

Struan Lodge Care Home Service

2 Ben-Corrum Brae
Dunoon
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Telephone: 01369 703936

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Unannounced

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Service provided by:

Argyll and Bute Council

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About the service

Struan Lodge care home is owned and managed by Argyll and Bute Health and Social Care Partnership. It is registered with the Care Inspectorate to provide care and accommodation for up to 12 older people. This includes one place for respite care.

The home was purpose built in mid 1970's and linked to a separately managed day care centre.

It provides a comfortable standard of accommodation for residents who have access to an enclosed garden. There is ample communal living and dining space and all bedrooms are for single person use with en suite facilities.

Dunoon town centre is around a mile away with public transport links nearby.

What people told us

During the inspection we spoke to several people using the service. People and families felt they could rely on the staff, who gave them confidence in the service. Some of the comments received included:

'overall good, I would like more physical exercises'

'I love the food and I have a nice room'

'I do like to go out, but I'm staying in today'

'my room is my home'

'a wee bit unsure of the future, but the staff are very helpful'

'I am very particular and, on the whole, my relative is cared for really well'

'always the same very high standard'

'all staff are good, they are very observant'

'as a relative I get good communication'.

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?	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?

4 - Good

Residents experienced compassionate care from staff who demonstrated genuine kindness and warmth. One resident told us, 'the staff are nice, they do whatever I ask, nothing they do could be done any better.' Overall people had confidence in the staff who cared for them. This meant people received safe, responsive, care and developed very good relationships with the staff.

This small service continued to offer range of care and support for residents. It was welcoming and homely with a range of comfortable furnishings. We noted some areas of the home had recently been improved and redecorated. People accessed a variety of private and communal space and had a say about where they wanted to spend their time.

There was no dedicated activities coordinator, which meant day to day opportunities for involvement could be variable. The service did have an outline monthly plan for group entertainment events. This information was personalised for each resident and available in their room. The individual monthly planner helpfully detailed people's private appointments or planned hospital visits. We saw staff had opportunities to spend time with residents on a one to one basis with access to transport suitable for wheelchair users. The linked day care service provided opportunities for some people to attend the 'Stroke Club'. The service was encouraged to review their approach to engagement to ensure people were supported to get the most out of life. All staff understood how every small interaction was meaningful. We signposted the service to the 'Care about Physical Activity' (CAPA) programme.

The staff team, friends and relatives continued to raise funds to purchase additional equipment. This helped improve people's day to day experiences with the introduction of aids and appliances. At a recent meeting there was agreement to purchase a large, smart television for the main lounge. One resident we spoke to said, 'I like to watch TV but everyone likes different things, so I have a TV in my own room.' It was good to see residents and relatives continued involvement in influencing the priorities for the resident's fund. The manager also facilitated an 'Independent Focus Group' who were currently exploring how to improve internet access for the residents.

Where residents needed help with eating and drinking this was carried out in a dignified way. Staff set up the dining area with tablecloths and place settings. Staff wore café style aprons which provided familiar prompts to help residents with mealtimes. The atmosphere was calm and unhurried. Family members were regularly invited to share mealtimes with their relative and they spoke warmly about being included. One relative spent Christmas day in the home and took on the role of Santa. This was well received by both residents and staff.

Notice boards communicated the daily menu options for a range of healthy meals including fresh fruit and vegetables. We noted the chef would visit residents to discuss the daily options for tea. This was a very personalised approach and possible due to the small group living. Those residents we spoke to told us they enjoyed the food. We encouraged the service to ensure people freely accessed nutrition and hydration between meals. This was particularly useful for mobile residents and those who spend time in their rooms. Fresh water was available in residents' bedrooms and replenished regularly.

Staff told us opportunities for regular supervision had decreased. The service was encouraged to review the frequency of supervisions. We suggested they include the Health and Social Care Standards, professional codes of practice, conduct and continued with direct observation of staff practice as key elements of supervision. We discussed the actions required to ensure routine Scottish Social Services Council (SSSC) checks were in place to manage all aspects of staff's professional registration. This helped keep people safer.

Staff were responsive to people's changing needs and risks. Effective partnership working with key allied health professionals meant people's health could be maintained and enhanced. We saw the service referred to good practice guidance, assessment tools, observations and experience in order to ensure timely referrals. Residents were encouraged to enjoy life without any unnecessary restrictions.

Overall staff, residents and relatives benefited from a service well led by a caring team. We signposted the service to the new 'Self-evaluation for improvement - your guide' resource. This was to help support continued improvement planning approaches to inform and target efforts around desired improvements.

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

People were involved in their care. Staff ensured residents and their families were consulted about their care and support. This meant people's care needs were up to date and plans reflected residents wishes and preferences with good communication. The care plan format contained relevant information to support staff to meet residents assessed needs and outcomes. Staff demonstrated sound knowledge and effective management of a range of long-term conditions.

Residents and families had their voices heard with well-planned six-monthly reviews where agreed actions were evaluated. One relative told us, 'I will leave notes in my relatives' room about his preferences and these have always been added to the care plan.' This meant people were in the right place to experience the care and support they needed. Relatives told us they felt comfortable making comments.

Future needs were anticipated as part of ongoing review and assessment. Residents' health benefitted from the input provided by a range of visiting allied health professionals including the community nursing service. Care plans were complemented with a sensitive approach to anticipatory care plan where appropriate. This meant overall people's care plans were right for them, setting out how needs and outcomes were to be met as well as respecting people's needs, wishes and choices. A new resident we spoke to told they were getting to know the staff, felt safe and had no worries.

Residents' received support with their medicine at the correct time in the prescribed dose to ensure their health was maintained and improved. Staff demonstrated they were safe and competent. The service used medication pod boxes in individual residents' bedrooms which promoted people's privacy and dignity. Staff undertook the

safe administration of medications in line with good practice guidance and carried out regular internal and external audits. We encouraged the service to explore the introduction of a home remedy medication list with general practitioners and pharmacy colleagues.

To safeguard residents, appropriate legal arrangements were in place when people lack capacity. Staff demonstrated a clear understanding of their responsibilities to protect individuals from harm, neglect, abuse, bullying and exploitation.

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

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