

# Cartvale Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 August 2024

**Service provided by:**  
Cartvale Care LLP

**Service provider number:**  
SP2004007156

**Service no:**  
CS2004086243

## About the service

Cartvale Care Home is situated in the Cathcart area of Glasgow and is operated by Cartvale Care LLP.

The service is located on a main bus route and is close to a range of local amenities including, local shops.

The home can accommodate up to 30 older people. There were 28 people residing in the service at the time of the inspection. Those living in the service had access to two lounge areas, a dining room and a well maintained central courtyard garden. People were encouraged to personalise their own rooms.

## About the inspection

This was an unannounced inspection which took place on 12, 13 and 14 August 2024. 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 eight people using the service and five of their family.
- Spoke with 16 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one visiting professional.
- Received survey responses from six people using the service and one visiting professional.

## Key messages

People were supported by a caring, well trained stable staff team who treated people with respect and had enough time to ensure that people opportunities for meaningful interaction.

Quality assurance was being developed to ensure it was more effective and able to support ongoing development.

There were issues around the quality and consistency of staff members recording information about care provided to people, this meant that the service was unable to evidence that people's needs were being met.

Personal plans were written in a way that was clinical and did not sufficiently reflect that individuals or their representatives had been involved in setting personal outcomes.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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?	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?

4 - Good

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

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

There were good relationships between staff members and the people they supported. We observed meaningful interactions and people being supported with patience by a staff team who cared about the people they supported. This meant that people felt they were cared for with kindness and respect.

Support for personal care, eating, and drinking was given discreetly and ensured that people felt supported with dignity.

We observed that; meals, drinks and snacks were available to people throughout the day and offered regularly. People told us that the food was good and plentiful. However, poor recording practices meant that people's dietary and fluid intake was not always accurately recorded. We have discussed this further under Key Question 5.

People's health needs were looked after well by the support staff and the nursing team. Medication was managed well with the use of an electronic system which ensured that the nurse in charge was alerted when medications were due. Referrals were made to other professionals when required; for example, for support to reduce falls for individuals. This ensured that people had input from specialists when required. We observed people being guided and supported with their mobility when required, this meant that people were supported to retain their strength and mobility with staff available to maintain safety.

There were regular activities on offer in the home. These ensured a range of opportunities for people to interact with others and have stimulation. Further developments were planned to increase opportunities for physical activity within the home. Families who were visiting said they felt welcomed into the home and were able to participate in activities and social events alongside their loved ones. This supported people to have meaningful interactions with the people who were important to them.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 2.2 Quality assurance and improvement is led well

The service had made a number of improvements since our last inspection which showed that the management were responsive to feedback and sought improvement. However quality assurance practice was limiting the service's ability to identify where improvements were needed.

The service had developed a range of tools for auditing and monitoring the quality of support provided to people. These included using the electronic care planning system to monitor patterns such as locations or times of incidents that occurred in the home or missed interventions. In addition, there were a range of paper audits carried out by members of the staff team, and most frequently the manager.

However, the use of these tools was inconsistent and therefore the service was unable to ensure these were effective for quality assurance.

The quality of information recorded limited the effectiveness of some of the auditing activities. For example, when recording falls on the electronic system staff members were not answering every question. We saw some examples of audits on infection prevention control, and the mealtime experience, which were completed to a high standard. However, the recording of actions to be taken following the audits were missing and other audit documents were not completed to the same standard. This limited the ability of management to analyse information and put in interventions to improve people's experience of the care provided.

An outstanding requirement for the service related to improving recording within people's plans. Internal auditing was not effective at monitoring whether this had been done and had not highlighted gaps in recording. This meant that systems were not effective at highlighting areas where care and support could be improved for people.

The manager had developed an improvement plan which clearly identified areas where improvement work was targeted. This could be better utilised as a tool for monitoring actions taken to drive improvement. This would ensure that quality assurance activities were used to improve outcomes for people.

A requirement relating to this key question has not been met and will be restated. **(See Requirement 1)**

## Requirements

1. By 29 November 2024, the service provider must ensure that there is a robust and accountable quality assurance system in place. In order to do this, the provider must at a minimum:
  - a) Ensure the management team initiates a quality assurance system that identifies areas for improvement such as record keeping.
  - b) Ensure the management team draw up an improvement plan to address any identified deficits in record keeping.
  - c) Ensure the management team has a process in place to review the action taken and improvements made, within the agreed timescales.

