

Duncraggan Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 November 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 offers a peaceful area for residents and visitors to enjoy. Visitors' parking is located at the front of the home. There were 22 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 13 and 14 November 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 six people using the service (for people unable to express their views, we observed their 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

- People were happy with the care and support provided.
- Improvements were needed in the assessment planning, delivery and monitoring of care and support.
- There had been a very recent change of manager and a clear commitment for the management team to make improvements and take the service forward.
- Further improvements are needed with the environment, staff practice, robust implementation of quality assurance processes and recording which promote good outcomes for people.

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?	3 - Adequate
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 which just outweighed weaknesses with some key areas of performance needing to improve.

Staff were familiar with people's likes and dislikes and appeared to have formed genuine and warm relationships. Staff missed opportunities to fully involve people in making day-to-day decisions when they provided support. This is an area that should be developed with staff.

There was a range of health assessments in place and overall, these had been used to inform support. However, assessments had not always been completed consistently and accurately, meaning these did not always lead to a sufficiently detailed approach for staff to meet the identified needs of people.

Systems to check the effectiveness of interventions and ensure appropriate monitoring by staff needed further work. Some improvement was needed with staff practice when providing support with personal care, continence and skin care (see requirement 1).

Staff referred people onto external agencies when they detected changes in their health and wellbeing. Feedback indicated that there had been a positive change by staff being more proactive in making referrals.

Further work was needed to ensure that people were given opportunities to engage meaningfully in activities. Staff should follow good practice guidance including the Care Inspectorate's Make Every Moment Count and Care About Physical Activity. Consideration should be given to offering people greater choice to where they spend their time.

Having opportunities to eat and drink regularly throughout the day can help keep people well. People were regularly offered snacks and drinks outwith mealtimes and the menu was shaped by people's preferences. Kitchen staff demonstrated good levels of knowledge on how people's dietary needs should be met.

Having the right medication at the right time is important for helping to keep people well. Improvements had been made with the administration and recording of medication given on an as required basis. However, further work was needed with incorporating existing protocols to guide staff practice prior to the administration of medication.

Requirements

1. By 6 February 2025, the provider must ensure that people receive accurate assessment, planning of care and monitoring. To do this, the provider, at a minimum, must:

- a) Ensure that assessments completed are accurate and fully reflect the current needs of people living within the service.
- b) Support plans are accurately completed to reflect the current needs of each person and direct staff when providing support. This should include but not be limited to people's personal care, continence care and skin care needs.

c) Robust monitoring should be in place to ensure supports are being completed as planned and to check the effectiveness of interventions and inform if further inputs are required to keep people well and safe.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19 and "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 leadership?

3 - Adequate

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

There had been changes to the management team since the previous inspection. The management team was keen to make improvements to the service. They had begun to develop plans to help take the service forward.

The service used a range of systems to help the management team have an overview of the changing needs of people living in the service. These had also been used to review staff practice to promote good outcomes for people living in the service.

Records relating to the planned care and delivery of care were regularly audited. There were plans in place to use an electronic system to record accidents and incidents. This should help give the management team an overview and provide reports against specific areas they need to prioritise.

We concluded that whilst there was a good range of audits in place these needed to be more accurately and robustly implemented. For example, we identified that there needed to be improvement with standards of cleanliness in parts of the home and corresponding audits had not identified this (see area for improvement 1).

There had been very limited opportunities to gather and use feedback to shape the ongoing development of the service. The new management team was keen to work in a spirit of true partnership to help take this area forward.

The management team was investigating complaints received. The intention was to use a lessons learned approach from investigations and identify improvements which would help take the service forward.

Areas for improvement

1. To ensure that people living within the service experience good outcomes and are kept safe and well, the management team should ensure that quality assurance systems are completed to a good standard, identify necessary improvements and are effective for consistently promoting good outcomes.

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

Having appropriate staffing, with the right person with the right skills, available in the right place at the right time to provide care is important for ensuring people's needs are met.

A recognised dependency tool had been used to help the management team identify staffing levels to meet the needs of people living within the service. Staffing levels had recently increased following review by the management team. Further work was planned to look at short notice staff absences as this can have a detrimental impact on the availability of staff to meet people's needs.

Staffing arrangements generally allowed for more than basic care needs to be met and supported people to get the most out of life. Staff knew people well and their relationships and interactions were positive.

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 is consistent and stable.

There was effective communication between staff with opportunities for discussion about their work and how best to improve outcomes for people.

How good is our setting?

3 - Adequate

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

The home is surrounded by attractive gardens and is situated near local amenities. Bedrooms were individualised and contained personal effects which created a homely environment for people living in the service.

