

## Duncraggan Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 February 2025

**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 follow-up inspection which took place on 11 February 2025 between 08:45 and 15:30. The inspection was carried out by one inspector 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 two people using the service, three staff members, the management team and the external manager
- observed practice and daily life
- reviewed a range of documents.

## Key messages

- The new manager had made good progress in meeting the requirement we made at the last inspection. This has led to improved assessment of people's needs.
- The management team had a better overview of the effectiveness of interventions and how these lead to better outcomes for people using the service.
- Further work is needed in capturing outcomes achieved as a result of activities offered to people.
- The self evaluation and involvement with staff needed further development as well as developing the environment to make it more suitable for people living with dementia.
- Good progress had been made with capturing the views of people and using this to develop and improve the service.

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

### Requirements

#### Requirement 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).

**This requirement was made on 25 November 2024.**

#### Action taken on previous requirement

Health assessments had been completed to an overall better standard. This meant the current needs and associated risks had mainly been identified for individual people. Nursing and senior care staff were auditing these as part of resident of the day to ensure they remained up-to-date.

Health assessments overall informed associated support plans meaning staff had clearer direction on how they should deliver care and support.

The management team planned to fully use a new electronic system, Care Control, which should help staff make further improvement with the completion of records. The manager was committed to making further progress with this area.

Care plan training for staff had been arranged for 17 February 2025. This training will direct staff and reinforce that they should follow best practice guidance.

**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

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).

**This area for improvement was made on 25 November 2024.**

#### Action taken since then

There has been good progress made with the development and implementation of the RADAR electronic system since the previous inspection. This system covered key clinical areas and provided a clear overview of the changing needs of people who use the service. This meant the management team were better informed of the effectiveness of interventions to keep people safe and well.

Nursing and senior care staff had been involved with completing specific audits.

**This area for improvement is met.**

#### Previous area for improvement 2

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

Work had been undertaken to update the activities planner. Feedback from activities offered and a review of each person's specific interests and current needs had been used to shape the planner. Further work was needed to capture the outcomes achieved as a result of participation with individuals using the service.

**This area for improvement is not met at this point.**

## Previous area for improvement 3

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

The new highly motivated management team had introduced a number of methods to hear people's views on key aspects of the service. They arranged regular meetings with people using the service, relatives and staff to hear their views.

Greater opportunities had been created for people to influence key aspects of the service since the last inspection. This had resulted in a number of improvements including menu choices, redecoration and the purchase of new furniture.

A You Said ... We Did ... board was displayed and reflected specific actions taken by the management team based upon feedback received. Regular planned meetings had also been used to share actions taken as a result of feedback.

We received positive comments from a visiting relative around improved communications from the current manager.

**This area for improvement is met.**

## Previous area for improvement 4

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 2025.**

#### Action taken since then

Work around this area, which involved staff, was at an early stage. The management team started self-evaluation by using key question 1 - How well do we support people's wellbeing? of the quality framework used for care homes for adults and older people.

The new management team were highly motivated to take this area forward. There were regular planned staff meetings and staff supervision sessions which will be used to capture feedback directly from staff across the service.

**The area for improvement is not met at this point in time.**

#### Previous area for improvement 5

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

The King's Fund tool had been used to shape some of the re-decoration and environmental changes to the home. There had been improvement made with lighting and replacement of furniture.

People were afforded more opportunities of where they would like to spend their time through better use of communal areas such as the lounge within Blair Unit and the conservatory within the Skye Unit.

There remained ongoing work to make the environment's design better for people living with dementia. Appropriate signage had been ordered but was still to be installed.

**This area for improvement had not been met at this point in time.**

#### Previous area for improvement 6

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.

New cleaning schedules had been produced and planned to be implemented after a development session with housekeeping staff. There were two additional housekeeping staff members employed since the previous inspection and a review of cover to include weekends.

There was overall improvement with the standard of cleanliness throughout the home.

**This area for improvement 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](http://www.careinspectorate.com)



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