

## Strathburn (Care Home) Care Home Service

Strathburn House  
Strath  
Gairloch  
IV21 2BZ

Telephone: 01445 712 493

**Type of inspection:**  
Unannounced

**Completed on:**  
20 May 2024

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2012307262

## About the service

Strathburn House is a purpose built care home located in Gairloch on the North West coast of the Highlands. It is registered to provide a care service to a maximum of 13 older people, including one bed for respite.

Accommodation at Strathburn House comprises of 13 single bedrooms with en-suite facilities. There are two lounge areas, which have views overlooking Gairloch village, and a spacious communal dining area. On site there are laundry facilities, a large commercial kitchen, and a variety of utility areas.

The provider is NHS Highland.

## About the inspection

This was an unannounced which took place between 13 and 20 May 2024. The inspection was carried out by one 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 five people using the service and four of their family and representatives.
- Spoke with seven staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- The environment had benefited from recent and ongoing repairs.
- Activity provisions and planning had improved.
- People were treated kindly by staff who knew them.
- Staff supervision and communication needs improvement.
- We were not assured people were receiving oral care on a daily basis.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

People were supported by staff who knew them well, this helped ensure people's care was carried out according to their preferences. Professionals working with the service felt staff were responsive to changes in people's health and wellbeing by ensuring medical professionals were updated and called when necessary. A good working relationship with professionals meant that people benefitted from their health needs being met promptly

Personal care provided to people was respectful, staff were kind and took time to explain and seek consent before supporting somebody. We could not see that people consistently received oral care as we observed some toothbrushes were dry and there were gaps in oral health records. Good oral health contributes positively to overall health and wellbeing, and should be part of people's daily personal care routines (**see area for improvement 1**).

Meals are served in the dining room and some people choose to eat in their rooms. Frozen Apetito meals continue to be used within the home due to recruitment challenges. The majority of people told us they enjoy the meals, however one person told us they would prefer home cooked meals. We discussed continuing to review the meal options offered to ensure people had alternative options when requested, and asked the service to ensure there were choices available through batch cooking or alternatives sources.

Mealtimes were observed at different times during the inspection and were not consistently relaxed. During one mealtime some people had almost finished their meal whilst others had to wait at the table for their food to be served or for a staff member to support them. Some one-to-one support was not attentive as staff were preoccupied with mealtime preparations and other tasks. People should be able to enjoy a relaxed mealtime experience with responsive support (**see area for improvement 2**). Fluids and snacks were offered to people regularly through the day to ensure their fluid and nutritional needs were being met appropriately.

### Areas for improvement

1. To promote good oral health, people should be supported to maintain their oral care in line with NHS recommendations. This should be recorded in oral care records.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'My care and support meets my needs and is right for me.' (HSCS 1.19)

2. To ensure that people can enjoy their meals in a unhurried, relaxed and safe manner, the service should review their mealtime experiences, including one-to-one support.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34) and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Since the last inspection the management of ongoing building and weather damage repairs had been prioritised by the leadership team. There was a large service improvement plan in place which had been updated. It is important the service prioritises areas of improvement, including ones from this inspection, to enable them to focus on these within realistic time frames.

Quality assurance checks were being carried out throughout the service, but there was not always evidence to show how these had been actioned. Recent improvements had been made to the medication management protocols (**see 'What the service has done to meet any areas for improvement we made at or since the last inspection'**) and the leadership team should ensure they carry out quality assurance checks to review and embed this practice (**see area for improvement 1**).

There were a number of gaps in relation to staff supervision and team meeting. There is often a low turnout at team meetings which is a missed opportunity to promote effective staff communication, and staff had not had the opportunity to have formal supervision. Supervision and observed practice enables staff to develop and improve their practice through reflection and provides the leadership team with the opportunity to have a robust oversight of staff practice (**see requirement 1**).

## Requirements

1. By 20 August 2024, in order to ensure people are treated with dignity and respect, the service must have effective communication and supervision arrangements in place which promote this.

