

Struan Lodge Nursing Home Care Home Service

54 Balgreen Avenue
Edinburgh
EH12 5SU

Telephone: 0131 337 7477

Type of inspection:
Unannounced

Completed on:
9 September 2024

Service provided by:
Struan Lodge Ltd

Service provider number:
SP2003002474

Service no:
CS2003010671

About the service

Struan Lodge Care Home is situated at the end of a quiet cul-de-sac near Carrick Know Golf Course in the Murrayfield area of Edinburgh.

The care home provides a care and nursing service to a maximum of 29 older people and one named person who is under the age of 60.

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.

There are pleasant open gardens to the front and to the rear. Off street parking is available.

At the time of our inspection 29 people were living at Struan Lodge.

The service provider is Struan Lodge Limited. The limited company is part of the Care Concern Group of care homes in Scotland.

About the inspection

This inspection took place on-site on 27 August 2024 between 09:45 and 16:45.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints activity, information submitted by the service and intelligence gathered since the last inspection.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visit was then followed by time examining evidence remotely and having discussions via phone with relatives.

In making our evaluations of the service we:

- Spoke with people using the service, relatives and staff at our visit
- Considered feedback from completed and returned online questionnaires from supported people, relatives, staff and health and social care professionals
- Spoke with a relative on the telephone
- Observed practice and daily life
- Reviewed documents

Key messages

- The home had experienced staffing retention and recruitment challenges - this was being resolved.
- At the inspection visit there were sufficient staff on duty to meet people's needs.
- People experienced warmth and kindness in how they were supported and cared for.
- There were good systems in place to support people with their medication.
- Personal plans sampled held good information about the person's care and support needs.
- Quality assurance processes and systems need improvement to facilitate learning and further improvement of the service.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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?

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 experienced warmth and kindness in how they were supported and cared for. Care was given in a supportive manner at people's individual pace. This made people feel comfortable and secure and not rushed with what they were doing. A health professional told us: "I have always found the staff and residents interactions as very friendly and caring".

People's health and wellbeing was monitored through various means. These included daily "flash" meetings and daily handovers. There was good monitoring of people's wellbeing in relation to them having infections, taking antibiotics and if they had fallen.

Where concerns were identified, referrals were made to appropriate professionals. There was good involvement from health professionals including district nurses and general practitioners (GPs). One health professional told us: "Staff have always been very welcoming and asking questions if they have any concerns".

Another important avenue to monitor people's wellbeing is through staff's own eyes and ears. Staff who knew people well could recognise if there were any changes to the person's health and wellbeing needs in a timely manner. One relative told us: "Carers are very observant and attentive to residents wellbeing". A number of carers were relatively new in their roles and were in the process of building up relationships with supported people.

There was evidence families were contacted about health and wellbeing concerns and kept up to date. However, this was not always happening. We have advised this is monitored by management to ensure families are informed and involved where this should take place.

Various charts were in place to monitor people's wellbeing and support given. These included charts to monitor people's weight and support with personal and oral care. We have advised the personal care charts are included in the service's auditing process.

An area for improvement was made following complaints activity around June 2024 in relation to continence care support. As a result, people's continence needs were being reassessed. As this is still in process the improvement area is being repeated. See area for improvement 1.

People were supported well to maintain good skin integrity. Nutritional needs were met well with good meal options for people to choose from. The menu had been reviewed and people had been consulted and asked for new meal suggestions. The cook knew people's food and drink preferences well and adapted meals to suit people's choices

There were good systems in place to support people with their medication. However, there was no monitoring of medication errors or incidents to then analyse the errors to identify any trends and learning. This has been further detailed under key question 2 - how good is our leadership?

There were opportunities for meaningful engagement and activities within the home.

We have made some improvement suggestions which include all relevant staff completing the organisations meaningful activities online training and to complete a Scottish Social Services Council (SSSC) Open Badge on meaningful connections. This should give staff, particularly new staff, more confidence and skills to ensure people are consistently supported to be active, engaged and stimulated throughout the day.

Areas for improvement

1. To promote people's dignity, the provider should improve their recording of people's continence care needs. This should include, but is not limited to, ensuring staff record when people receive continence care support and how often staff need to support people with their assessed continence care needs.

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

"If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4).

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

The manager met their regulatory responsibilities well. Relatives considered the service was based on good values and principles. Management worked well with health professionals. One told us: "I have always had a very good line of communication with managers. They are very supportive of my role and take on board any issues".

Supported people's views and involvement were sought through quarterly meetings. People had been consulted on the new cinema room and on menus. Relatives were invited to attend meetings, and due to low numbers, plans were being made to have less formal arrangements which relatives may find more appealing.

Training was provided via e-learning and face-to-face training. Most staff had completed relevant mandatory and refresher training. Client specific training was also provided on various topics. Training topics covered areas expected to ensure staff have the right knowledge and competence to care for and support people.

Staff should have regular opportunities to reflect on their practice and discuss training and development through regular formal supervision with their manager. One-to-one supervision meetings had taken place for some staff over the last year. Meetings were currently being arranged and prioritised for staff who had not recently attended a meeting.

The competency of support staff was not being formally assessed through observations on an on-going basis. Competency observations should support a person's development and learning. This would ensure people are confident the staff are supporting them well. See area for improvement 1.

Incidents were managed well, and learning was sought to reduce reoccurrence. However, there were some areas we identified where incidents were not overseen, for example medication incidents and errors.

We discussed with the provider, other areas where monitoring would be beneficial to identify and analyse information and bring about further improvement and learning.

