

## Greenfield Park Care Centre Care Home Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
13 June 2024

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300709

## About the service

Greenfield Park Care Centre is registered with the Care Inspectorate to provide a care home service for 110 residents.

The building is purpose-built and is in Carntyne, Glasgow, and is close to local transport links. Accommodation is on one level consisting of a main reception area, offices and a relatives' room. Leading from this area are two wings, consisting of five units.

Each unit has a lounge with separate dining area and satellite kitchen. All bedrooms are single with ensuite facilities. There is a selection of small rooms throughout the building where residents can spend time or meet privately with visitors. There are recreational facilities including an art room, pub and hairdressing salon which are well used by residents. All units open out onto secure, well-maintained gardens. Parking facilities are available for visitors to the service.

## About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 June 2024. The inspection was carried out by three 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 and 10 of their families
- spoke with 18 staff members and five members of the management team
- observed practice and daily life
- reviewed documents
- obtained feedback from two visiting professionals.

## Key messages

- The personal planning and record keeping within the service required improvement.
- Quality assurance processes and management oversight should be improved.
- The staff team was committed and knew people well.
- People were supported by the right number of staff at the right time to meet their 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way, with warmth and kindness. It was clear that they knew people's needs well and we saw several staff members sensitively support people who were upset or disoriented. This helped people feel safe and that their concerns were validated. Throughout the inspection, we observed staff responding to people politely and respectfully and, where appropriate, with shared humour.

There was a dedicated wellbeing team in place who had overall responsibility for arranging in-house activities and community events. We saw photographs of people engaging in a range of activities and celebrating specific dates and special events. An activities planner was in place, and this helped plan and inform people of what was on offer to help them pass their day. These activities were designed to meet the skills and abilities of people in the different units, which meant that people were able to get the most out of them. People were regularly consulted on what type of activities they would like, what ones they had enjoyed and what they did not like. Some people spoke positively about the opportunities to pass their time in a meaningful way.

The service had use of a minibus and there were outings planned on a regular basis for people. An art studio in the home was also available for people to attend on a twice weekly basis with a member of staff from Glasgow School of Art. People identified as not being keen to participate in regular activity were highlighted to the activity coordinator for further encouragement and support. The service needs to further develop the support given to some people who prefer to stay in their rooms. We felt more could be done to help them pass their day meaningfully (see area for improvement 1).

People benefited from relationships with local primary schools and in-house church services. This helped maintain connection with the wider community and support people's spiritual needs. People were able to stay connected to family and other people who were important to them. This was supported very well and helped people maintain relationships that mattered most to them. Visiting was encouraged and a flexible approach was taken to suit people.

Medications were managed effectively with safe systems in place for storage, administration and recording. Regular audits were undertaken, and staff received regular training. This ensured people were supported well with their medication to maintain their wellbeing. People were supported by a range of visiting health professionals who told us that staff were responsive, followed advice provided and communicated well with them about health issues. These approaches helped keep people well and ensured their health needs were being met.

Mealtimes provided a social opportunity for people to come together, and meals were well-presented and nutritious. People enjoyed a positive mealtime experience. Those who required extra support to eat were assisted discretely, and with dignity and respect. This ensured that people with specific requirements were able to have time to eat in a relaxed atmosphere free from distractions.

People should have a personal plan aligned to best practice guidance that reflects their current needs and directs staff to meet those needs. In the plans we sampled we noted that there was limited information around oral and dental care needs and how these would be met. We found that daily oral care records were not always completed daily, and there were limited records of action taken, or strategies used, where care could not be carried out as planned. This meant that the care and support people experienced may not always be right for them. This had the potential to put people at risk of poor outcomes in respect of their oral and dental care needs (see requirement 1).

Personal plans also contained information about how people's nutrition and hydration needs were to be assessed, monitored and met. We found food and fluid recordings did not always show how people's needs were assessed or if their target intake had been met. This practice placed people at risk of harm to their health and wellbeing because inaccurate information could be recorded (see requirement 1).

## Requirements

1. By 30 September 2024, the provider must ensure that personal plans set out how the health, welfare and safety needs of service users are to be met.

To demonstrate this, the provider must, at a minimum, ensure that personal plans:

- (a) Accurately reflect the assessed current oral health and nutritional needs of the service user.
- (b) Include person-centred information outlining needs, abilities and support required to meet those needs.
- (c) Demonstrate meaningful involvement and consultation with the service user and/or their representative.
- (d) Accurately reflect the level of support required to meet oral health and nutritional needs.
- (e) Ensure information about oral health and nutritional needs is up-to-date and regularly evaluated as part of effective quality assurance systems.

This is to comply with Regulations 4(1)(a) and 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Areas for improvement

1. The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the rights of people to take part in activities that are of interest and meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Since the previous inspection there had been a change in the management team, with a newly promoted manager and two new deputy managers in post. This has led to a change in roles throughout the service and those affected may require time to embed their practice and develop their knowledge and skills in leadership.