This is in order to comply with:

Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**To be completed by 29 November 2024.**

## 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.

**Quality Indicator 3.3 Staffing arrangements are right and staff work well together**

Good recruitment processes were in place and followed by an induction process that ensured that staff were sufficiently competent before they were counted in the numbers of staff on shift. There was evidence of a thorough and responsive training programme that combined face to face and online training. This meant that the staff team had the knowledge and skills they needed to do the role.

The manager had adapted an established tool for monitoring staff numbers to suit the needs of people receiving care. Staff were deployed effectively to specific areas of the building such as monitoring the lounges and dining room. This ensured that people were kept safe. Support staff had time to engage in meaningful activities with people. This meant that people's care was not limited to meeting their basic care needs but ensuring that there were opportunities for meaningful interactions and conversations with people.

Non-support staff were utilised at busier times of the day, for example the activities coordinator supported people at mealtimes. Members of the domestic team provided social interaction to people in their own rooms and saw this as a pleasant and vital part of their role. This meant that staff at all levels were involved in providing people with a positive experience.

Staff members that we spoke to said that they felt well supported by management and their colleagues, many spoke of a family atmosphere in the home which ensured they felt able to do their jobs well. The management team were noted to be approachable when people had any health or personal issues, and the staff team seemed motivated and keen.

## 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.

#### Quality Indicator 4.1 People experience high quality facilities

The home comprised of single bedrooms with en-suite facilities. Bedrooms were of a good size and people were able to personalise these if they wished. We were pleased to see that the outdoor space was safe and accessible. It was well used by people and their visitors.

Residents benefitted from a choice of seating areas for both social time and mealtimes. This meant that people were able to choose to be in busier or quieter areas.

The layout of the building allowed for people to walk around the building, following the path and find their way back round. Signage was clear and handrails and doors were painted different colours from the walls to ensure they could be found easily.

The home employed a maintenance officer who ensured that repairs were carried out in a timely manner.

On our arrival there were a number of infection prevention and cleanliness issues which needed to be attended to. The standard of cleanliness was not what we would expect to see in a care home. However, when the domestic team began their day, these issues were rectified and the home cleaned to an acceptable standard. We discussed these issues with management and the house keeping team. Management agreed to address these issues with the staff who were responsible, to prevent recurrence.

The home was in need of refurbishment. However, there were plans in place to refurbish the home.

During our inspection we observed new items arriving that had been ordered prior to our arrival and the beginning of some redecoration so we were reassured that this was in hand.

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

The service had electronic personal plans in place. Personal plans gave staff direction on meeting people's care needs. We could see some improvement since our last inspection. However, we found that personal plans remained task focussed and clinical. The personal plans we looked at lacked outcome focussed person-centred information about people's life history or their likes and dislikes. Training and supervision sessions had been focussing on these areas and it was hoped that this would see an improvement in this area. An existing area for improvement relating to this has not been met and will be restated. **(See Area for Improvement 1)**

Anticipatory care plans were in place for most residents. This meant that the service knew what people wishes were if their health deteriorated and could meet people's end of life wishes appropriately.

Where people could not give informed consent appropriate legal arrangements were in place to support decision making. Family members told us that they were involved in supporting the writing of people's plans and in directing their care when people were unable to do this themselves.

We found some areas where quality assurance processes (as discussed in Key Question 2) should have identified that work was needed. This included where it was not clear that people's plans had been updated to reflect changes in their circumstances. We also identified that there were gaps in the recording of interventions such as food and fluid consumed. An existing requirement for improving recording still stands. **(See Requirement 1)**

### Requirements

1. By 29 November 2024, the service provider must ensure that people living in the service have their care and support needs promoted by accountable and robust records. In order to do this, the provider must at a minimum:
  - a) Ensure that accurate records are kept of the hydration needs of each person experiencing care.
  - b) Ensure that accurate records are kept of the nutritional needs of each person experiencing care.
  - c) Ensure that accurate records are kept of the continence needs of each person experiencing care.
  - d) Ensure that staff are aware of their responsibility to keep accurate and up to date records for each person experiencing care.
  - e) Ensure that staff receive training in good record keeping.

This is in order to comply with:

Health and Social Care Standard 3.18: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.'

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

To be completed by 29 November 2024.

## Areas for improvement

1. The service should support staff members involved in writing and reviewing care plans to understand the importance of writing person-centred care plans and to develop their skills in writing in an outcome focussed, person-centred way.

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



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

### Requirements

#### Requirement 1

1. By 08 August 2024, the service provider must ensure that people living in the service have their care and support needs promoted by accountable and robust records. In order to do this, the provider must at a minimum:

- a) Ensure that accurate records are kept of the hydration needs of each person experiencing care.
- b) Ensure that accurate records are kept of the nutritional needs of each person experiencing care.
- c) Ensure that accurate records are kept of the continence needs of each person experiencing care.
- d) Ensure that staff are aware of their responsibility to keep accurate and up to date records for each person experiencing care.
- e) Ensure that staff receive training in good record keeping.

