

Duncraggan Care Home Care Home Service

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Burnside
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Telephone: 01416 345 898

Type of inspection:
Unannounced

Completed on:
15 March 2024

Service provided by:
Keane Premier Healthcare Ltd

Service provider number:
SP2008010039

Service no:
CS2011304632

About the service

Duncraggan Care Home is registered to provide a care home service to 24 older people, up to two of whom may be receiving respite at any one time. The service provider is Keane Premier Healthcare Limited.

The home is located in a residential area in Burnside, South Lanarkshire and is a short distance from local amenities and public transport links. The service is provided from a large traditional, detached Victorian villa which has 13 single bedrooms housed over two floors, with a stair lift providing access to the first floor. There is an adjacent bungalow offering an additional 11 single rooms. Most bedrooms are provided on a single basis with en-suite toilet, and wash hand basin. Some rooms have a shower/wet room.

Each building has a communal lounge, dining space and shared bathroom facilities. The home benefits from extensive gardens and offer a peaceful area for residents and visitors to enjoy. Visitors' parking is located at the front of the home.

There were 19 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 14 and 15 March 2024. The inspection was carried out by one inspector 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 seven people using the service who were able to give their opinion and four relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with two visiting professionals.

Key messages

- Staff knew people well and treated them with kindness and respect.
- People's wellbeing benefitted from regular activity and social opportunities.
- The service should improve daily record keeping.
- The provider should improve consultation methods in order to evaluate people's experiences and outcomes.
- Further improvement should be made to the environment to ensure a homely and dementia friendly setting.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

4 - Good

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

People should expect to experience compassion, dignity, and respect. We observed kind and pleasant interactions indicating there were good relationships between staff and people supported. Staff knew people well which helped ensure their care is carried out according to their preferences. One person told us "The staff are lovely; they are always very helpful". This helped provide assurance people were treated with compassion.

Feedback was positive about the quality of care and support people received. Comments included "I like staying here, I am well looked after" and "I am very settled, and people make me feel welcome." "Relatives' comments included "My mum is very happy here; I am kept well informed, and staff can't do enough".

People told us they enjoyed the meals and snacks provided. Meals served within the home were of a good quality; well-presented and looked appetising. Special diets were catered for, and options were available. We discussed improving pictorial options for menu choices at the time of inspection. People could choose where they ate their meals and had access to drinks and snacks. It was good to see people enjoying the social aspect as well as the food.

Activities involved care staff but were led by an activity co-ordinator. Activities were regularly happening in the home, and people had the opportunity to participate in a range of social and leisure pursuits. People told us they enjoyed recent day trips and attending local clubs. This helps people feel connected with their local community and promotes good outcomes for people.

People's personal plans should reflect preferences and outcomes in relation to both individual and group activities. Development of individual activity plans were needed to ensure people get the most out of life. (See area for improvement 1)

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

Medicines with a PRN (pro re nata) or 'when required' dose can treat many different conditions. People's plans should contain enough information to support staff to administer when required medicines. The plan should include appropriate alternative support and interventions to use before medicines. Records did not always include this detail and we have made an area for improvement. (See area for improvement 2)

People's health benefitted from good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

The service provider should improve the processes in place to protect people's belongings. We found items of clothing were not labelled to identify who they belonged to. This will ensure better outcomes for people.

(See area for improvement 3)

People had personal plans in place which set out how their health and care needs would be met. Staff demonstrated an understanding of the needs of people. Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences.

Although health assessment and screening took place, we found inconsistencies in the standard of recording, for example in documenting individual outcomes. Elements were not in keeping with best practice and records could be improved further. (See area for improvement 4)

Areas for improvement

1. To support people's wellbeing and social inclusion, the provider should develop individual activity plans. This will demonstrate how related outcomes are being met and evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, 'I 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' (HSCS 1.25); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

2. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

3. To ensure good outcomes for people experiencing care, the service should ensure all clothing items are identifiable to each person supported. To assist with the process, a clothing inventory and clothing destruction inventories should be put in place to ensure personal clothing items are recorded within individual personal plans.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

4. In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We found there were 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, clearer recording of actions to remedy issues should be in place. This will ensure us that processes are in place to promote a culture of continuous improvement and good practice.