These arrangements must be sufficient to ensure that:

- a) Staff supervision is held in line with organisational guidelines to promote reflective practice
- b) There is effective monitoring of staff competence through on-site observations to continuously improve staff practice
- c) Regular team meetings must be held and attendance promoted to all staff to improve effective communication, which respects the privacy and dignity of people

This is to comply with Regulation 4(1)(a) and 4(1)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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)

## Areas for improvement

1. The manager should use the quality assurance process to ensure that the protocols in place for medication which is prescribed 'as required' (PRN) are reviewed routinely, and embedded in staff practice.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS):

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

## How good is our staff team?

4 - Good

The home was well staffed during the inspection and there was good planning for future shift cover. During the inspection staff were seen to be flexible and responsive to covering shifts, even at short notice, this meant people's needs could be met by the right number of staff.

Due to the rural area and limited accommodation locally recruitment had been an ongoing challenge and there has been continued use of agency staff to cover current staffing vacancies. Block booking of regular agency staff has provided as much continuity for people as possible.

Staff had undertaken mandatory and core training, and were competent in their roles, and staff were deployed to utilise their skill mix where practical. The service had previously used the Indicator of Relative Need (IoRN) tool to calculate staffing levels, we asked the service to create an up to date dependency document to evidence the levels of staffing now required. This will enable further planning of meaningful activities and accurate staffing levels.

## 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 overall environment was clean, tidy, and well presented. The whole home was cleaned thoroughly and regularly throughout the inspection. Cleaning schedules were up to date, and there were ample supplies of products and materials required to ensure this could be maintained. This helped to provide a clean and safe environment, and reduce the risk of cross contamination.

The home had neutral décor throughout, and people should be encouraged to personalise their rooms if they wish to. The communal areas had homely items throughout which promoted a comforting and therapeutic atmosphere.

Repairs of recent weather damage and maintenance had progressed well, the current ongoing works did not appear to be impacting on people's day to day lives. The provider should continue to address and prioritise the necessary building works and upgrades, such as internet connectivity through the building, to ensure that people can continue to live in a safe and well maintained home (**see area for improvement 1**).

## Areas for improvement

1.

The service should ensure that people and staff experience a well looked after environment. To do so, the provider should ensure that the ongoing maintenance issues are appropriately prioritised and resolved.

There should be a suitable plan in place for routine and anticipated maintenance and upgrades, this should also include improved internet connectivity in people's rooms.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS):

'My environment is secure and safe.' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).'

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had care plans in place which were checked monthly. Information was recorded on many different documents which could be streamlined and would benefit from focusing on outcomes rather than tasks. People's six monthly reviews were not always being completed by the home unless an annual social work review was also being undertaken. Undertaking reviews for people at least every six months or as their needs change should be prioritised (**see requirement 1**). Reviews allow people to communicate their choices and wishes, and help to inform staff practice and approaches to care and support.

Legal documentation, such as Guardianship and Power of Attorney (POA) documents were included in people's care folders. This was important as they set out who must be involved and consulted when a person is unable to make decisions independently. Guardians and Power of Attorneys told us they were kept well informed of any changes to people's health and wellbeing. Some told us:

"Communication is good. I am kept in the loop with any changes or concerns."

"I don't think any other home could improve on the care [name anonymised] gets, it's exceptional. They're very good and very patient."

There were end of life care plans in place where appropriate and they had been reviewed recently, this meant people can be confident their wishes are understood by the service.

## Requirements

1.

By 20 August 2024 the service must ensure that each person living at Strathburn house has had a review at least once in the last six month period, or as their needs change, to ensure their care and support reflects their outcomes. In particular the service must ensure that:

- a) Each aspect of the person's support needs are discussed and assessed with the person and/or their representative at the review
- b) There is a record of discussion and decisions made
- c) People's outcomes and how they will be met are clearly documented

This is to comply with Regulation 5(2)(b) and 5(2)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)



## 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 enhance people's wellbeing, and support people to maintain their interests, make meaningful connections, and to get the most out of life, people living in Strathburn Care Home should have the opportunity to participate in both indoor and outdoor activities.

