

Strachan House Care Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Barchester Healthcare Ltd

Service provider number:

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Service no:

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About the service

This Service has been registered since 2007.

Strachan House Care Home is a purpose-built home providing nursing care for up to 83 older people. The service is provided by Barchester Healthcare Ltd, who also have other care homes across the UK. Care is provided by a team of nurses, carers and physiotherapists led by the nurse manager.

The home is situated near the Blackhall area of Edinburgh to the west of the city centre. It is set within well maintained gardens with an outlook from the rear to woods and there is parking to the front of the home. There is a spacious reception area with seating and light refreshments available for residents and visitors.

Accommodation is over two floors and is divided over three units, including a specialist unit providing care for residents living with dementia. This unit has an enclosed courtyard garden which is easily accessible by residents. All residents' bedrooms are single rooms with en suite toilet and wash hand basin facilities. There are dining and lounge areas in each of the units, as well as a range of bathing and toilet facilities.

Strachan House Care Home states on its website:

"We always aim to deliver bespoke care to those who live at our home. We tailor our services to meet the unique requirements of each person and in a way that celebrates their individuality, whilst also helping residents to maintain as much independence as possible and treating them with dignity at all times".

What people told us

During the inspection the service was providing care and support to 80 people. We spoke with 37 people and 11 relatives. We received responses to questionnaires from three people experiencing care, and three relatives. We also spoke to 18 staff.

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 staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home.

People commented on a range of things in the home and overall they told us that they were happy with the care and support with many speaking highly of the staff. Comments from people experiencing care included:

"Very good quality of care and support - thank you".

"The staff are all very kind and helpful, get the attention when we need it, all very nice indeed. Very well run, comfortable and warm".

"Oh it's wonderful, the girls are all very nice and if I need anything they see that I get it".

Relatives and visitors of people experiencing care were generally happy with the home but with a few concerns about staffing after 20:00.

"The best ever I have been to, used to visit a lot of care homes - I can't fault it, looked at 11 others (homes)- they were nice but this had what we looking for".

"It's very good, the staff are very attentive, so kind, nothing is a bother. If you want anything - even make you a cup of tea".

"The food is very good, the staff very caring, my only wee worry is staffing at night, from eight pm it can be very busy. I've raised it before but they tell me that's the rules".

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Strachan House experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

We evaluated how well people's wellbeing was supported and concluded that there were important strengths and some areas for improvement.

People living in Strachan House experienced dignity, respect and compassion in the way they were supported and we observed many lovely interactions between residents and staff. The quality of care was very good. Staff knew the residents well and how they liked to spend their time and to be supported. Many residents spoke very highly of the staff and how kind they were.

"The staff - oh they are beyond reproach! I've been very well looked after, I find it very welcoming and I feel very much at home".

There were designated activities co-ordinators for each of the three units who organised a full programme of activities and social events, both in groups and also on a one to one basis. The home also supported people to

get out and about to do things that were important to them and continue with their interests. We saw many people taking part and many told us that there was plenty to keep them busy.

"There's everything you need, there's plenty of entertainment and plenty to do".

For those people who preferred not to take part or who were unable to, the activities staff spent individual time with people. However some people told us that they would like to get out more and that not all that was on offer suited their interests.

"There's not much for men, if you like baking and flower arranging you're ok....I would like to get out more" (resident).

"There seems to be outings to a café in Davidson's Mains but I don't get to go, I would like to go out more".

Residents told us that they enjoyed the food and there was a new chef who was trying out some new ideas.

"He's already done a few things which is pleasingfresh bread, the smell, it makes you feel good" (resident).

There were visible drink stations available throughout the home that people could independently access. Mealtimes were relaxed and well managed with people supported well to enjoy and eat their meal. Staff provided individual help for those who needed some assistance. However there were occasions where there were lost opportunities to promote people's independence and maintain their abilities during mealtimes. For example one resident was able to take a drink himself with encouragement but was not supported to eat his meal himself, with a carer feeding him.