There was a service improvement plan in place. However, the plan lacked evidence of obtaining people's views. The service should consider various methods to gather and increase feedback from people. Actions taken as a result of feedback should be recorded and shared. This would help ensure that people experiencing care and support and their relatives could influence the direction of the service. (See area for improvement 1)

Residents and relatives' meetings had just started taking place and there was evidence that managers had taken action to address issues raised. This allowed people to be involved in evaluating the quality of the service. Although the people we spoke to were positive about the opportunities they had to provide feedback it was not always possible to establish how their views had been used to inform changes in the service. (See area for Improvement 1)

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. We discussed identifying staff members as Quality Champions for a range of key aspects of care. This will foster a shared accountability for quality improvement across the staff team. Consideration should be given to how best to engage all staff in self-evaluation to ensure a shared responsibility for service improvement. (See area for Improvement 2)

People we spoke with told us the management team were approachable and effective in dealing with any issues. We saw complaints were responded to effectively and where improvements were needed, they were acted on. This reassured us there was a system of checking in place to sustain good practice and keep people safe.

The reporting, recording and storage of information should be reviewed by the service provider, at the time of the inspection we shared the following guidance. 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. This is important because it helps us

understand the quality assurance and governance systems that are in place to keep people safe.

Areas for improvement

1. To ensure people are meaningfully involved in improving the service, the provider should:

- a) review methods and processes of feedback used.
- b) ensure there are more opportunities for people to share their views and influence the direction of the service.
- c) share with people the actions taken as a result of their feedback.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

2. In order to achieve comprehensive quality assurance and service improvement, the provider should ensure that all staff have the opportunity to be involved in and contribute to the self-evaluation of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14)

How good is our staff team?

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 staff team were valued by people experiencing care, this was representative of feedback from residents, relatives, and stakeholders. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "The staff are always helpful and work hard," and "the staff are a great team." This assured us that the staff team were caring and considerate in their practice.

People were recruited following best practice guidance and completed an induction and probation period when they commenced employment at the service. New staff told us they felt supported in their role. This enabled the manager to ensure staff had the skills and knowledge to undertake their role safely.

Staff completed training that was relevant to their roles, and most had received or planned training in dementia awareness and adult support and protection. There was a clear overview of staff training ensuring staff had up to date guidance in line with best practice. The management team was proactive in promoting access to training for staff, with online and face-to-face learning being made available. This meant that staff had the necessary skills to support people to meet their needs.

There was effective communication between the management team and care staff. Staff meetings and supervision sessions were taking place regularly. This provided an opportunity for staff to consider their performance in relation to the outcomes for people living in the service.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. The home was designed in a way which provided people small group living which supports good practice. Communal areas offered people the opportunity to meet others and provided additional space for people to spend time out of their own bedrooms.

The home was comfortable and homely. We noted an environment plan was in place which identified areas for improvement. To further improve the setting, the provider should refer to best practice guidance to assess the setting for people with dementia. This will enhance the setting to good practice and improve outcomes for people. (see area for improvement 1)

The environment was clean and tidy. However, some minor points were noted in terms of cleaning practice which was not in keeping with national cleaning specifications. For example, chairs within one of the seating areas were needing replaced due to wear and tear, increasing the risk of infection. The service should refer to the National Infection Prevention and Control Manual and encourage more robust actions in terms of monitoring practices. (See area for improvement 2)

The laundry room was in need of attention to ensure best practice is followed. This should be reviewed to allow a safer flow of laundry to minimise cross infection. The storage could also be improved to make practice easier and safer. (See Area for improvement 2)

There were systems in place to maintain the home, ensure repairs were carried out promptly and ensure the safety of equipment. This assured us that people lived in a safe and well-maintained environment.

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)

2. So people can be assured systems are in place to support safe infection prevention and control practice, the following actions should be taken:

- a) Ensure up to date guidance is known to those staff accountable for infection control and regular reference to National Infection Prevention and Control Manual is made so practice is in keeping.
- b) Ensure the standards of cleanliness is monitored, including soft furnishings.
- c) Review the flow of laundry and storage facilities within the laundry room.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." HSCS (1.24)

How well is our care and support planned?**4 - Good**

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

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Risk assessments were kept up to date and showed actions to keep people safe. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

Attempts had been made to engage with families to consider end of life care planning, however the information was inconsistent. This should continue to improve so that people's rights and wishes are considered when their health deteriorates. (See area for improvement 1)

Areas for improvement

1. The provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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