

Greencross Care Home Service

2 Tabernacle Street
Cambuslang
Glasgow
G72 8JN

Telephone: 01416 411 266

Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010440

About the service

Greencross is a privately owned care home, provided by Thistle Healthcare Limited. The service is registered to provide nursing care to 76 adults and older people including people with alcohol related brain damage.

The home is situated close to the town centre in Cambuslang, South Lanarkshire and is near to public transport routes and local amenities. The service is provided over two separate buildings.

The main building is a large traditional, Victorian stone building with 35 bedrooms housed over three floors. There is a passenger lift providing access to the upper floors. There are 19 bedrooms with en-suite facilities, some of which include shower facilities. Each floor has access to a communal lounge/dining area and shared bathroom facilities. There is also small lounge available on the ground floor if people wish access to a quieter space.

There is an adjacent building termed The Lodge offering an additional 31 single rooms, all of which have en-suite showering facilities. The Lodge has a range of communal spaces including cinema room, quiet relaxation room, and a large lounge/dining room. There is also a kitchen that can be used by people who wish to prepare their own meals or tend to their laundry. There is a lift providing access to the upper floor.

The home benefits from an enclosed garden for people to use which offers pleasant places to sit. There is a parking area for visitors.

At the time of this inspection there were 58 people living at the home.

About the inspection

This was an unannounced inspection which took place on 20 and 21 March 2024 between 09:00 and 18:00. The inspection was carried out by two inspectors from the Care Inspectorate.

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.

In making our evaluations of the service we:

- spoke with 15 people using the service;
- spoke with 18 staff and management;
- spoke with two health professionals;
- observed practice and daily life; and
- reviewed documents.

Key messages

- people experienced very good outcomes and were supported by a consistent and dedicated staff team
- the management team were well thought of and had good oversight in the home
- people were supported to reach their full potential through a range of social, purposeful and educational activities
- the provider should develop an environmental improvement plan to drive further adaptation and upgrading of the facilities at Greencross
- The management were proactive in their approach to reviewing people's medication to ensure care that meets people's needs.

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?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with kindness, warmth and respect. Staff knew residents very well due to the consistent and stable staff team, and people had formed supportive relationships. One visiting health professional told us "Greencross is an exceptional care home. I wouldn't think twice about my own family living here". This ensures that people experience compassionate care.

Capacity assessments were in place and there was clear guidance for staff on how to take an enabling approach to care. Staff had a clear understanding of individual resident's abilities and supported people to make day to day decisions where they were able. This meant that people's rights were upheld.

Staff believed in people's abilities, strength and potential and as a result outcomes for people were very good. People had the opportunity to prepare their own meals and take part in everyday tasks such as laying the table for meals, doing their laundry and cleaning their rooms. This helps people reach their full potential and lead purposeful lives.

Residents were supported to identify and achieve their wishes and aspirations. People had the opportunity to take part in a wide range of social and community activities personalised to their preference and need. We heard of people learning to speak Italian, attending local recovery groups, taking part in curling, and pizza making. The home offered "VIP days" where one day a month each resident would get to do something special of their choice. We heard about trips to the theme park, Loch Lomond and plans to go to a nightclub. Staff also had time to spend 1:1 with residents and foster good conversations. This showed how support is designed to achieve very good outcomes for people around their needs and wishes.

People's health benefited from very good engagement with other health services. Health assessments and regular risk assessments took place and the management team had good oversight of people's healthcare needs. When there were changes in people's health we saw onward referrals to a range of health professionals including dietician, psychiatry and learning disability teams. This helps keep people well and ensures their health needs are met.

Support plans and risk assessments were a reflection of people's strengths and abilities. People were encouraged to take an active role in reviewing their personal plan and families were routinely involved in this process. This supports people to receive care that was person centered.

Meal times were relaxed, well managed and unhurried. Residents meetings were taking place to gather views and we could see evidence of involvement in menu planning. This helps people feel listened to and their views valued.

People's medication was managed safely. The service was proactive in the management of stress and distress symptoms of people in the home. There was very good oversight and regular reviews to ensure a minimum use of psychoactive medication. People had person-centred care plans giving clear direction on how to support them to minimise distress. This ensures people feel safe and at ease.

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager had a proactive approach to driving improvement. A self-evaluation based on the quality framework for care homes for older people had also been developed and this had identified the next steps for service improvement.

We found there were effective quality assurance processes in place. There was a schedule for audits to be carried out in respect of all aspects of clinical, environmental and staff practice. There was evidence that the audits had been carried out as planned. Where areas for improvement were highlighted, actions to remedy issues were identified. Personal plans were reviewed and updated regularly ensuring care was responsive to people's individual needs. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

We received positive feedback on the management and leadership within the service. The staff told us they were well supported and listened to. All groups of staff had regular meetings and the minutes showed that there was a focus on improving the quality of care provided. Quality assurance and service improvement was reflected in the minutes of staff meetings.

Resident meetings had taken place and there was evidence that managers had taken action to address issues raised. Feedback on the action taken had been communicated to those concerned. This assured people they are listened to and can effectively contribute towards improvement.

The provider should review the environment improvement plan. To further improve the setting, we discussed referring to best practice guidance to assess the setting for people with dementia. We found areas of the main house which did not meet best practice. For example, the lighting and communal bathing/shower rooms. This will enhance the setting and improve outcomes for people. (See area for improvement 1)

Overall, we found good leadership within the home, with a clear focus on improving the quality of life for the people living in the service.

Areas for improvement

1. To ensure the setting meets the needs of people, the provider should consider specialist dementia design when planning any renovations or redecoration within the home. Best Practice guidance such as The Kings Fund Tool and the Care Homes Design Guide should be referred to.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "The premises have been adapted, equipped and furnished to meet my needs" (HSCS 5.18) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.24)

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

In order to ensure that effective cleaning can take place, the manager should carry out an audit of the environment and identify hard to clean areas. She should detail findings in an environmental improvement plan with detail of action to be taken, by whom and when.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: 'My environment is secure and safe'. (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

This area for improvement was made on 25 November 2020.

Action taken since then

The service had an ongoing environmental refurbishment plan in place where we saw actions taken and timely completion. Housekeeping staff undertook regular environmental audits which were overseen by the management team. Part of this process involved identifying areas for improvement including harder to clean surfaces. Any actions identified were then transferred onto the home's refurbishment plan.

During the inspection we identified some aspects of the building which are in need of replacement. We have commented on this further under key question 2 and a new area for improvement has been made.

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 and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.