

# Croftbank House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2025

**Service provided by:**  
Renaissance Care (No 7) Limited

**Service provider number:**  
SP2008009685

**Service no:**  
CS2008172862

## About the service

Croftbank House is registered to provide a care home service to a maximum of 68 older people. People's needs vary and may include dementia, physical disabilities, learning disabilities, sensory impairments, and palliative care needs. In addition to this, the service may support one named individual under the age of 65 years. The provider is Renaissance Care (No 7) Limited.

The care home is a purpose built single- storey building set back from the main road in the town of Uddingston, South Lanarkshire. There is easy access to local shops, services and transport links. The home is divided into three units with no restrictions between them. All 68 bedrooms have ensuite facilities and residents have use of several dining rooms, lounge areas, a hairdresser, café and secure garden.

At the time of this inspection there were 65 residents living at the home.

## About the inspection

This was an unannounced inspection which took place between 4 and 7 March 2025 between 07:30 and 17:45. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluation of the service we:

- spoke with 16 people using the service and four of their friends and family members
- spoke with 16 staff and management
- received feedback from visiting health professionals
- received 45 responses to feedback questionnaires from staff, relatives and professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced very good outcomes and we observed warm and caring relationships between staff and people in the home.
- There was access to a range of meaningful and social opportunities, helping people get the most out of life.
- There were robust quality assurances procedures in place to evidence continuous improvement in Croftbank House.
- Staffing arrangements were continually reviewed and adjusted ensuring staffing arrangements were right and people received responsive care and support.
- Refurbishment was ongoing to upgrade the overall environment,
- Personal plans should continue to be reviewed and updated to ensure information remains an accurate representation of peoples needs, wishes 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 well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	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 well do we support people's wellbeing?

5 - Very Good

We reviewed how people's health and wellbeing benefited from their care and support. There were a number of major strengths to support positive outcomes for people, with very few areas for improvement, therefore we evaluated this key question as very good.

People who lived in the care home were treated with compassion and respect. We could see warm and friendly interactions between staff and people supported, which highlighted positive relationships that had developed. There were systems in place to support effective communication and we were confident staff had a good understanding of people's needs. Some people provided feedback that their relative had "thrived in the care she had received". One resident told us "the staff are all brilliant they're so helpful, I just love it here".

The care home offered a range of opportunities to promote physical health and mental stimulation. We observed meaningful interactions where staff were encouraged people's independence, for example, people supported were participating in daily living tasks such as helping serve pancakes on Pancake Day, and laying napkins on the table. There were group activities, including day trips, based people's feedback but staff also time spent with people who could not leave their bedroom on an individual basis. We observed people walking around the care home and keeping active where possible. This meant people had choice to participate in a range of activities to maintain or improve their physical and mental wellbeing.

People's health benefited from the support that was provided. There were clear robust protocols for monitoring of health needs, for example, weight, skin, falls. Staff were responsive to changes in people's health needs and raised these concerns at daily meetings. There was evidence of appropriate referrals being made and action taken in a proactive approach to minimise risk to people when needs change. For example, where people were losing weight, we could see action taken to increase monitoring of weight and dietary intake. This ensured people received timely care which supported their health and wellbeing.

We observed people having choice where to sit at mealtimes. Menus were offered every morning and people were presented with show plates to confirm their preference. Any changes to people's nutritional and fluids needs were highlighted at daily flash meetings and communicated to catering staff. Additional information in relation to people dietary needs were displayed within the kitchen. Staff supported people eat and drink in a dignified way when this was needed. Hydration stations were placed in each unit of the care home which we observed people using between mealtimes. This ensured people supported had regular access to drinks, meals and snacks to maintain their physical health.

People's medication was regularly reviewed to ensure it met identified health needs. There was a system in place for safe medication management which adhered to good practice guidance. This included oversight of as required medication (PRN) and the recording of this. Monthly medication audits took place which highlighted recurring themes, for example, staff not consistently recording opening dates on topical creams which we observed during the inspection. This was raised and dealt with immediately by the manager. This reassured us that people would be supported appropriately with the correct medication.

## How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We received positive feedback on the management and leadership team in the home. People we spoke to said they felt supported, listened to and told us that the management team were approachable and responsive.

There were robust and effective quality assurance processes in Croftbank House to provide oversight and drive continuous improvements. The provider had a comprehensive suite of quality assurance audits completed by a range of staff. These covered a variety of areas including wounds, falls, accidents and incidents, the environment, medication and reviewing care plans. These were recorded on an electronic system and we saw evidence of areas of need being highlighted appropriately. We highlighted that it was not always clear to see what actions had been taken due to the recording format on the electronic system. The management team had already identified this and will review documentation to ensure the audit cycle is clearly captured. This commitment to continuous improvement leads to better outcomes for people.

The management team were effectively using a range of self-evaluation tools to support awareness of what was working well within the service and what areas needed to improve. The home had detailed service improvement plans which were regularly updated and directed by feedback from relevant stakeholders. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

There were opportunities for people to share feedback and influence service developments. Regular resident, relative and staff meetings were taking place. The service produced a regular newsletter that provided good information on what was on offer in the service, introductions to staff and activities that had taken place. This approach ensures people feel involved and listened to.

There were systems in place to manage complaints, accidents and incidents. We saw evidence of robust investigations and monthly analysis of events to establish themes, trends and support lessons learned. The management team completed regular detailed analysis of events which directed a proactive approach to keeping people safe and well. This reflective approach ensures people are kept safe from harm and continue to experience very good standards of care.