We found standards of cleanliness varied and shared some examples where we identified the need for improvement. The management team responded quickly to address concerns we raised.

There had been recent appointments and planned appointments of additional domestic staff to help make further improvement to the cleanliness of the home.

New furniture had been purchased for the lounge in the main building.

Staff did not consistently follow best practice in relation to infection prevention and control. For example, the inappropriate storage of toilet aids within a shower. There were plentiful supplies of personal protective equipment readily accessible for staff use. Staff were observed using the equipment appropriately which can help keep the people they support safe.

Good practice guidance was displayed throughout the home to remind staff how they can help keep themselves and the people they support safe.

There were challenges and some limitations of space within communal areas. We discussed how a more creative approach should be taken to give people living within the service better opportunities to make choices around where they would most like to spend their time.

Further work was needed to improve signage throughout the home which would help make the building more dementia-friendly.

Regular environmental audits were being completed to ensure that the building was appropriately maintained and safe for people's use. External contracts were in place to ensure equipment was being service aligned to the manufacturer's guidance.

How well is our care and support planned?

3 - Adequate

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

Staff had taken time to get to know each individual and reflected each person's likes, dislikes and background information to shape the content of support plans. This meant that each support plan gave a strong sense of who the person is and what is important to them.

Assessments had been completed but were not consistently accurate and therefore we could not be confident that associated support plans were always appropriately informed.

Daily recordings had been completed when individuals had been identified as being at risk, for example of dehydration. However, staff did not always fully complete records to expected standards. This could influence decisions around interventions taken and future decisions or inputs.

Regular referrals had been made to external professionals when staff detected changes in the health and wellbeing of people they supported. The legislative status of each person was in place which helped staff make decisions around the health and wellbeing of each person.

Care reviews were planned and involved key people to reflect on the current and future care.

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 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 (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) 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).

This area for improvement was made on 4 April 2024.

Action taken since then

These were in place for each person living within the service. However, they required further work to better capture how outcomes were being met and evaluated.

This area for improvement is not met.

Previous area for improvement 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
- 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 that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This area for improvement was made on 4 April 2024.

Action taken since then

Improvements had been made with the administration and associated recording. Staff practice had improved by detailing purpose of specific medications, dosages, times and recording the effect of medications prescribed on an as required basis. Further improvement should be made by ensuring non-pharmacological protocols are incorporated and made easily accessible for staff.

This area for improvement is met.

Previous area for improvement 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 that 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).

This area for improvement was made on 4 April 2024.

Action taken since then

Clothing inventories were in place and held within each personal plan. The service should continue to ensure that clothes are consistently labelled.

This area for improvement is met.

Previous area for improvement 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 is 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 that 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).

This area for improvement was made on 4 April 2024.

Action taken since then

We identified further work required in this area. This area for improvement is no longer in place and has been incorporated into a new requirement under How well do we support people's wellbeing?

Previous area for improvement 5

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 (HSCS) 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).

This area for improvement was made on 4 April 2024.

Action taken since then

There had been a change with management arrangements since the previous inspection and this had an influence in taking this area for improvement forward. There had been limited opportunities for people to meaningfully share their views.

This area for improvement is not met.

Previous area for improvement 6

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 state 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).

This area for improvement was made on 4 April 2024.

Action taken since then

There had been a change with management arrangements since the previous inspection and this had an influence in taking this area for improvement forward. There had been limited opportunities for people to meaningfully share their views.

This area for improvement is not met.

Previous area for improvement 7

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 King's Fund Environmental Assessment Tool and the Care Inspectorate's Care Homes for Adults – The Design Guide should be referred to.

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

This area for improvement was made on 4 April 2024.

Action taken since then

We were informed that there had been input from an external agency and signage had been ordered which would be used to help orientate people using the service within various parts of the home. Further work was needed to take this area forward.

This area for improvement is not met.

Previous area for improvement 8

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 the Care Home Infection Prevention and Control Manual (CH IPCM) 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)

This area for improvement was made on 4 April 2024.

Action taken since then

There had been improvement with the availability of guidance for staff since the previous inspection. Laundry staff understood and followed the safe handling guidance to reduce the risk of infection. However, further work was needed in relation to standards of cleanliness and monitoring of staff practice based upon our findings.

This area for improvement is not met.

Previous area for improvement 9

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 1.14).

This area for improvement was made on 4 April 2024.

Action taken since then

Anticipatory care plans were found within each person's support plans. Discussions had been completed with families and incorporated into the same to use with any future decision-making around medical interventions and care.

This area for improvement is met.

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