The nursing and staff teams had a very good overview and knowledge of people's health needs. Nurses responded promptly when people's health was deteriorating, contacting their GP and other health professionals quickly to ensure the most appropriate care. Family members were kept well informed and up to date of any changes. The home had a physiotherapy team who fully assessed people as they moved into the home, working hard to maintain and improve people's mobility and abilities.

The new manager had been in post for a few months. Throughout the inspection they were open and responsive to our feedback and any ideas for improvement were welcomed.

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?

3 - Adequate

We evaluated that assessment and care planning was adequate with some important improvements needed.

People's main care plans although detailed, were repetitive, lengthy and took a long time to read. They tended to focus upon needs as identified by the nurses rather than the person's wishes and what was important to them. Plans were not readily accessible to people and/or their family and did not always help staff to support people well.

"When my father asked to change the time he gets up in the morning - it seems to take a few weeks before all staff know. We ask if it is written in his care plan, but no it is not" (relative).

Plans were unnecessarily in place when there was no identifiable need. For example plans were in place for breathing and falls, when there was no history of breathing problems or the person having had any falls. On other occasions where there was an identifiable need there was no plan. For example people who experienced pain had no detailed assessment of their pain or plan in place to guide staff in how to support them well.

The nurses maintained the main plan, completing daily progress and outcomes for all the residents within each unit, even though the carers delivered most of the care. The carers also had notes to complete on a daily basis about the activities the person had taken part in that were kept in a separate folder. These often duplicated what the activities co-ordinators recorded in their records and what the nurse had written in the main plans.

Some staff told us that they were frustrated at spending a large amount of time doing things unnecessarily that didn't involve being with people; filling in repetitive paperwork that they were unable to see had any benefit to resident's wellbeing and experiences.

"It frustrates me as I'm in here (office), but I should be out there spending time with people, taking them to church or to the pub I spend a lot of time completing all the progress notes for all 25 residents, it will take me 2 hours this afternoon, the carers don't contribute and they should as they are giving the care".

The activities co-ordinators also held records about what the person enjoyed doing and what they had taken part in, but these were kept separately out with the units. Nurses and carers did not contribute to these or have ready access to read them. The co-ordinators also completed evaluation paperwork for each activity that took place but appeared not to be of any benefit to residents, did not inform the person's main plan and took the staff away from supporting people to do things they enjoyed, such as getting out for a walk or to go shopping.

"We have to complete an activities evaluation for each activity for each unit if I'm on my own it takes me ages, it's a waste of time, no one looks at them, would rather be spending time and doing things and enabling residents" (staff).

The physiotherapist also kept separate resident records in the home's gym/physiotherapy room.

To summarise each resident had up to four separate plans/records that were completed by different staff/teams and kept in different parts of the home. This meant that a person's plan, which was theirs, was not readily available to them or/and their family. Barchester systems and processes meant that residents had to fit into the system and led staff to consider the aspect of care they delivered rather than approaching care and care planning in a holistic individual way that started with the person.

Rather than four separate care planning records, a person's plan should be personalised, led by them and/or their family in one recorded plan that the person and all staff contribute to and have access to. By streamlining

care planning, removing repetitive, duplicated records and unnecessary paperwork, staff time could be released to spend with people. Nurses in particular would also have more time to directly support people, monitor and evaluate care, working along side the carers - developing staff skills and leading the team throughout the day.

Areas for improvement

1. To make sure people's planned care reflects needs and wishes that are important to them they should be involved and central to planning care and support. The plans should only cover their needs and wishes and be concise, easy to read and readily available to the person.

Systematic approaches and processes that result in fragmentation of care planning should be removed so care and support reflects people's needs and wishes, not policies and processes.

The plans should include, but not be limited to supporting people to:

- a) maintain hobbies or develop new ones which may involve positive risk taking;
- b) be as independent as possible which will involve risk enablement;
- c) highlight what is important to them and understand care that staff feel must be included in their plan;
- d) feel safe and well supported as well as cared for.

This is consistent with the Health and Social Care Standards which states:

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly, and when my needs change.

(HSCS 1.12)

My future care and support needs are anticipated as part of my assessment.

(HSCS 1.14)

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

(HSCS 1.15)

I am fully involved in developing and reviewing my personal plan , which is always available to me.

(HSCS 2.17)

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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