The quality of the service was being checked through various internal audits. We have suggested additional audits undertaken in relation to records of personal care delivered and meaningful engagement. The intended frequency of audits and quality checks were often not being met. It was unclear what actions were taken when needed improvements were identified. Outcomes from the audits were not collated, so again, opportunities to identify trends and additional improvements and learning were missed.

A service improvement plan was in place. We have advised this is reviewed, revised and updated. We consider our findings and advice in relation to overall quality assurance systems and processes would be beneficial on an organisation level.

To ensure any concerns raised about the service are processed correctly we have advised expressions of dissatisfaction are better logged, documented and tracked, to record end outcomes and identify trends and provide learning.

The home had experienced staffing retention and recruitment challenges. These issues had impacted on quality assurance.

Areas for improvement

1. To ensure people have confidence the service benefits from a culture of continuous improvement, quality assurance processes and systems should be improved to facilitate learning and further improvement of the service to benefit supported people's outcomes.

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

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

How good is our staff team?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

People could be confident staff were recruited in line with safer recruitment practices with any necessary checks completed prior to any new staff starting in post.

The home had experienced staffing retention and recruitment challenges. This had resulted in a heavy use of agency staff covering nurse and care shifts to ensure the assessed complement of staff was always achieved. Recently new staff had been recruited into vacant posts which had reduced agency usage. Recruitment continued to take place. At the inspection visit there were sufficient staff on duty to meet people's needs.

The staffing challenges had impacted on established staff's morale. Steps were being taken to boost morale and to integrate and bring the new staff team together. This means everyone will be working as a team to bring about best outcomes for supported people. Consistently of care was starting to improve. One relative told us "New staff in now so having to get to know them, it takes time".

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

At our visit we found the atmosphere in the home to be calm and relaxed. Relatives and health professionals who regularly visited the home told us they experienced the home to be comfortable, homely and clean.

There were ongoing improvements being made to the home environment, these included new flooring. Safety checks were completed, including checks on appliances, equipment, and water temperatures. Records showed monthly environmental and infection control audits had been completed up until May 2024. There were no further records. Auditing has been further detailed under key question 2 - how good is our leadership?

We identified some environmental improvements including completing work to make the environment more dementia friendly. We also advised the regular monitoring of background noises in the home, particularly in the communal lounges.

The laundry service was problematic. This included mix ups with people's clothing. We have advised for this to be resolved swiftly.

The garden was a lovely place for people to spend their time and was accessible to people who could do so independently or have one to one support from staff, family and friends. We have advised for work to be completed to enclose the garden area to benefit more people enjoying the outside.

How well is our care and support planned?

4 - Good

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

Personal plans sampled held good information about the person's care and support needs. Plans had person-centred information including people's daily routines and people's preferences were incorporated into the various plans. Relevant health monitoring documents and risk assessments were in place. Plans included background information about the person which helped staff see the person behind the tasks and provided topics to chat about. This helped enhance positive relationships.

Plans listed people's health conditions. Some plans gave a brief description of the condition, symptoms, and how it impacted on the person's life. We have advised plans are reviewed to ensure all plans include this additional information about the health condition. This will give staff a clearer understanding about people's health needs.

The handover sheet document held information about individual people as a quick guide for unfamiliar and agency staff. For example, information if someone was at high risk of having falls. We identified pertinent information about people which could have been included on the document. We have advised this document is reviewed and updated with input from care staff.

Improvements were identified with auditing personal plans. This included ensuring each person's plan were audited on a more regular basis than currently. This has been further detailed under key question 2 - how good is our leadership?

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 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".

This area for improvement was made on 25 May 2022.

Action taken since then

Sufficient improvements have been made for this area for improvement to be considered met. Medication support has been further detailed under key question 1 "How well do we support people's wellbeing?".

Previous area for improvement 2

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).

This area for improvement was made on 25 May 2022.

Action taken since then

This area for improvement has been met.

Previous area for improvement 3

This area for improvement was made following complaints activity in May 2024 and finalised in July 2024.

To promote people's dignity, the provider should improve their recording of people's continence care needs. This should include, but is not limited to, ensuring that staff record when people receive continence care support and how often staff are to support people with their continence care needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

This area for improvement was made on 31 July 2024.

Action taken since then

The reviewing of continence support was still ongoing. Therefore, this area for improvement has been repeated. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

Previous area for improvement 4

This area for improvement was made following complaints activity in May 2024 and finalised in July 2024.

To promote people's health and wellbeing, the provider should ensure that people have access to fluids to maintain their hydration levels and procedures are in place to ensure that fluids are replenished. People's fluid intake and support should also be recorded to allow effective monitoring of people's fluids.

This is to ensure care and support is consistent with Health and Social Care Standard 1.39: I can drink fresh water at all times.

This area for improvement was made on 31 July 2024.

Action taken since then

Sufficient improvements have been made for this area for improvement to be considered met.

Previous area for improvement 5

This area for improvement was made following complaints activity in May 2024 and finalised in July 2024.

To promote people's health and wellbeing, the provider should ensure there are a wide range of meaningful and social opportunities, including recognised therapeutic activities identified by health professionals, available for everyone.

People's activity preferences and involvement in activities should be recorded to allow effective reviews to take place.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

This area for improvement was made on 31 July 2024.

Action taken since then

Sufficient improvements have been made for this area for improvement to be considered met. Meaningful engagement has been further detailed under key question 1 "How well do we support people's wellbeing?".

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

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