inspection:
Unannounced

Completed on:
16 September 2026

Service provided by:
Queens House (Kelso) Ltd

Service provider number:
SP2003001975

Service no:
CS2018367397

About the service

Murray House is situated in the outskirts of Kelso in the Scottish Borders. The home is set within its own well-maintained grounds with private parking.

The home is currently registered to provide care to a maximum of 27 adults. Within this maximum a service is offered to nine people with a physical disability and/or cognitive disability and 18 people (aged 50 years or over) living with dementia.

The home is split into three units: Murray House East, Murray House West and Evanthea House. Each unit has a sitting room, dining, kitchen, toilet, and bathing/facilities. Individual bedrooms are equipped with tracking hoists and have en-suite showers, toilets and wash-hand basins. There are other shared areas in the home including a quiet sitting room and a sensory area.

All accommodation is on ground floor level, with sitting rooms and bedrooms having access to the enclosed garden. There are reception, office accommodation, a café, laundry and kitchen facilities within the building.

At the time of the inspection, 26 people were living at Murray House.

About the inspection

This was an unannounced inspection which took place from 14 to 16 September 2026 between the hours of 07:30 and 17:15. 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 seven people living in the home and two of their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- considered questionnaire responses from 11 relatives, 13 staff and three visiting professionals
- Spoke with one visiting professional

Key messages

- People benefitted from trusting and positive relationships with staff, who were warm, compassionate and respectful.
- People enjoyed a comfortable and relaxed environment which enhanced their wellbeing.
- Information and good practice were shared between the home and other agencies, which supported staff learning and development. Therefore, people could be confident they were receiving the right healthcare from the appropriate professionals.
- Managers were working proactively with pharmacy and other health professionals to strengthen practice in medication processes. Overall, people could be confident that they were supported safely with their medication needs.
- Leaders had a clear overview of what was working well and where further improvements were needed.
- The management team had experienced a recent period of learning and change. As a result, leaders had reviewed and strengthened their approach to quality assurance.
- Leaders demonstrated a commitment to learning, improvement, and effective quality assurance. Several initiatives remained at an early stage however, and further evidence will be needed to demonstrate their long-term impact and sustainability.

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 leadership?	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 had very positive relationships with staff, whose manner was warm, compassionate and respectful. People told us staff were "very kind" and one relative commented, "there are lots of really nice staff". Planned activities were taking place, mostly on a one-to-one basis and were focused on people's individual interests and preferences. Friendly, trusting interactions and meaningful engagement supported individuals' wellbeing.

The home had a relaxed, warm, and welcoming atmosphere. People had access to a range of pleasant outdoor garden spaces, which provided opportunities for fresh air and relaxation. One relative described the home as "light and airy". Another relative valued the patio doors in their loved one's bedroom, which provided immediate access to the garden. The homely environment supported people's comfort, independence and overall wellbeing.

Staff had a good understanding of people's wellbeing needs and were confident in delivering person-centred care and support. Their knowledge and skills were supported by a range of training opportunities and clear guidance within individual personal plans. People benefitted from having a nurse on site at all times, which provided reassurance about receiving prompt and effective healthcare.

We saw good records demonstrating that people received support with key aspects of their care, including oral care, food and fluid intake, repositioning and skin integrity checks. Where gaps in some monitoring records had occurred, these had already been identified through management audits and action had been taken to strengthen practice. This demonstrated effective quality assurance processes and a shared commitment to continuous improvement.

Managers, nurses and care staff maintained strong working relationships with external health professionals. Appropriate referrals were made to the relevant professional to ensure people had access to specialist input. Information and good practice were shared between the home and other agencies, which supported staff learning and development. People could be confident they were receiving the right healthcare from the appropriate professionals.

Some recent medication process issues had been identified, and managers were working proactively with pharmacy and other health professionals to strengthen practice. The manager demonstrated strong accountability and was able to evidence the actions taken to support and sustain improvement. We found medication administration records were completed accurately, up-to-date protocols were in place for 'as required' medication, and medicines were stored safely. Overall, people could be confident that they were supported safely with their medication needs.

People experienced mealtimes in a calm, unrushed manner, with choice offered and meals served promptly. The dining room created a pleasant environment and an opportunity for people to eat socially with others. One-to-one support was provided when needed and good attention was given to ensuring people's specialist dietary needs were met. Alternatives to the main menu were available on request. Snacks and drinks were offered throughout the day and overall, people benefitted from very good support around food and drink.

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider had recently completed a self-assessment, which gave a clear overview of what was working well and where further improvements were needed. Key areas for development had been prioritised, including strengthening clinical oversight and improving consistency within digital care records. Plans were also in place to further develop the workforce to ensure the service could meet the changing needs of people living in the home.

Whilst it was positive to see that leaders maintained a strong focus on continuous improvement, the self-assessment would have been strengthened by the inclusion of a wider range of stakeholder views. Seeking feedback from people using the service, staff and relatives would have added further depth to the findings and supported a more comprehensive evaluation of the service.

The management team maintained a range of quality assurance processes to cover all aspects of the service. These included medication audits, reviews of individuals' personal plans, observation of staff competence and weekly manager walkarounds. Audits contained action plans, identified responsible staff and set realistic timescales for completion.

The management team had recently been through a significant period of learning and change. As a result, leaders had reviewed and strengthened their approach to quality assurance. This included introducing an enhanced monthly review of each resident's care and support, alongside the development of a single oversight framework designed to provide greater consistency and accountability.

Overall, leaders demonstrated a commitment to learning, improvement, and effective quality assurance. There was emerging evidence that the changes introduced were strengthening oversight and supporting improved outcomes for people. However, several initiatives remained at an early stage, and further evidence will be needed to demonstrate their long-term impact and sustainability.

We discussed our findings with the managers, who agreed that while these developments were positive and demonstrated good leadership capacity, they had not yet had sufficient time to become fully embedded within practice.

We look forward to seeing how the provider further develops their quality assurance processes to support continuous improvement, sustain good standards, and continue to achieve positive outcomes for people living in the home.

Complaints

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

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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