

## Croftbank House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 March 2024

**Service provided by:**  
Renaissance Care (No 7) Limited

**Service provider number:**  
SP2008009685

**Service no:**  
CS2008172862

## About the service

Croftbank House is registered to provide a care home service to a maximum of 68 older people. People's needs vary and may include dementia, physical disabilities, learning disabilities, sensory impairments, and palliative care needs. In addition to this, the service may support one named individual under the age of 65 years. The provider is Renaissance Care (No 7) Limited.

The care home is a purpose built single- storey building set back from the main road in the town of Uddingston, South Lanarkshire. There is easy access to local shops, services and transport links. The home is divided into three units with no restrictions between them. All 68 bedrooms have ensuite facilities and residents have use of several dining rooms, lounge areas, a hairdresser, café and secure garden.

At the time of this inspection there were 66 residents living at the home.

## About the inspection

This was an unannounced inspection which took place between 27 February and 1 March 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 12 people using the service and nine of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People using the service and their relatives gave positive feedback about their care and support.
- People's health needs were met well by the nursing and care staff.
- People had access to stimulating activities at home and in the community.
- The staff team was consistent and provided kind, respectful, and compassionate care.
- Leaders completed quality assurance to ensure people were safe and well.
- People's care plans detailed their health needs well but needed to be more person-centred.
- The home was clean and welcoming but would benefit from redecoration in places.

## 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?	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?

## 5 - Very Good

We evaluated this key question as very good because there were major strengths which supported positive outcomes for people. There were very few areas for improvement.

The care home had a warm, homely atmosphere which promoted very good experiences for people. A person living at the home told us "I am happy here. The staff are wonderful, and it feels like my home. It is my home". This sense of belonging and comfort was important to the person and was evident with many other people. Another person, who was previously socially isolated in other settings, was now an active member of the home, socialising with peers in communal areas, which developed their confidence and wellbeing.

We spent time with residents and noted other positive outcomes. A relative explained that their loved one moved to the home for palliative care with a life limiting illness. They had been supported to maintain their health and wellbeing, offering quality time with family and friends longer than they had anticipated, which was invaluable.

People had access to stimulating activities at home and in the community. During our visits, we saw entertainers, visits from local nurseries and schools, and a programme of exercises, home baking, dance, and music. These were popular and benefitted people's physical and emotional wellbeing. Links to the community had been developed with local schools, churches, and regular day trips using the home's minibus. Families were welcomed and included in people's social lives. A relative told us "We work well together. Whether it's with us or the staff, [person's name] is out multiple times per week. They know everyone in the local cafes, restaurants, and parks". People who could not, or did not want to, participate in group or outdoor activities, had regular one to one visits from staff to meet their needs. This evidenced that people of all abilities had meaningful connections in the home and local area.

People's health needs were understood and met well by the nursing and care staff. People needs were thoroughly assessed, planned, and evaluated to ensure they were being met effectively. There was considered support for people with additional needs such as wounds or pressure ulcers. Appropriate assessments and treatment plans were in place with referrals to external professionals when appropriate. The home had invested in specialist mattresses that promoted movement, and had specific procurement arrangements which meant they could access dressings and equipment quickly. In other areas, such as nutritional care, people's food and fluid intake was closely monitored, with ongoing joint work with dietitians noted. The mix of effective staff practice and support from external agencies promoted better outcomes for people.

Staff supported people well with their medication to promote their health and wellbeing. We observed appropriate storage, administration and recording of medication during our visits. Staff communicated clearly with people, discussing their medication and ensuring comfort. When medication errors occurred, which was rare, staff were supported with additional training and monitoring to promote better practice.

We observed staff interactions with people during our visits. It was clear that staff had a strong understanding of people's needs and preferences. There was good rapport and communication with people. This was achieved because the home had a stable and consistent workforce. The staff were permanent workers who demonstrated strong values and commitment to their role.

