

# Castle Street Care Home, Living Ambitions Limited Care Home Service

16 Castle Street  
Rutherglen  
Glasgow  
G73 1DY

Telephone: 01416 470 493

**Type of inspection:**  
Unannounced

**Completed on:**  
2 August 2024

**Service provided by:**  
Living Ambitions Ltd

**Service provider number:**  
SP2003000276

**Service no:**  
CS2003001388

## About the service

Castle Street Care Home is situated in the town of Rutherglen. It has easy access to local amenities and transport links. The provider is Living Ambitions Ltd and is registered to provide 24 hour care and support to a maximum of nine adults.

The care home is a single level property and has nine single bedrooms, none of which have en-suite facilities. There is a communal lounge, kitchen, and dining room and people have access to two communal bathroom facilities.

There are gardens to the rear of the property which people can use. There are car parking spaces to the front of the property.

At the time of the inspection there were nine people living in the home.

## About the inspection

This was an unannounced inspection which took place on 30 July 2024 to 01 August 2024. The inspection was carried out by one inspector. 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 nine people using the service and three relatives.
- spoke with 13 staff including members of the management team.
- observed practice and daily life.
- reviewed documents.
- spoke with one external professional.

## Key messages

We saw kind and caring staff interactions which people responded positively to.

People using the service, and their relatives, were mainly happy with the service provided.

Processes around quality assurance should be improved.

Staff felt well supported by the management team.

Some areas of the care home should be more homely and personalised.

Personal plans and record keeping should be improved.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

## 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?	4 - Good
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 made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

We observed there to be genuine warm and nurturing relationships developed with people supported and staff. Staff appeared to know people's preferences and wishes. Staff addressed each person respectfully and by their preferred name.

People being supported had confidence in the staff team, and this meant that they felt safe, secure, and well-cared for. Some of the comments from people supported included: "I like living here". "Staff are kind and friendly to me" and "I prefer to stay in my room but get invited to join activities".

Relatives we spoke to, told us that staff kept them well informed and involved in their relative's care. Several relatives told us they were 'always contacted if anything changed in their relative's health or wellbeing.' Comments from relatives received included: "My relative is happy living in the care home". "Staff are good, can't fault the care and support my relative receives" and "I was involved in the recent care review". Some less positive relative comments included "More support needed to encourage my relative to be involved in getting out more in community activities". "There has been a lot of staff changes" and "Meal options and choices need improved". The management team were committed to address these concerns which was reassuring.

Each person had a personalised timetable of activities. This included trips to local shops, library, clubs and places of interest they had. There was also a programme of activities within the home. However, we found there were times when there was not enough stimulation and meaningful activity for some of the people supported. The service should develop the confidence of all staff to further enhance the creativity and flexibility of meaningful activities for people supported (see area for improvement 1).

People had access to food and drinks throughout the day. People's comments included "It's good food here, I'm very satisfied", "You can choose something that is not on the menu if you don't like the options". Mealtimes were overall well managed, with people being offered choice. Staff provided support in an unhurried way at mealtimes and throughout the day. Management should continue to review mealtimes to enhance people's experiences and promote choice.

People are supported to attend health related appointments and to monitor and assess people's health and wellbeing. External health professionals also visited to support people's health. Feedback from one visiting professional was positive. They found the service to be responsive to changes in people's health needs and to any advice or treatment recommended. There was evidence that people benefited from staff's knowledge and understanding of their changing needs and presentation. This meant people could be confident that staff were responsive to their changing needs.

Medication management was mainly following good practice, e.g. people who have prescribed 'as required' medication for stress & distress episodes having nonpharmacological support before considering use. Protocols for 'as required' medications were in place. However, the effectiveness of the 'as required' medication administered was not being recorded and needs to be improved (see area for improvement 2).

People's legal status was recorded and used to inform decisions in relation to current and future treatments or interventions to keep people safe and well.

### Areas for improvement

1. To enhance the people supported quality of life, the service should ensure that people who use the service are consistently supported to participate in activities out with the service that are meaningful to them.

This is to comply with the Health and Social Care Standards "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) "I can maintain and develop my interests, activities and what matters to me in the way that I like". (HSCS 2.22).

2. To ensure that medication records are completed in line with best practice guidance, the service should ensure a record is completed to record the effectiveness for the administration of any medication prescribed on an 'as required' basis.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1:24).

### 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.

Since our last inspection, there was a new management team in place who had brought some stability and made improvements across the care home. The management team were visible within the service. Staff spoke positively about the management and how supportive and accessible they were.

Systems and processes were in place to gather feedback from people supported, relatives, staff, and professionals. This included regular meetings for people and relatives to give their views. This allowed stakeholders to respond and help shape the development of the service.

