

Struan Lodge Nursing Home Care Home Service

54 Balgreen Avenue
Edinburgh
EH12 5SU

Telephone: 0131 337 7477

Type of inspection:

Unannounced

Completed on:

30 July 2019

Service provided by:

Struan Lodge Ltd

Service provider number:

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Service no:

CS2003010671

About the service

This service has been registered since 2002.

Struan Lodge Care Home is a purpose-built home providing care for up to 30 older people. The home is part of the Care Concern Group of care homes in Scotland. Care is provided over 24 hours by a team of registered nurses and carers led by the nursing manager.

The home is situated at the end of a quiet cul-de-sac near Carrick Know Golf Course in the Murrayfield area of Edinburgh. There are pleasant open gardens to the front and off street parking is available. Accommodation is provided over two floors with stairs and a lift to the first floor. All residents have their own rooms which have en suite facilities. Each floor has a lounge with a dining area, a small separate quieter sitting room and communal bathrooms and toilet facilities. All meals are provided by the kitchen team led by the chef and the home has its own laundry facilities.

The home's website states:

'Our team are highly focused on delivering the finest person-centred care and they are sensitive to the individual needs and preferences of our residents. It's extremely important to us that our residents think of Struan Lodge as their home. We don't have set visiting hours - friends and family are always welcome to drop in for a chat, a coffee or a bite to eat'.

What people told us

During the inspection the service was providing care and support to 26 people. We spoke with 14 people and five relatives. We received responses to questionnaires from six people experiencing care, and eight relatives. We also spoke to 13 staff.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes the quality of staff interactions with people and helps us to evaluate the experiences of people who cannot always tell us what it is like to live in the care home.

People living in the home commented on a range of things and overall they told us that they were very happy with the care and support with many speaking highly of the staff, naming some in particular. Comments from people experiencing care included:

"If you have to come into a home this is one of the best ones".

"Oh it's fine, people are all really friendly. The staffs lovely, some are better than others but they are all really good".

"The staff -some are very good, some are exceptionally nice".

Some relatives appreciated the small size of the home and that this had been a positive factor that had helped them in their decision when choosing a care home for their loved one. Many people spoke highly of the manager and management team. Some of the comments from relatives:

"Very happy with the home - it's personal, so pleased he's in a small one".

"It's very good here, no complaints at all and if there are small things they are sorted out".

"Delighted with the home. I can go home and know that she is safe and well cared for".

Other comments are highlighted in the report along with comments from staff that we spoke to

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?	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?

5 - Very Good

During the inspection we used the Health and Social Care Standards to evaluate the care and support people living in Struan Lodge 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>

We evaluated how well people's wellbeing was supported and concluded that people were experiencing very good care from staff that treated them with warmth, compassion and respect. There was a relaxed, warm and welcoming atmosphere with staff working well together. Family and friends spoke highly of the home and the staffs' skill when supporting residents:

"I think it's one of the best staff are all really approachable, the staff have been well picked by the manager and all seem to have a good understanding of dementia" (relative).

The manager related that her priority over the previous year had been to ensure that all staff underwent training in dementia care, and this had resulted in staffs' skills and understanding improving.

Staff we spoke with commented very positively about working in the home, the improvement in team working and how the support from their colleagues and the management team had made a difference. These positive working relationships can help contribute to a warm and happy atmosphere.

There was a feeling that the approach to care was more personal with staff spending more time with people and less time ensuring routines were followed and completing tasks. During the inspection we saw staff sitting and spending time with residents and also their families if they were in visiting.

"Staff are excellent at the moment, every single aspect is so much better. The manager (named) - always looking for new things and how to improve. It's now more relaxed and more person centred" (staff).

In addition, other staff who were not directly involved in caring for residents, for example the office staff and the chefs, felt involved, understood their own importance and how they contributed to good care.

Staff knew the residents well and were alert to times when people were becoming upset or they were becoming unwell. The nursing staff made effective use of their skills in assessing people's health needs. Any changes in people's health were detected promptly with referrals made as necessary to community health services such as the GP, a dietician or speech and language therapist. It was evident from talking to some relatives that their family member's move into the home had resulted in their general health and overall wellbeing improving.

"Can't believe how she's come on, put on weight and she's happy she now needs larger clothes!" (relative).