There were very few areas for improvement in this key question, and we were reassured that issues that

were identified were promptly and meaningfully resolved. For example, on day one of our inspection, we noted there were no menus available during lunch, which resulted in some confusion over choice. This was quickly rectified and full menus, as well as visual choice of meals, was offered to people. The management team regularly observed mealtimes and will ensure this good practice is maintained.

## How good is our leadership?

## 5 - Very Good

We evaluated this key question as very good because there were major strengths which supported positive outcomes for people. There were very few areas for improvement.

The care home had a new manager since our last inspection who had maintained existing good practice and introduced new and effective initiatives. We were reassured that the home's leadership was pro-active, visible, and promoting continuous improvement of the service, which benefitted people.

Leaders were inclusive and held regular meetings with people, relatives, and staff. These were meaningful and there was evidence that leaders listened to people and involved them in service improvement. For example, there were frequent residents' meetings in which people suggested changes to the activities, food menus, and environment. These were actioned quickly using a 'you said, we did' approach. This gave people a sense of inclusion and ownership of their service.

Frequent relatives' meetings had been established which was important to families, particularly because of the change in management. Families told us they had faith in the new leadership team and felt listened to. Minutes of these meetings confirmed that the management team recorded relatives' suggestions and followed through with action plans.

There were multiple forums for staff to meet with the management team and express their views. There were daily flash meetings and handovers to discuss day-to-day practice as well as regular all staff team meetings to explore wider issues. We felt these were productive and effective. For example, some workers felt that staffing levels could be improved in specific areas and times. The management team had introduced additional flexible workers to support staff at peak times, which improved people's care and support. We asked leaders to continue this meaningful approach as it was inclusive and resulted in better experiences for residents and staff.

Leaders completed audits into important parts of the service which kept people safe and well. There were ongoing audits in areas such as mobility, nutrition, wounds, medication, and infection prevention and control. Audits identified issues that needed to improve, and these were promptly addressed. We were impressed by the analytical approach in the home, for example, falls were tracked, patterns identified, and appropriate changes and referrals to partner agencies were completed. There was also a lessons-learned approach in which any new or significant issue was thoroughly examined and changes to practice introduced. This strong management oversight helped promote people's health and wellbeing.

The management team had developed a comprehensive service improvement plan, which was linked to the Care Inspectorate's quality framework. This meant that the service had detailed information about people's health and social needs, management and leadership, staffing, the setting and facilities, and care planning. Each area had significant detail about what was going well and what could be better. This reflected the service's commitment to self-evaluation and continuous improvement, which should help maintain and further enhance people's outcomes.

## How good is our staff team?

4 - Good

We evaluated this key question as good because there were important strengths which, taken together, clearly outweighed areas for improvement.

People using the service could be assured that staff were recruited safely in line with national guidance with appropriate checks, references, and registrations. New workers had an induction and probation period to ensure they had a good understanding of their role and people's needs.

Staff had access to ongoing training to meet people's needs including courses in moving and assisting, adult support and protection, and dementia. Training was delivered in both face to face and online settings. There was a system of direct observations to ensure staff implemented learning from training in practice. Workers also received ongoing support from management through regular team meetings and one to one supervision sessions. These were useful forums to discuss practice, development needs, and monitor staff performance. This promoted continuous improvement in the service and better outcomes for people.

We received positive feedback from people and relatives about staff who praised their caring and skilled approach. Workers spoke passionately about their role and care for the residents during our interviews. This was confirmed in our observations of staff interactions with people which were positive, warm, and caring.

We did note that there were pockets of low morale within the staff team. There were various reasons for these feelings. Staff had experienced several changes in recent years with the pandemic, changes in management, and updates to practice including a new digital planning system. The pace and volume of change was challenging. Some workers had felt that staffing levels could be improved. We were reassured by the management team's response as they had reviewed staffing arrangements and introduced flexible workers to support staff at specific areas and times to better meet people's needs.

