

Struan Lodge Nursing Home Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
12 May 2022

Service provided by:
Struan Lodge Ltd

Service provider number:
SP2003002474

Service no:
CS2003010671

About the service

Struan Lodge Care Home is a purpose-built home providing care for up to 30 older people. At the time of our inspection 26 people were living at Struan Lodge. The home is part of the Care Concern Group of care homes in Scotland.

This service has been registered since 2002. 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 enclosed gardens to the rear. 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.

Their aims and objectives are informed by underpinning values which state "Our goal is to empower residents to become self-sufficient, maintain their dignity and enjoy life to the fullest. Our staff is dedicated to providing each resident with person-centred care and assistance".

About the inspection

This was an unannounced inspection which took place on 3 May 2022 between 1300 and 2030. A second visit took place on 4 May 2022 between 1000 and 2300. 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 ten people using the service and seven of their family/representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents

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.

Key messages

- There was a knowledgeable team of staff working in the home who knew residents and their families very well.
- Staff demonstrated genuine warmth and caring attitudes when supporting residents.
- Families and friends were welcomed into the home any time.
- The manager was very responsive to feedback and committed to making positive changes in the home.

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

4 - Good

Overall, 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 experience.

People experienced warm, respectful interactions from a knowledgeable staff team. Staff were responsive to people's changing health needs and used external professional services appropriately. Relatives spoke positively about the care their family members received. People experiencing care spoke positively about staff employed by the provider, however were not as confident in the care offered by agency staff. One person told us "I don't feel as safe with agency staff". The manager was committed to sourcing regular agency staff and partnering them with permanent care home staff to help reduce people's anxieties.

Care plans were well written and captured people's outcomes and preferences. This enabled staff to be guided on how best to support each person. More work was needed on skin care plans, including the frequency of repositioning and clearer guidance on applying topical creams. We were assured the manager would follow this up. Anticipatory care plans were in place and had been informed by questionnaires about preferences for end of life care. The manager was keen to develop these to be as detailed as other parts of the plan. Risk assessments were in place specific to individual need and reviews took place regularly. The administration of prescribed oral medication and topical creams was generally well recorded, and the manager audited this regularly. However, more accurate information was needed regarding medication that is administered when needed and the recording of outcomes thereafter (see area for improvement one).

Staff had good knowledge of people's nutritional needs and preferences. Mealtime experiences were positive and interactions from staff during mealtimes were excellent. People were supported to eat at their own pace and offered lots of choice. The service could further improve this by offering visual choices for food and drinks.

Visiting was available to friends and relatives without restriction. Lounges were set up in a way that promoted social contact. Personal plans had a detailed communication which outlined important connections for people and their preferred ways of communicating with them. Special events were acknowledged and celebrated in line with people's own preferences. Some people would like more meaningful contact from staff. People told us that they would like someone to stay and chat. Several people made comments about staff being kind and supportive but "rushed off their feet". Staff also told us they felt that they had little time to just spend time with people and this is the part of their job they really loved most.

A lot of people spent time in their room. An activities co-ordinator was in place and they need to develop ways in which people can have more meaningful contact in their room, including during periods of isolation relating to Covid-19. We were confident that the manager would take this forward.

We observed staff following infection prevention and control (IPC) practices and appropriate use of Personal protective equipment (PPE). IPC training had taken place, although some staff told us they would like refresher training to ensure they were up to date with the most recent guidance. There was a schedule in place for cleaning frequently touched points. Some staff told us that they found it difficult to maintain the required cleaning schedule in the afternoon and felt additional domestic staff were needed at this time. We fed this back to the Manager and were assured they will take appropriate action.

Areas for improvement

1. To ensure that people are supported with their medication needs, the provider should ensure medication protocols contain clear and accurate information on when as required medication should be administered. Records should also be improved to make sure they more accurately reflect the reason and outcome of administering as required medication.

This ensures care and support is consistent with the Health and Social Care Standard, 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

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.

There was evidence of good oversight of quality assurance including observations of staff practice, self-evaluation and improvement plans. Senior staff completed regular internal audits which identified areas requiring action but did not always name who was responsible for acting on these or timescales for completion. Adding these details would help ensure auditing is meaningful and effective to improve outcomes for people living in the home. The manager was very responsive to any issues identified on inspection and we were confident that she would further establish robust quality assurance processes.

Several staff and relatives told us they felt leadership of the home had improved considerably since the new manager took up post. People told us that the management team were now more visible in the home, listened to comments and acted on any concerns. The manager was committed to recognising and modelling positive staff practice. They implemented an employee of the month award system to recognise individual contributions and improve staff morale. The manager was keen to embed a culture of continuous service improvement to support positive outcomes for people using the service.

How good is our setting?

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 home was clean and tidy. There was a warm homely atmosphere, with welcoming lounges and dining areas. There was a lift on the upstairs floor to enable people be as independent as possible within the home. Stairs had a flexible barrier belt in place which we did not deem sufficient protection for people at risk of falls. We addressed this with the manager who promptly made arrangements for a more suitable stair gate or door to be put in place.

Some equipment was overdue its safety checks as the initial appointment had been cancelled due to a Covid-19 outbreak and was not rescheduled. When this was identified the manager took the necessary steps to set up a new appointment urgently.

The service does not have an automated washer where commode pots could be appropriately cleaned and disinfected. We recommended that the service should review their current sluice facilities and take action to meet with current infection control best practice (see area for improvement two).

Areas for improvement

1. To ensure that the facilities available in the home promote best practice in infection prevention and control, the provider should review their current sluice facilities and produce an action plan to upgrade sluice provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe" (HSCS 5.17)

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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