

## South Carntyne Project Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 January 2025

**Service provided by:**  
Penumbra

**Service provider number:**  
SP2003002595

**Service no:**  
CS2003000869

## About the service

South Carntyne Project is a care home service provided by Penumbra, a Scottish mental health charity. The service supports a maximum of nine adults who experience mental health problems.

The accommodation is provided over two adjacent purpose-built buildings in a residential area. One of the buildings is a shared house for four people with a staff office base. Bedrooms have en suite bathing and toilet facilities. Shared facilities include a kitchen, lounge, laundry and garden with a smoking shelter. There are five self-contained flats in the other building, providing people with the opportunity to further develop skills for independence. At the time of this inspection, there were eight people being supported by the service.

## About the inspection

This was an unannounced inspection which took place on 17, 20 and 21 January 2025. 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 four people using the service
- spoke with five staff and the management team
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

**Key messages**

- People supported by the service were happy with the service provided.
- Peoples' health and wellbeing benefitted from effective assessment and monitoring of their needs and pro-active collaboration with external professionals and services.
- The service provided person-centred care to all residents- based on their assessed needs and wishes.
- People participated in a wide range of activities and used local community resources based on their preferences.
- Quality assurance had improved. The management team had an effective overview of the service.
- The staff team worked well together to help people achieve their ambitions.

**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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

## How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

There was a stable and committed staff team working in the service, this meant that staff and residents knew each other well and staff were able to recognise and respond to changes in peoples' wellbeing. Relationships and interactions we observed were respectful, caring and genuine. Values were evident and there was a caring and collaborative culture. Staff were compassionate, supportive, and always showed dignity and respect. Examples of this were when a person was distressed and required reassurance and positive support, which staff sensitively provided. This meant that people experienced positive outcomes because of the care and support they received.

Some people living in the home had employment, voluntary placements or engaged in activities which they told us they enjoyed and made them feel valued.

Comments from residents included:

"The staff have really helped me settle in."

"Things are much better here."

"I feel safe here."

The service had effective links with health professionals and were proactive at seeking help and following advice People's health and wellbeing needs were being met through the support and intervention of various health and social care professionals for example district nurse, GP, psychiatrist, and Adult Mental Health Team.

Professionals we spoke to confirmed that the service provided high quality care, in particular in relation to a peoples' changing needs. This helped to keep people well. Personal plans were outcome focussed, detailed, and person-centred. Any associated risks were assessed and reviewed if someone was deemed at risk of harm to themselves or from others. This promoted safety.

Medication was managed well. There were clear systems and protocols in place to ensure that people received their medication safely. If people refused their medication, there were both proactive and responsive agreed strategies in place to minimise any potential harm. Medication was administered in a dignified way and reflected peoples' choices.

Independence and cooperation were sensitively encouraged. People were supported to develop life skills such as the planning, budgeting, shopping, and preparation of food as part of their daily life. There was ready access to food and drinks. This meant that people enjoyed a pleasant and homely mealtime experience.

People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to meaningful activities. Each person had agreed their activities and could change this if and when they wanted. People enjoyed a range of their chosen activities, including running, cycling, shopping, poetry, football, and volunteering at local Flourish club.

Peoples' life histories were respected, and past likes and interests were reflected in the activities people enjoyed, such as birdwatching. This promoted people's physical, mental and spiritual wellbeing, independence, choice, and sense of achievement.

The home was maintained to a high standard and was homely and clean. Which promoted peoples' wellbeing. People we spoke with took great pride in their bedrooms, which were personalised and individual.

Communal areas offered a comfortable and homely environment for people, and standards of cleanliness of furniture, and flooring throughout the home were very good. Residents were actively involved in the routine cleaning and maintenance of their rooms. Staff supported residents to ensure that these high standards were maintained.

Peoples' outcomes were consistently positive, and this was confirmed by our observations, and the views of residents and health professionals.

### How good is our staff team?

### 5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

A stable and consistent staff team provided support. Staff were committed to helping people achieve their outcomes and get the most out of life. There was a good mix of skills and experience within the team. Staff knew people well, and were skilled at sensitively supporting people's needs, wishes and aspirations.

Support was provided in a dynamic and flexible way to meet peoples' changing needs and wishes. The staff and management team were creative in the coordination of activities and supported each other to help people achieve their outcomes.

An inclusive and collaborative culture had been developed, that offered people, relatives, and staff opportunities to express their views. Regular resident and team meetings and informal discussions provided forums for this.

Staff we spoke with told us that they felt well supported by the manager and their colleagues. The manager was based in the home, and staff told us that the management team were approachable, and accessible, and able to support both with professional development and with personal issues. Staff demonstrated a shared value-base and commitment to the residents, through their approaches and interactions. Staff received regular supervisions which encouraged their reflection and professional development.

The management team were working on a service development plan which would detail how the service could improve. Peoples' view, wishes and aspirations were central to service developments. This meant that any developments were meaningful and relevant, and likely to result in improved outcomes for people.

## 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 health and wellbeing and improve the quality of the service, the provider should ensure that they develop a service improvement plan which is informed by the views of people consulted, reflect clear timescales for achievement and have a process of regular review and evaluation.

This is to ensure 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 23 June 2022.**

#### Action taken since then

The management team were working on a service development plan which would detail how the service could improve. Peoples' view, wishes and aspirations were central to service developments. This meant that any developments were meaningful and relevant, and likely to result in improved outcomes for people.

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).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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