The management team were particularly effective at listening to feedback from people using the service and relatives, and evidencing change through a 'you said, we did' approach. We asked leaders to extend this approach to staff and better evidence their inclusion in the service. Whilst these feelings of low morale were not shared by all staff, and there was no evidence it was impacting practice with residents, there was a risk that if unaddressed it could affect performance over time. The management team recognised this and agreed to prioritise staff inclusion, development, and wellbeing.

## How good is our setting?

4 - Good

We evaluated this key question as good because there were important strengths which, taken together, clearly outweighed areas for improvement.

The care home was clean, tidy, and free of malodours and clutter. There was a warm, homely atmosphere. We were pleased to see people regularly spending time with family and friends in the large, spacious communal areas. People's bedrooms were personalised to their individual taste which promoted choice and sense of belonging.

The home had a flowing, circular design and corridors were not restricted by security keypads. This promoted natural movement across the service. A person told us they enjoyed this freedom of movement, which was good for their physical and mental wellbeing.

There was an attractive and well maintained secure garden which was well used by residents and staff. We observed people relaxing in the garden, and saw evidence it was used to host events, celebrations, and

activities. Access to outdoor spaces was essential for people's sensory needs and wellbeing.

There was a well-resourced housekeeping team who cleaned the home frequently and robustly. Cleaning schedules and records confirmed the home was cleaned in line with national guidance which reduced the risk of infection. A resident of the day system ensured that every person had a deep clean of their bedroom to promote their health and safety. Additionally, a dedicated maintenance worker ensured the home was safe and secure, equipment was appropriately serviced, and health and safety requirements were met to keep people well.

We did note that some parts of the care home appeared tired and worn. For example, some carpets were stained and there were markings on walls. Whilst this was not dangerous, it was not aesthetically pleasing for residents and visitors. We found that signage in the home could improve. Some walls were covered with a high volume of pictures which could be confusing for people, particularly those people living with dementia.

The management team shared a comprehensive environmental improvement plan which had been approved by the service provider. This included the renovation of parts of the home to make it more attractive, modern, and dementia friendly. We saw design plans and meetings with external contractors which confirmed this important work would start imminently. These changes will improve people's experiences and further enhance the welcoming, homely atmosphere of the service.

### How well is our care and support planned?

**4 - Good**

We evaluated this key question as good because there were important strengths which, taken together, clearly outweighed areas for improvement.

Every person living at the care home had a personal plan, known as a care plan, which detailed their needs and preferences. These were recorded on a digital system. The plans were particularly effective in highlighting people's health needs.

People's health needs were thoroughly assessed, planned, and evaluated to ensure their care was effective. Where people had additional needs, these were informed by specific assessments and tools and appropriate joint working with health professionals. For example, people at risk of malnutrition were regularly assessed using specific tools, their weight and food and fluid intake was monitored, and referrals to dietitians promptly made when required. Similarly, for people at risk of falls, multifactorial risk assessments were in place, preventative measures introduced, and a thorough analysis of falls was taken to help reduce recurrence. If people were at risk of further incidents, the service referred to health professionals for further support with environmental changes and equipment. There was a holistic and analytical approach to improve outcomes for people.

The plans were regularly evaluated to make sure information was up to date and care was effective in meeting people's needs. A system of six-monthly reviews further ensured accuracy and that people and relatives were satisfied with the care and support they received. This was inclusive and promoted good practice.

People had appropriate risks assessments in place to promote their safety and wellbeing. Forms of restraint – such as alarms, sensors, and wheelchair lap straps – were also assessed to evidence suitability. It was identified that consent from people and their guardians should be more detailed and reviewed more frequently in line with national guidance. The service was liaising with social work professionals to improve

their recordings in this area.

The service had recognised that there was a focus on health needs when care plans were moved from paper to digital formats. Consequently, detail about people's life histories, what was important to them, and other person-centred information was limited. The management team had started to liaise with people and relatives to improve the recording of people's social needs. We saw the development of people's life stories as well as one-page profiles which captured what was important to people. We encouraged the service to continue this meaningful improvement that will further enhance staff understanding of people.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 and wellbeing benefits from their care and support	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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