The management team has used reflection when there have been unexpected events and used this learning to shape future assessments, staff training / development and the approaches used within the service.

People could be assured that management had a system in place to record and monitor accident and incidents that occurred. These were audited monthly to look at any trends through wider regular governance meetings completed as part of the provider management oversight.

Though the service had systems in place to monitor aspects of service delivery, we found some aspects of quality assurance and management audits were not being carried out consistently. This meant that areas for development were not always being identified or addressed (see area for improvement 1).

A more comprehensive service improvement plan should be developed to reflect self-evaluations and improvements identified through regular feedback from people supported, relatives, visiting professionals and quality assurance activities. This would help the manager and staff prioritise actions and allocate roles and responsibilities to help bring about improvements (see area for improvement 2).

Partnership working was being achieved through a multi-disciplinary team approach with external agencies with the placement of people within the service.

A professional visitor we spoke to told us they had confidence in the management team and were described as proactive at seeking advice and further support where this was required for people.

We were reassured by the management teams' responsiveness to feedback during the inspection that they were committed to making improvements to the service.

## Areas for improvement

1. The service should ensure that systems of quality assurance and audits are consistently completed and include, the actions taken to address the identified improvement, and a regular evaluation of progress made.

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

2. To support improvements to the service the manager should ensure that quality assurance processes improve people's outcomes. This should include but is not limited to:

- a) developing a comprehensive service improvement plan that prioritises areas for development.
- b) Have a clear action plan for each area identified which demonstrates the effectiveness of the actions in improving the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had experienced a significant turnover of staff, but now had a more stable complement of permanent workers and the use of agency staff had reduced significantly. New staff had settled well into the service, developed their understanding of people's needs and wishes, and built rapport with people. A person supported told us "The staff are nice and friendly".

A recognised tool had been used by the management team to help inform staffing levels. The management team also took account of the changing needs of people or events taking place and increased staffing when necessary. We could be confident that people were supported by the right number of staff.

Staff were positive about working for the service, the organisation and the teamwork that takes place. Staff had a commitment to providing support to people they work with.

Staff recruitment followed good practice with pre-employment checks and a robust induction programme to help staff become familiar with the needs of each person being supported.

Having staff with the right skills and knowledge is important for keeping people safe and well. Staff shared that they felt well supported by the management team.

The service used a blended approach to staff training and development with a mixture of online and face to face training offered to staff. The range of mandatory training helped staff understand how to meet the needs of people living within the service. We found examples of how training had positively influenced staff practice, for example how they responded to people when they became emotionally distressed.

## How good is our setting?

4 - Good

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

Individual bedrooms were spacious, with ample room to accommodate personal possessions and allow movement with mobility aids. We saw that rooms had been personalised with people's own furniture and personal belongings. This made the rooms feel more individualised and homely.

People should expect that their environment is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. Although, communal lounges and dining area were nicely decorated and clean, some areas of the home would benefit from redecoration and investment. The service should consult people and their relatives to help develop a more personalised and better living environment. (see area for improvement 1).

People using the service were observed using the garden space throughout the visit. We carried out an environmental inspection and found that the home had been cleaned to a good standard. Cleaning schedules were in place to guide staff when cleaning areas throughout the home.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection prevention and control (IPC) guidance. Contracts were in place with external companies for the servicing and maintenance of specific equipment aligned to associated legislation.

## Areas for improvement

1. To promote people's wellbeing, the service should improve the living environment in the care home. This should include, but is not limited to, consulting people and their representatives around enhancing communal and private rooms to help develop a more personalised, homely environment.

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

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, we found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

Individual care plan reviews were held within the identified six-monthly timescales and included the person and their relatives (where appropriate). This ensured that people were involved in assessing and planning their care.

Relatives spoken with, confirmed that they felt involved in developing support plans through attendance to care reviews. We received some comments from relatives. "I attended a recent review and was encouraged to share my views." Another told us "I am awaiting the minute for the last review".

Care records 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.

People's personal plans were comprehensive and held important and relevant information. However, we found there were some 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 and personal goals set. (see area for improvement 1).

The management team were planning to move to an electronic care planning system which should address some of the 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. There was a need to review the personal plan audit process, with a more regular system for checking plans, and addressing any issues (see area for improvement 2).

We found staff knew the people supported 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.

Where needed, referrals were made to other agencies such as the GP, NHS 24, Speech and Language Therapy and Community Learning Disabilities team. The outcome of referrals was recorded and, if needed, the person's care plan was updated. This ensured people's health needs were met.

## Areas for improvement

1. To ensure that personal plans support good outcomes for people, the service should:
  - a. ensure that each person's plan is reflective of them as an individual and current care and needs.
  - b. ensure that evaluations are regularly recorded.

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 am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

2. The service should further develop the personal plan audit process 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, goals and choices.



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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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