

Struan Lodge Nursing Home Care Home Service

54 Balgreen Avenue
Edinburgh
EH12 5SU

Telephone: 0131 337 7477

Type of inspection:
Unannounced

Completed on:
10 April 2025

Service provided by:
Struan Lodge Ltd

Service provider number:
SP2003002474

Service no:
CS2003010671

About the service

Struan Lodge Nursing 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 29 older people and one named person who is under the age of 65.

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 28 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 01 April 2025 between 08:30 and 16:30.

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.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

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 MS Forms questionnaires from supported people, relatives, staff and professionals
- observed practice and daily life
- reviewed documents

Key messages

- Supported people experienced kindness, warmth and patience in how they were supported and cared for.
- People's health and wellbeing was monitored well.
- People were receiving appropriate help and support in a timely manner.
- Personal planning was in the process of being improved.
- The home was clean, tidy and free from odours and domestic staff worked hard to achieve this.
- Staffing arrangements currently met the needs of supported people.
- New management were addressing performance issues and promoting best practice to bring about best outcomes for supported people.
- Quality assurance processes were effective and drove improvement within the home.
- Management promoted a learning culture and sought continual improvement of 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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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.

We observed people experiencing kindness, warmth and patience in how they were supported and cared for. Staff demonstrated fun and humour, enabling people to feel included and accepted. Relatives told us their loved ones were treated kindly, fairly and with dignity & respect. One health professional told us "I always found staff engaging very well with residents. Staff are supportive and caring".

There was a variety of group activities for people to be involved with in the home. These included several different musical events and exercise classes. People were supported to celebrate notable events and to be involved in cooking and arts and crafts. Some people were supported to go out and about in the community. There were improvement plans in place to establish better community involvement with the local schools and university. Recording of meaningful engagement, and seeking feedback about events, was also an area planned to improve on. We have advised related documentation is audited, to check everyone has the opportunity for meaningful engagement on a regular basis.

People's health and wellbeing was monitored well through various means. These included daily "flash" meetings and daily "handovers". There were regular clinical risk and health and safety meetings and a "resident of the day" system which holistically focused on a person's wellbeing. Various charts were in place to monitor people's wellbeing and support given. People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician. We have advised for records of personal care delivered to be included in the auditing systems.

People were receiving appropriate help and support in a timely manner. Staff were able to recognise if there were any changes to people's health and wellbeing needs and emergency services were contacted swiftly when needed. Where concerns were identified, referrals were made to appropriate professionals. One professional told us "Staff know when and how to make referrals and contact you appropriately". Families were also contacted about health and wellbeing concerns and kept up to date. This reassured them about the care and support their relative received.

Systems were in place to safely support people with their medication. There had been recent medication errors, though none had caused harm to people. The incidents were managed well and analysed to identify areas to improve and gain learning for staff. Safe medication support was included in the service improvement plan. Along with improvement areas around skin integrity and hydration.

Overall relatives were happy with the care and support their loved ones received. Comments included "The staff know all the residents well and understand their needs" and "I am very happy and impressed with the care my relative receives".

How good is our leadership?**5 - Very Good**

We made an evaluation of very good for this key question. The service demonstrated major strengths in supporting positive outcomes for people.

To ensure overall quality within the home, all staff completed training appropriate to their roles, which was provided via e-learning and face-to-face training. Management were proactive in sourcing appropriate training for staff through various avenues. Training was currently being sourced to address performance issues identified through internal audits. We have advised for awareness training around specific health conditions including stroke and Parkinson's. Individual learning and development plans were being completed. Observations of competency were being undertaken so people could be confident staff supported them well.

Supported people's and their relatives views about the quality and improvement in the home were sought through quarterly meetings. Updates on the home, including staffing changes, were provided at those meetings. Relatives were also kept up to date via emails. Relatives felt listened to and positive changes were made following relative feedback.

There were various quality assurance systems in place. The process of completing internal audits had improved and were completed to a very good standard. Areas of improvement identified from audits were action planned, given completion time scales and signed off when completed. Where an improvement task had not been fully completed the task was carried over to the next audit. In this way an area for improvement was not "lost" and was kept "active" till planned improvement outcomes were achieved. Areas to improve on were included on the service improvement plan and tracked effectively. The improvement plan was dynamic and responsive and evidenced the future direction of the home.

Incidents were managed well and learning was sought to reduce reoccurrence. Formal complaints were progressed as per organisational procedures. Expressions of dissatisfaction and concerns were also managed in a similar way to ensure the matter was resolved effectively for all concerned and learning and improvement gained.

The management team demonstrated a commitment to provide high quality care and support to people and were good role models for staff. Management promoted a learning culture and sought continual improvement of the service. The management team provided very good stability within the home, were approachable and evidenced transparency and openness.

How good is our staff team?**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 could be confident staff were recruited safely with all pre-employment checks completed prior to the staff member starting employment. Staff registration with their professional regulator, for example Scottish Social Services Council (SSSC) was tracked and monitored to ensure they continued to be appropriately registered.

At the inspection visit there were sufficient support staff and ancillary staff on duty to meet people's needs. There was good forward planning of rotas with staff's individual skills taken into account. New staff were being recruited into vacant posts. Care staff vacancies were covered by existing staff and agency. The use of agency staff had reduced significantly. We were satisfied staffing arrangements currently met the needs of supported people.

New management were addressing performance issues and promoting best practice through various avenues, including through team, "flash" and "handover" meetings. One-to-one supervision meetings had recommenced with managers arranging meetings for staff who had not recently attended a meeting. Management were working to integrate and bring the team together to bring about best outcomes for supported people.

During the inspection we saw staff working well together. Morale was better and staff told us they felt supported in their role.

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.

We found the atmosphere in the home to be welcoming, calm and relaxed. Staff were cheerful and friendly. The home was clean, tidy and free from odours and domestic staff worked hard to achieve this. Relatives considered the home to be comfortable and homely.

The laundry room was small and created a potential infection control risk. We have discussed ways to reduce those risks and how to better distinguish between clean and dirty laundry areas. The laundry service had been problematic. This included mix ups with people's clothing. Steps were being taken to resolve those concerns with a new tagging system recently put in place.

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. Work is planned to enclose the garden area to benefit more people enjoying the outside.

There were ongoing improvements being made to the home environment, these included new flooring. Prior to someone moving into the home their bedroom was refurbished. Appropriate health and safety, environmental, and infection control audits were being undertaken which drove improvement to the environment.

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 were put in place quickly for people who had recently moved into the home. Sampled plans held good information about the person's care and support needs. Setting out the process of delivering the support whilst incorporating the person's preferences and daily routines. Relevant health monitoring documents and risk assessments were in place.

Plans included good background information about the person. This helped staff see beyond the care and see the unique individual with all their life experiences. This also enhanced relationships between supported people and staff. Relatives were involved in reviews about their loved one's care and support.

Improvements were planned around personal planning. This included developing an accessible mini plan which will provide an overview of the person's support needs for care staff to easily refer to. The plan to include people's preferences and information deemed to be important to the person's wellbeing.

Internal audits had identified some additional improvement areas relating to personal planning. These include ensuring information is updated when there are changes for the person. Also daily notes to be completed consistently each day.

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 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).

This area for improvement was made on 26 September 2024.

Action taken since then

Each person now had a written continence care assessment which provided relevant information to support the person's continence needs.

This area of improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 26 September 2024.

Action taken since then

Significant improvements have been made for this area of improvement to be met. This has been further detailed under key question 2 "How good is our leadership?".

This area of improvement has been met.

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
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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