Residents wishes for their future care and any treatments, such as resuscitation, were discussed and clearly documented so the information was readily available to staff in case of an emergency. If residents were unable to give their views relatives were involved in discussions. Relatives were also consulted about how they wished to be notified and involved in any changes in their family member's health, especially during the end of life period.

The manager had progressed ideas discussed at the last inspection to enable people to get the most out of life and promote people's independence, enabling people to continue to do what was important to them. There was a greater appreciation and understanding of the positive benefits to people's wellbeing of keeping restrictions to people's freedom to a minimum whilst continuing to ensure appropriate supports to keep people safe. People could move freely around the home and if able, to go out into the garden or for a walk, accompanied by staff if needed.

A new activities member of staff had commenced in post and was getting to know the residents and what things they would like to see on the activities programme or things they liked to do on a more individual basis. Staff were working hard to help people get the most out of life, encouraging everyone to take part. Those who were less able to actively take part were included, for example to go in the garden, be part of the group during one of the exercise classes or musical events. The home had plans to help people access their local community more and get out and about. They were hopeful that they would shortly be able to use the minibus from a nearby sister home to organise trips out to places of interest.

People's nutritional needs were well supported with residents who had been underweight gaining weight. The new chef had reviewed the menu and understood individual needs and preferences. Residents told us that the food was good with one resident commenting:

"The foods good - I always clear my plate! (laughing).

Another resident said that the lunchtime menu had improved as the new chef had introduced two choices of main course, which was much better. There were ample cold drinks readily available and residents were supported and encouraged to drink, this was especially important during our visits as it was very hot weather.

On the two days we visited some residents arrived for breakfast at 8.15 and sat waiting for it to be served for 45 minutes. We suggested that residents are consulted as to what time they when would like breakfast from so they would not have such a long wait. We also discussed how people's abilities could be maintained and independence and choice promoted by supporting people to help themselves to their cereal, make their own toast and help themselves to sugar and milk, instead of having these things done for them when they were still able to do these things for themselves.

People were supported well with skill and sensitivity to eat well and enjoy their meal in a relaxed and calm atmosphere. However, there were one or two lost opportunities to encourage and support people to eat and enjoy their meal, with the result that two people fell asleep or lost concentration and stopped eating.

We discussed ideas for improvement with the manager who responded positively, and we were assured that our feedback would be taken forward.

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 some aspects of care planning were already very good but that some continued improvement was needed to reflect a more person-centred approach.

People had small mini care plans kept in their room that detailed how people liked to spend their day, their preferred daily routine, how they liked to be supported. Other useful information was also included, such as family details and when they usually visited. These small mini care plans were quick and easy to read, detailed and very personal in how they were written. Any staff who did not know a resident very well, such as bank or agency staff, could very quickly read this mini plan and understand a person's needs and how best to support them throughout their usual day. However, these mini plans didn't necessarily capture (and plan for) what was important to people and if there were things they would still like to do and achieve.

There were also larger care plans kept by the care staff that planned care for assessed needs, such as support with skin care, prevention of pressure ulcers, support with nutritional needs and prevention of falls. The format and layout meant these larger plans were longer to read and not readily accessible to the person or their family.

At our last inspection the manager had recognised the need to change the system and approach to care planning with people. During this inspection the manager and staff had already made a start with a few residents and their families. The new plans better reflected what was important to people, their wishes and if there were things they would still like to do and achieve. Some people were unable to tell staff what they used to be involved in and their life before they moved to the home. Staff had thought imaginatively how they could find out more information and plan how they could enable their continued involvement in their own community.

The new approach also fostered more involvement with residents and their families, and this was reflected in the plans we looked at. The larger plans had been revised to also make them more personal, were also much more concise and written in a far more personal way.

We discussed ways that would give people a sense of ownership of their plan and making it a more dynamic record. For example, instead of staff completing the daily review notes on behalf of the person, staff could sit with them and have a chat about how their day has been and write the notes together. The plan could also be a reassuring communication tool for relatives, who could also add to it.

We also discussed ways the manager could support staff to understand the ethos and values that underpin the changed approach.

Whilst we acknowledge the improvements and good start made, the majority of the residents were not on the new system. However, we are confident that the service will gradually progress this with all the residents over the coming months.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very 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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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