This should include but not limited to:

- a) the regular provision of activities that are reflective of people's needs and tailored to people's choices and preferences;
- b) the promotion of links with the local community;
- c) improve access to technology within people's rooms to enable them to remain in contact with relatives and friends as well as benefit from the opportunities of internet access to entertain and maintain their interests; and
- d) activities should be planned, delivered and evaluated on a regular basis to ensure they remain relevant for each person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25);

and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

**This area for improvement was made on 4 October 2023.**

#### Action taken since then

The service has increased links with the local community, and there have been a number of different activities and sessions held within the home recently for those who wished to take part.

There is a plan in place to begin regular activities such as visits from the local play group and Gaelic speakers from the local high school. This will also provide an opportunity for Gaelic-speaking people living in the home to speak in the language more often.

Improvements to the accessibility of technology within people's rooms is dependant on upgrades planned to the phone lines within the building. This is discussed further under key question 4.

**This area for improvement has been met.**

## Previous area for improvement 2

Where medication is prescribed 'as required' staff should be aware of and document the signs or symptoms that the person may display. An example of this would be a pain assessment tool for pain relief. Once the medicine is administered, the effectiveness of the medicine should be documented.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

**This area for improvement was made on 11 November 2021.**

### Action taken since then

The home had begun to create the documentation necessary for the administration of 'as required' (PRN) medication, but medication folders had not yet been updated with these. This was discussed with the manager during the inspection and PRN protocol documents were promptly completed and placed in medication folders on the same day. There was evidence from medication administration charts that staff were now monitoring the effectiveness of PRN medication.

**This area for improvement was met.**

## Previous area for improvement 3

To enable people to have a nutritious and enjoyable mealtime experience, individual preferences should be taken into account when menu planning. Appropriate alternatives should be offered to individuals if they choose not to eat their main meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'. (HSCS 1.37).

**This area for improvement was made on 4 October 2023.**

### Action taken since then

Recruitment challenges in appointing a new full time cook mean there is limited alternative options meantime. The service has been asked to consider batch cooking and purchasing other alternative meal options to keep on site to provide more choice to people.

The service has reviewed meal options from their current supplier based on people's feedback, and could evidence they have worked with their supplier to improve and tailor the meals provided.

**This area for improvement was met.**

## Previous area for improvement 4

To further promote communication between the staff team and good working relationships face to face team meetings should be taking place on a regular basis.

Additionally handover practice, and daily recording, should be reviewed to ensure that these are sufficiently detailed, and effectively support staff to remain up to date with people's changing needs, and support effective practice, in making referrals and liaising with other agencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 4 October 2023.**

#### Action taken since then

New handover sheets were in use, information was often recorded on these instead of personal care charts or was repeated across documents. This made it difficult for staff to communicate accurately about people's care and support in the right places without duplicating information.

Staff told us team meetings were sometimes cancelled and when they were held there was a low rate of attendance. This impacted on team coherence and the ability to share information between staff effectively.

**This area for improvement had not been met and has been included in a requirement made under key question two.**

#### Previous area for improvement 5

To ensure staff development, competency at their jobs, and understanding of their roles and responsibilities all staff should be benefiting from regular supervision, formal practice observations, and appraisals.

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 4 October 2023.**

#### Action taken since then

Staff had not had the opportunity to have formal supervision or appraisals, and there was no document available to show when each staff member was due to have these. The leadership team recognised that this was something that needs to be addressed.

**This area for improvement had not been met and has been included in a requirement made under key question two.**

#### Previous area for improvement 6

The service should ensure that service users and staff experience a well looked after environment. In particular the provider:

a) should review their environmental service improvement plan, and where required, take steps to implement a planned programme of work to ensure that all fixtures, fittings and decoration remain suitable;

b) ensure that the outstanding priority maintenance issues are appropriately prioritised and resolved.

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

'My environment is secure and safe.' (HSCS 5.19)

and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

**This area for improvement was made on 11 November 2021.**

### Action taken since then

There has been significant repair work recently carried out at the home, this included repairing storm damage to the roof. There continues to be ongoing work to repair a recent burst water pipe. Some temporary measures and contingencies are in place on site including temporary boilers and cold water storage tanks to ensure that maintenance and repairs can be carried out with minimal impact on people's daily lives.

There has been progress taken to improve and maintain the environment within the home. Whilst works are still ongoing, **this area for improvement will remain in place and has been reworded under key question four.**

## Complaints

## 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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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