**To be completed by 08 August 2024**

**This requirement was made on 11 July 2024.**

#### Action taken on previous requirement

We sampled records for people who were on fluid watch. The expectation would be that staff would support people to drink fluids to reach their agreed target. We found significant gaps in the records completed by staff between 01 July 2024 and 11 August 2024. This meant we could not get a complete picture of how much fluid a person had been supported to drink. We found a similar picture when we sampled meal charts. Staff did not take the time to complete these records once a person had eaten, meaning we could not see how people were being supported with their nutritional needs.

In discussions, staff told us they had been advised of the need to improve record keeping and they had received some paperwork to support this. Some staff had participated in meetings with the management team to discuss the importance of good, accurate record keeping. We were told that three new handsets had been purchased to support staff to record the care and support provided by them 'in real time'.

We were told that some staff had attended internal E-learning sessions on record keeping however no external training had been arranged to date.

**Not met**

#### Requirement 2

By 08 August 2024, the service provider must ensure that there is a robust and accountable quality assurance system in place. In order to do this, the provider must at a minimum:

- a) Ensure the management team initiates a quality assurance system that identifies areas for improvement such as record keeping.

- b) Ensure the management team draw up an improvement plan to address any identified deficits in record keeping.
- c) Ensure the management team has a process in place to review the action taken and improvements made, within the agreed timescales.

This is in order to comply with:

Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**To be completed by 08 August 2024.**

**This requirement was made on 11 July 2024.**

### Action taken on previous requirement

We spoke with the manager and they acknowledged there had been limited progress with the requirement. They had taken steps to support staff to improve their record keeping, such as sampling the electronic care planning system and having supervision sessions. However, we could not see a considered, organised plan in place to address the improvements required regarding quality assurance and record keeping.

**Not met**

## 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

To support a culture of continuous improvement, the provider should ensure that quality assurance processes are carried out competently and effectively and in a manner which improves the service's provisions.

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).

**This area for improvement was made on 2 May 2022.**

#### Action taken since then

This was restated at last inspection and then superseded by a requirement from the complaint inspection. See discussion of requirement.

### Previous area for improvement 2

The service should ensure the activities worker has the support, information, resources and skills to lead the home in a whole system approach to ensuring all residents have access to social interaction and meaningful activity.

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).

**This area for improvement was made on 16 August 2023.**

#### Action taken since then

The service has joined NAPA to provide ideas and training for the activities worker. Additional support has been provided to her by colleagues who can support with technical skills, minute taking and her confidence at attending training. The activities worker reported that she had found this beneficial and was now able to provide a range of activities better suited to the needs of all people. The range of activities had increased specifically for people with cognitive impairments plus a focus on the interests and needs of the younger male client group in the home. For example, sport based activities

**This has been met.**

### Previous area for improvement 3

Management should review and monitor staffing on the night shift to ensure the same quality of care is available at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

**This area for improvement was made on 16 August 2023.**

#### Action taken since then

An extra member of staff has been placed on the nightshift. When this isn't possible cover is provided till 11 pm and earlier in the morning shift.

**This has been met**

### Previous area for improvement 4

The manager should implement a robust multifactorial risk assessment process for falls. This should ensure that any and all possible factors influencing falls are recorded so that patterns can be found.

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

**This area for improvement was made on 16 August 2023.**

## Action taken since then

The electronic system has a good range of questions that cover falls well. The visiting staff from the falls team said that the questions asked were sufficient. We did find that not all staff were answering every question however. This relates to a requirement made at a complaints inspection and is discussed here.

**This has been met**

## Previous area for improvement 5

The provider should review the complaints handling policy and procedures. This is in order to ensure that complaints are recorded and their handling can be evidenced when required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

**This area for improvement was made on 16 August 2023.**

## Action taken since then

A new online system has been developed and the manager reported that she has found this simple to use. The system has proven effective as comments have been recorded in the system that then developed into complaints and the evidence was already there.

**This has been met.**

## Previous area for improvement 6

The service should support staff members involved in writing and reviewing care plans to understand the importance of writing person-centred care plans and to develop their skills in writing in an outcome focussed, person-centred way.

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

**This area for improvement was made on 16 August 2023.**

## Action taken since then

Some progress has been made, including training and discussions with staff members. Plans are still written in a clinical fashion.

**This has not been met.**

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	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
3.3 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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