Overall, we found very good leadership within the home, who were proactive and committed to ensuring people living in the service experienced positive outcomes and a good quality of life.

## How good is our staff team?

**5 - Very Good**

We reviewed how good the staff team and staffing arrangement were. There were a number of major strengths to support positive outcomes for people, with very few areas for improvement, therefore we evaluated this key question as very good.

The staff team were made of experienced staff who had worked in the care home for a number of years, and some staff who had started within the last year. Most feedback from people was positive in relation to staff and the care they provided. We were told "All the staff are first class, friendly, welcoming" and "Staff are caring and friendly and ask about my wellbeing too". We observed staff being kind, attentive and having meaningful interactions with people supported. This meant people felt relaxed and comfortable with the support within the home.

The service had recently changed to a new staffing dependency tool to support group living. This was completed monthly to assess people's needs, then used to inform staffing levels. We saw evidence of this being reviewed if there were new concerns, which allowed the manager to respond appropriately to the

changing demands within the service. Staff were flexible in response to the changing needs of the service and were effectively deployed to different areas to support people's needs.

Staff told us they felt supported by their colleagues and the teams worked well together to meet people's need. We received some mixed feedback from staff with regards to staffing arrangements within the home. The management team were continuing to monitor this regularly as well as implementing new initiatives to support and promote staff wellbeing.

There was support available for the staff team. Supervisions were regular and staff completed self-evaluation tools to provide feedback. The manager also completed wellbeing checks and monthly themed supervisions that focused on relevant topics and/or areas of concern. Team meetings took place regularly to share information and gave staff the opportunity to raise any concerns or questions. The manager had introduced thank you tokens and staff awards to recognise their hard work and support their wellbeing. Maintaining staff wellbeing reduces likelihood of absence and ensures people will receive the right care.

Staff who did not provide direct care, such as maintenance and activities coordinators, recognised they played an equally important role in people's staff team. We observed warm and kind interactions between such staff and people supported. These interactions help increase people's trust and creates a positive atmosphere within the home.

## 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.

The home was bright, fresh and welcoming. We observed a welcoming atmosphere during the inspection and people appeared settled and comfortable. People's bedrooms were personalised and well equipped. This meant that the environment supported good outcomes for people by giving them a comfortable place to live.

There was a range of communal spaces which people could choose from to spend time in. People living at Croftbank House had freedom of movement throughout the home and we observed people making good use of the different spaces. One resident told us they enjoyed daily exercise by walking around the home daily supporting them to keep active. Recent developments had been made to create a cafe area in the conservatory which offered a quiet space for people and visitors to meet. This helps provide people with a choice of where they wish to spend their time.

Refurbishments were ongoing in the home and there was a comprehensive environmental development plan in place. We saw evidence of improvements to living environments. The provider had invested in replacing a range of furniture including beds and mattresses and this was ongoing during the inspection. The corridors were in the process of being redecorated during our visit, and we noted that there was a lack of dementia friendly signage to support way finding and orientation. Improvements had been made to signage on bedroom doors to support people to identify their rooms and give staff an overview of people's needs. The management team should continue to review this and monitor the impact on people living in Croftbank. This will ensure that the environment supports independence and meets the needs of the people living there. (See area for improvement 1).

During the inspection we observed equipment stored in walkways and a communal shower room. We discussed with the manager better use of storage and ensuring aids are not on display within people's

pathways. This will ensure risk to people stays minimal and respects people's dignity within the home. The management team complete regular walkarounds of the environment and assured us they will continue to monitor this. This will ensure people experience high quality facilities.

There were well maintained enclosed gardens within the home and we heard about people enjoying the outdoor space. Plans were in place to further develop the outdoor space including dementia friendly areas ensuring people have access to outdoor space and fresh air.

There were robust processes in place to promote environmental safety. We saw evidence of regular checks taking place as well as maintenance of the home through prompt repairs. Domestic staff had a good knowledge of the appropriate cleaning materials and processes required to ensure effective cleaning in the home. This assured us people were kept safe and the home remained fit for purpose.

### Areas for improvement

1. To ensure the environment promotes independence the provider should review the use of directional signage for people living with dementia. This will support people to mobilise safely and independently throughout the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## 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.

Personal plans were place for all people supported which were recorded on an electronic software. Assessments had been carried out prior to admission by relevant professionals and appointed staff. This was to ensure the service was right for the person and could meet their needs.

Person-centred planning had been a focus for the service over the last year. Personal plans provided good quality and person centred information. We observed there had been progress to include people's Life Stories on the front page of their personal plans, for example, where they grew up, marriage, family. They gave a sense of who a person was and what mattered to them. This approach supports good conversations and ensures people receive care that is right for them.

Care plans and risk assessments were in place for people at risk of harm due to falls, skin breakdown or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. We observed risk assessments being reviewed if there was a change in a person's needs, and communicated to appropriate family. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

Families and residents had an active involvement in the development and review of personal plans. Six monthly reviews were taking place with people supported and involved appropriate family members. Although we could see personal plans being regularly evaluated and assessed, these processes were not always effective in ensuring information remained accurate and up to date. We identified some discrepancies within personal plans, and some parts were not completely updated to reflect people's needs.

Effective evaluations of plans will ensure information is correct and supports consistently positive outcomes for people. (See area for improvement 1).

People had anticipatory care plans in place, which contained their wishes and choices on how they wished to be cared for in the future. Where people were unable to make choices or decisions, legal documentation was recorded in their personal plan. This meant that staff were clear about their role when supporting people with their decisions.

## Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans should remain accurate and up to date. Reviews should be undertaken as and when there is a change in people's circumstances and within six months.

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

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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