Staff spoke positively about the management and leadership within the service, and how the management team was approachable and supportive. Staff were confident that any concerns would be dealt with appropriately and, where necessary, escalated. There was effective communication within the staff team.

The provider had a quality audit system in place to assess and monitor the quality of service provision. This was being used to check that expected standards, and good practice guidance were being implemented. Some of these audits also included checking the quality of people's experiences. Although we found examples of completed audits, they did not reflect some of our observations or findings, as reported under How well do we support people's wellbeing? and How well is our care and support planned? of this report.

Some areas of service delivery were not being effectively monitored through management oversight or quality assurance processes. This meant that outcomes for people were compromised and placed them at risk of potential harm. To ensure that people benefit from their care interventions, and positive outcomes are achieved, this must be improved (see requirement 1).

The service would benefit from undertaking self-evaluation aligned to the quality framework for care homes for adults and older people. Constructing an effective self-evaluation should lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We suggested that a whole-team approach be adopted to ensure full consultation with staff on self-evaluation and the resulting priorities for improvement. Consideration should also be given as to how people experiencing care, and other stakeholders, could be included in this exercise (see area for improvement 1).

### Requirements

1. By 30 September 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

To do this the provider must, at a minimum, ensure:

- (a) The quality assurance system supports a culture of continuous improvement.
- (b) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.

This is to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

### Areas for improvement

1. The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

### How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Relatives said that staff were approachable and that they would raise any concern they had with them.

Some people said that there were many new staff, and the names of these staff were unfamiliar. Relatives said that in general there was consistency with staff. However, there would, at times, be new staff who they did not know.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. A recognised method was used to help inform staffing levels. This was used in conjunction with the knowledge of people's needs gleaned from the staff and management team. This included taking account of the complexity of people's care and support.

Staff were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable. Some improvement could be made to looking at specific times of day, particularly within the Oakley unit, where staffing deployment could be improved. We gave some examples from our observations and from staff feedback during the inspection (see area for improvement 1).

### Areas for improvement

1. The manager should ensure there are always sufficient qualified staff on each shift to fully meet people's health and care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people." (HSCS 3.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Each part of the home remained clean, attractive and well cared for. The furnishings were of good quality in every unit. Chairs and sofas were comfortable and were laid out in such a way as to promote a homely and warm atmosphere. In the bigger units there were two lounges, both were well-decorated and furnished. There was a larger lounge for people to mix with each other and a smaller cosy TV lounge. There was plenty of social space and people chose where to spend their time.

The service had taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were, enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia friendly.

The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a high standard and well-maintained. A relative said: "The home is so well-maintained and it's always spotless." The home was well-maintained and decorated to a high standard. Any issues reported were actioned quickly, promoting people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

There was courtyard garden outside each unit with attractive tables and chairs. These were secure areas that were easily accessible for all. People could independently use the gardens, weather permitting. The wooden planters, and some of the courtyard paved areas, were overgrown with weeds which detracted from the normally pleasant garden surroundings.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Personal plans should be up-to-date and sufficiently detailed to provide staff with effective guidance on how to support the people in their care. We found some inconsistencies in records and supporting documents in place to guide staff regarding people's current care and support needs.

Although personal plans held some important and relevant information, there were significant gaps within some people's plans. Where the information had been evaluated and assessed it did not always reflect people's current or changing needs. The most up-to-date information on how to provide appropriate care and support was not always available. Subsequently, this increased the likelihood of care and support being compromised due to the limited evaluation and assessment of risk (see requirement 1).



The management team had identified some of these issues and were in the process of updating and streamlining the care planning system which should address all these gaps within the documentation. This could provide an opportunity to audit and improve the standard of record keeping and prevent this happening in the future. We discussed the need to review the personal plan audit process with a more regular system for checking plans and addressing any issues (see requirement 1).

Personal plans were not wholly person-centred or meaningful to each individual person. We suggested that this might also indicate a staff training need, particularly around outcome-focussed care planning (see area for improvement 1).

Palliative and end of life care was managed in line with the person and their family's needs and wishes. The principles of care at this time in life were anticipated. People had details around future planning in place that reflected their wishes and, where appropriate, those of their representatives. Plans were agreed and in place to provide comfort, care and support. Staff were familiar with people's preferences for palliative and end of life care.

We found all staff knew the people in their care and recognised the individual nature of the care and support needed. As a result, they could describe the significance of changes, impact on people's health and wellbeing and the involvement of community healthcare teams.

## Requirements

1. By 30 September 2024, the provider must ensure each service user has personal plan in place which sets out how their physical and emotional needs are to be met.

To do this the provider must, at a minimum, ensure:

- (a) Evaluations are regularly recorded.
- (b) Reviews are used to reflect on people's outcomes and that action points are recorded to support follow-up.
- (c) The personal plan audit process is developed to monitor the accuracy of plans to make sure people's care is right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices.

This is to comply with Regulation 5(1) and (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

## Areas for improvement

1. The service should ensure that all staff record their involvement with people in a person-centred manner to capture people's experiences and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Complaints

Please see our website for details of complaints about the service which have been upheld.  
[www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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