

# Croftbank House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 August 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 en-suite 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 to follow up on requirements made as a result of complaints upheld, which took place on 15 August 2024 from 09:15am to 15:15pm. 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 staff members of the management team. We observed practice and daily life and reviewed documents.

## Key messages

The care provider must ensure effective falls management.

The care provider must support people who are identified as at risk of developing, or identified with pressure ulcers, to promote and maintain their skin integrity.

The care provider must ensure people's nutritional and hydration needs are being consistently well met.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 9 August 2024, to support effective falls management, the provider must ensure as a minimum:

- a) that if people's care and support needs change, including after falls, risks are re-assessed, care plans are updated and any changes are clearly communicated to staff.
- b) implement a falls prevention strategy to minimise the risks to people and ensure falls are analysed to allow any improvements to be identified.
- c) ensure staff are confident and competent in the use of clinical observation and monitoring tools, which record changes to people's presentation to support decision making.
- d) ensure staff escalate, without delay, any concerns relating to changes in people's presentation which requires medical advice or intervention.
- e) ensure clear records are maintained, which evidence liaison with external medical services.
- f) ensure any equipment required is turned on, in good working order with regular checks and maintenance carried out and recorded.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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

**This requirement was made on 4 June 2024.**

#### Action taken on previous requirement

Service management had made good progress in implementing falls management and falls prevention training for all staff. Staff knowledge and understanding was evidenced through reflective accounts and within themed supervision discussions.

The manager informed us the Paincheck app was currently in the pilot phase, we saw evidence of this being used for three individuals work is ongoing in this area.

We saw evidence of falls analysis and appropriate follow up to external professional agencies taking place.

We observed significant progress with robust monitoring auditing and training provided to provide effective falls management.

### Met - within timescales

#### Requirement 2

By 9 August 2024 the provider must support people who are identified as at risk of developing, or identified with pressure ulcers, to promote and maintain their skin integrity.

To do this the provider must, at a minimum:

- a) ensure that each person has a personal plan that details how staff will support them to maintain skin integrity.
- b) ensure monitoring records and charts, including repositioning charts are accurately completed, monitored and reviewed by staff before handing over to the next shift.
- c) ensure that where staff identify gaps in recording or concerns about an individual, that these are accurately recorded and the actions that will be taken.
- d) ensure staff contact external health professionals and escalate any issues relating to pressure ulcer management in a timely manner.

To be completed by: 09 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 4 June 2024.**

#### Action taken on previous requirement

Service management had made good progress in implementing skin integrity and pressure care training for staff. We saw evidence to confirm staff had attended appropriate training and reflective accounts had been completed to confirm staffs understanding and knowledge.

We sampled care plans which confirmed appropriate action had been taken in response to people's skin integrity with the follow up action with external health professionals where required.

We were satisfied service management had implemented ongoing robust monitoring, auditing and analysis of individuals skin integrity. This ensured clear management oversight of any potential risks to individual's skin integrity and ensured positive steps were taken to promote and maintain people's skin integrity where required.

### Met - within timescales

## Requirement 3

By 9 August 2024 the care provider must ensure people's nutritional and hydration needs are being consistently well met. To do this the provider should ensure:

- a) care plans identify nutritional risks and strategies to support daily food intake.
- b) food and fluid monitoring records are accurately maintained and subject to regular audit.
- c) to liaise with dietician services promptly as necessary.
- d) Weights are recorded and evaluated with any follow up actions recorded within personal plans.

To be completed by: 09 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.37: My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 4 June 2024.**

### Action taken on previous requirement

We saw good progress to evidence peoples MUST hydration and nutritional needs were being well supported. Daily monitoring of food and fluid intake had been undertaken and recorded. We were satisfied information was shared to ensure effective communication to all staff regarding peoples nutrition and hydration intake.

Service management had introduced hydration and snack stations, we observed these throughout each of the units. This gave individuals and their relatives autonomy to choose when they wanted to have drinks and snacks out with meal times. The manager told us there had been a positive response from both individuals and their relatives to this initiative.

We were satisfied the provider had taken action to ensure people's nutritional and hydration needs were being consistently well met.

**Met - within timescales**

## 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

The service provider should ensure there is a sufficient supply of essential equipment, in working order, to ensure staff respond to people's care needs without delay.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

**This area for improvement was made on 4 June 2024.**

#### Action taken since then

During our visit we were able to confirm the buzzers were not sounding for extended periods of time. We confirmed additional equipment had been purchased to ensure people's needs were responded to. We saw evidence of staff sign in and out for call system pagers and attendance at tool box talks.

Service management had facilitated an assimilation of nurse call buzzers being activated to ensure staff responded in a timely manner. This enabled discussions with staff to take place further raising awareness of the need to respond to people's needs.

We were satisfied there was a sufficient supply of essential equipment, in working order, to ensure staff respond to people's care needs without delay.

### 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).

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