care inspectorate

Strathendrick
Care Home Service

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Balfron
Glasgow
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Unannounced

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Stirling Council

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HAPPY TO TRANSLATE

About the service

Strathendrick is a small care home located in the quiet, rural village of Balfron. It is operated by Stirling Council. The service is registered to provide care to 12 older people. The service was currently providing care for six people following discharge from hospital, one respite and two permanent residents.

The accommodation for service users is on one level. The home has single ensuite bedrooms, an open plan lounge/dining room area, laundry facilities, kitchen and garden room.
The service's aims and objectives sets out the commitment to provide care in a safe and homely environment, to promote choice and independence while respecting the privacy and dignity of people. People would also be encouraged and supported to participate in decisions concerning their own care.

What people told us

We received three care service questionnaires from relatives and carers of people using the service and spoke to five people who were using the service at the time of inspection. Responses about the service, the staff and the care received were very positive, including the following comments:

"it was a very difficult time for my mother, as my father had just died. All of the staff made this period a very positive one for my mother and their attention to her physical and emotional well being was first rate."

"First class. The staff are friendly, helpful and patient. Very good indeed."

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?	5 - Very 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

Strathendrick provides three different services within one small unit - long term care, intermediate assessment and respite care. The focus of these services is different and the service works hard to ensure that people receive a good care experience namely, the right care at the right time. This takes skill and good communication, both within the staff team and with external professionals and this is a strength of the service.

Intermediate care aims to determine people's functional ability. This means looking at whether people need prompting, guidance or assistance while going about their day and to what degree they need it. People are supported to plan what they are aiming for (their goals) and how to reach them. These goals are meaningful and realistic to the individual, for example improving confidence and ability with taking medication, or moving around independently. These goals are recorded. Rather than undertaking tasks for people, staff work with them to enable people to do things for themselves and to re-learn skills they may have lost while unwell, and so recover their ability to live safely and confidently at home. This includes the opportunity to ask questions. Family can be involved if they and the person receiving the service want this. This means that people are as involved as they can be in agreeing and reviewing any restrictions to their independence, control and choice.

The period of intermediate care could be adjusted depending on the progress people were making. Sometimes people stay longer because their needs are more complex and it takes longer to arrange the right package of care for them when they leave. There are also challenges in sourcing care packages in the rural area Strathendrick serves. The service should consider ways to help people pass this time meaningfully. This will mean that people 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.

Support is provided by a long standing and experienced staff team. Care and support is coordinated across the multidisciplinary team, with staff working together to regularly review and reassess people's needs. The service now has dedicated physiotherapy input and a direct referral route to a community psychiatric nurse. CAPA is now embedded within the service. They have been building activity around structured activities and they are currently working with the local high school and Active Stirling to deliver intergeneration CAPA events. This meant that people were supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty.

The aim of respite care is to enable people to live independent lives, with meaning and purpose, within their own community; to empower individuals to be self determined, to reduce carer stress and to avoid dependency on health and social care. People told us that this service made a very positive difference to their, and their families, wellbeing.

At the moment the care planning documentation works, but it could be more comprehensive with goal setting and outcomes achieved recorded more cohesively. Reviews are held regularly but are not written in a person centred way, but rather than in a way that reflects the aims of the service. Outcomes should not only focus on people's personal care, health or social needs, but on outcomes which are specific and meaningful to them. New, more inclusive, paperwork has been planned and is currently being trialled and we will look at this at the next inspection.
Daily notes were very good and reflected the hard work staff did in getting things right for the people they work with. It was clear that people experienced care where staff had time to support and care for them and to speak with them.

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? 5 - Very Good

The service is well established and clear what its aims and objectives are. It provides a flexible respite and intermediate care service to a rural community. This involves supporting timely discharge from hospital. There are two people receiving long term care although the service no longer admits new long term residents.

Respite is offered on a planned basis (although emergency respite can be offered as needed). This supports people and their families to take a break from the caring role and promotes their dignity and wellbeing. People get to know the service and staff very well and build relationships with them. Care planning is person centred with people's needs and wishes being clearly defined. People and their families are fully involved in assessing their emotional, psychological, social and physical needs and this is reviewed during each stay and updated regularly.

People are told that intermediate care is a short-term service and what is likely to happen afterwards. The focus is to assess and promote the person's ability to self-manage as far as is possible. This includes assessing risk. This is an integral part of planning for intermediate care. The service do this when people are admitted and then regularly afterwards, as well as if/when something significant changes. This includes assessing the risks associated with people carrying out particular activities, including taking and looking after their own medicines. The risks associated with people's environment are looked at and balancing the risk of a particular activity with people's wishes, wellbeing, independence and quality of life. The whole staff team work with people to come up with strategies to manage risk; for example, specialist equipment, use of verbal prompts and use of support from others. This means that people can make informed choices about the risks they take in daily life and are encouraged to take positive risks which enhance the quality of their life.

Support plans focus on discussing and agreeing intermediate care goals with people. These goals are based on specific and achievable outcomes. They consider people's health and wellbeing and what they want to achieve during their stay and in the longer term. They look at how people are affected by their conditions or experiences. They take people's best interests and views into account. The outcome of this is that people are enabled to have enough time and support to plan any move, either to return to their own home or to another care service.

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?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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