

Cartvale Care Home Care Home Service

94/102 Clarkston Road
Cathcart
Glasgow
G44 3DH

Telephone: 01416 370 577

Type of inspection:
Unannounced

Completed on:
10 December 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 follow-up inspection which took place on 9 and 10 December 2024. This follow-up inspection was to consider progress on requirements and areas for improvement made following the last inspection completed on 14 August 2024. The inspection was carried out by one inspector from the Care Inspectorate.

At this inspection, we assessed progress made in relation to requirements and areas for improvement made at the previous inspection.

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 three people using the service
- spoke with five staff and management
- reviewed documents
- observed daily life
- received feedback from one family member.

Key messages

- The service showed improvement and an ability to respond to feedback.
- Management had adapted their process to ensure that they could monitor whether information was being recorded properly.
- Information recording had improved, though there was still room for improvement with regards to details.
- Care plans had been developed to ensure they were more person-centred and included useful information about a person's likes, dislikes and preferences.

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 good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

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.

The service had developed their quality assurance to ensure that processes were being correctly followed and that actions identified were followed up on. The service had made a number of improvements since our last inspection, which showed that the management were responsive to feedback and sought improvement.

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.

Since our last inspection, there had been improvements to the consistency of both the quality and frequency of the use of these tools and these were now linked into the services self-evaluation and service improvement plan.

Non-managerial staff were tasked with carrying out audits which ensured they had opportunities to upskill and understand the processes better.

In order to meet a requirement, we had placed upon the service the manager had adapted existing processes and put additional monitoring measures in place. We found that this had been effective.

The service's improvement plans are still a work in progress; however, has been developed in a way that is clear, accessible and ensures that management can track improvements and ensure that actions taken improve outcomes for people. This was still a work in progress which we discussed at length with the registered manager. We were confident that improvements would continue without a formal area for improvement.

How well is our care and support planned?

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 electronic personal plans in place. Personal plans gave staff direction on meeting people's health and wellbeing needs. We could see improvement since our last inspection.

Audits had been carried out on plans to review the quality of person-centred information in them. These audits were followed with a plan for improvements and we could see that actions had been carried out and these had led to improved quality of care plans including, more detail about the person's likes, dislikes and life history.

Anticipatory care plans were in place for most residents. This meant that the service knew what people's 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.

Recording of people's food and fluid intake had been the focus of a requirement that we made at a previous inspection. The requirement has been met but we found that there was still some improvement needed around the quality and detail of recordings. We have made this an area for improvement (see area for improvement 1).

Areas for improvement

1. The service should ensure that staff record quantities of snacks eaten and detail if people enjoyed their food. This will provide evidence to ensure that meals offered represent people's likes and dislikes. This is of particular relevance when people are unable to express their preferences.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

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

Requirements

Requirement 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.

To be completed by 29 November 2024.

This requirement was made on 11 July 2024.

Action taken on previous requirement

We reviewed records for all residents on fluid or nutrition watch and found that these were completed. Quality assurance systems were in place to pick up gaps during the shift to ensure that recordings could be made in a timely manner. Responsibility for this was delegated to shift leads with oversight by the manager and deputy to check for gaps and to check the quality of the recordings.

We found that records had been kept; however, there were some cases where these were not recorded where we would expect them to be, which meant that information did not get collated together on food and fluid charts. This meant that on occasions, the information was there but was harder to find than would be ideal.

This has been met but a new area for improvement is in place (see key question 5) to encourage more attention to detail, such as ensuring the amount of snacks someone had eaten, whether they enjoyed what they were having is recorded.

This has been met.

Met - within timescales

Requirement 2

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.

This requirement was made on 11 July 2024.

Action taken on previous requirement

The service had been developing systems of quality assurance to ensure these are effective. The focus at the time of the inspection was on ensuring that quality assurance systems were effective at monitoring staff recordings of nutrition and hydration, as these were areas that the service needed to focus on. This included some additional measures that were planned to be in place only temporarily while improvements to the recording of people's fluid and food intakes were being sought.

The provider and care home management team had been responsive to the need to improve quality assurance and has made better use of existing tools and improved recording of actions to be taken, to make improvements following from auditing activity. There was a development plan in place, although this was still in early stages of development and the management team were still working on this. However, this is now a place to ensure that actions, responsibility and 'due by' dates can be recorded and progress monitored

This has been 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 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 11 July 2024.

Action taken since then

A sample of care plans were reviewed and we saw that there had been improvement to care plans with respect to these being more person-centred.

The service already had in place resident of the day, which asked staff to discuss with residents a goal or outcome. Previously, while this was in place, it was frequently overlooked and quality assurance systems were not in place to ensure that these gaps were picked up. The improved quality assurance meant that these outcomes were now being recorded.

This has been 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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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