

Ryan Meadows Care Home Care Home Service

149 Glasgow Road
East Kilbride
Glasgow
G74 4PA

Telephone: 01355 279789

Type of inspection:
Unannounced

Completed on:
6 March 2025

Service provided by:
Keane Premier Healthcare Ltd

Service provider number:
SP2008010039

Service no:
CS2022000327

About the service

Ryan Meadows Care Home is a registered care home service which provides care and support to a maximum of 60 older people. The provider is Keane Premier Healthcare.

The service is a purpose-built home situated in Nerston Village which is a residential area on the outskirts of East Kilbride. It has easy access to local amenities and transport links.

Accommodation is provided over two floors, with 60 single rooms, five with en-suite shower facilities and 55 with en-suite toilet facilities. There is a passenger lift providing access to each floor where there is a spacious communal lounge, dining area and bathing facilities.

There is a well maintained, spacious garden area for residents and their visitors to use. There is a car park to the rear of the home. At the time of this inspection there were 53 people living at the home

About the inspection

This was a follow-up inspection which took place on 4 and 6 March 2025. The purpose of the inspection was to review the service's progress in meeting five requirements given in a full inspection in December 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 eight people using the service and three of their family and friends
- spoke with 10 members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- A new management team had developed more robust quality assurance to keep people safe and well.
- Staff development, including training and observations of practice, had improved.
- Staffing arrangements were sufficient and under continuous review to ensure people's needs were met.
- Cleaning schedules had improved to ensure the care home was clean, tidy, and pleasant for residents and visitors.
- Recording of people's daily experiences, including personal care and food and fluid intake, had improved.
- We gave areas for improvement to ensure the positive changes in the care home are sustained.
- The service should improve communication with and morale of staff with a particular focus on nightshift.

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 good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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 good is our leadership?

4 - Good

We re-evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement. We felt the improvements since our initial inspection were significant and supported good outcomes for people.

A new management team had settled well into the service and had made positive changes to the care home, including its quality assurance systems.

Leaders sought the opinion of people living at the service, their relatives, and staff through an open-door policy and more regular meetings. People now had appropriate forums to give feedback to the service, and management valued these views which became part of the service improvement plan.

Leaders, supported by the provider's senior management team, now completed regular audits in key areas of the care home. This included accidents, incidents, medication, care planning, and infection prevention and control. These audits were more frequent and robust, and were accompanied by action plans that were specific and meaningful.

This requirement was met within timescales. We gave an area for improvement on quality assurance to ensure these improvements are sustained (see area for improvement one).

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to complete frequent and robust quality assurance. This includes, but is not limited to, residents' meetings, relatives' meetings, audits of medication and care planning, and accompanying action plans to support improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We maintained the evaluation of this key question as adequate because, whilst requirements had been met and new strengths were identified, there remained areas of performance that needed to improve.

We set two requirements under key question three at the service's initial inspection, focusing on improving staff development and staffing arrangements.

There had been significant improvements made to the service's approach to staff development. The completion of training courses had increased from approximately 43% to almost 80%. The service had focused on supporting staff to complete important training courses to enhance their skills and practice. The service had completed regular observations of practice to ensure staff were implementing learning from training into their work with people. Staff received feedback on their performance, recognising good practice and identifying where standards could further improve.

There were more frequent team meetings and group supervisions which discussed staff performance, wellbeing, and outcomes for people using the service. It also offered opportunities for staff to provide

feedback to management with their ideas for service improvement. Enhanced staff development and inclusion promoted better outcomes for people.

This requirement was met within timescales. We gave an area for improvement on staff development to ensure these improvements are sustained (see area for improvement one). We asked the service to continue to improve training compliance, team meetings, and more frequent one-to-one supervisions with staff to further enhance performance.

The service had improved its approach to determining staffing arrangements within the care home. A review of rotas confirmed there were sufficient numbers of staff on each shift to meet people's needs.

Staffing arrangements were now determined by a mix of a formal dependency tool as well as discussions with people, relatives, and staff. Leaders were more inclusive in their approach, and regularly discussed staffing arrangements with stakeholders to get their views on this important area. Staffing arrangements were discussed, and opinions recorded, daily through flash meetings. These are forums for representatives of every department within the care home to discuss the service and its priorities for that day.

This requirement was met within timescales. We gave an area for improvement to ensure improvements in staffing arrangements are sustained. We noted that these examples of greater inclusion were more evident on dayshift, and further work was needed to include the views of nightshift workers. We asked the management team to meet with nightshift workers more regularly, and complete observations of practice, to improve morale of workers and outcomes for people (see area for improvement two).

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to promote staff development. This includes, but is not limited to, completion of mandatory training, frequent observations of practice, staff meetings and supervision sessions to support improvement.

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' (3.14).

2. To promote people's health and wellbeing, the service should continue to promote a more holistic approach to determining staffing arrangements. This includes, but is not limited to, holding frequent residents' meetings, relatives' meetings, staff meetings, and observations of practice, with a particular focus on nightshift workers.

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 is consistent and stable because people work together well' (3.19).

How good is our setting?

4 - Good

We re-evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement. We felt the improvements since our initial inspection were significant and supported good outcomes for people.

The provider had employed a new head of housekeeping who supported the service to introduce improved cleaning schedules. These are important documents that evidence how frequently the care home is cleaned. Schedules were now more detailed, highlighting where and when areas of the home were cleaned.

New audits had been introduced and completed. These were significantly more comprehensive and meaningful. Audits identified good practice and where the care home needed to improve, and had a full action plan with responsibilities and timescales identified, which supported improvement.

Observations of the service confirmed the care home was clean, tidy, free of clutter and malodour. Both communal areas and personal rooms were pleasant and comfortable. This promoted better outcomes and experiences for people.

How well is our care and support planned?

3 - Adequate

We maintained the evaluation of this key question as adequate because, whilst the requirement had been met and new strengths were identified, there remained areas of performance that needed to improve.

The service had improved its daily recordings of people's experiences. There were now clear recordings of important issues such as people's continence care, food and fluid intake, and management of skin integrity. This helped to keep people safe and well.

Staff now completed a written summary of people's day, highlighting key care tasks completed and insight into people's wellbeing.

This requirement was met within timescales. We gave an area for improvement to ensure improvements in daily recordings are sustained (see area for improvement one).

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to ensure it completes daily recordings of people's experiences. This includes, but is not limited to, recordings of people's continence and personal care, food and fluid intake, and skin integrity.

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

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

Requirements

Requirement 1

By 3 March 2025, the provider must ensure that people's health and wellbeing benefits from effective leadership.

To do this, the provider must ensure the service has robust quality assurance systems for all areas of service provision, including care plans, medication, and the environment.

This to comply with Regulation 4(1)(a)(Welfare of users) 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: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 6 December 2024.

Action taken on previous requirement

As noted in key question two, a new management team had settled well into the service and had made positive changes to the care home, including its quality assurance systems.

Leaders sought the opinion of people living at the service, their relatives, and staff through an open-door policy and more regular meetings. People now had appropriate forums to give feedback to the service, and management valued these views which became part of the service improvement plan.

Leaders, supported by the provider's senior management team, now completed regular audits in key areas of the care home. This included accidents, incidents, medication, care planning, and infection prevention and control. These audits were more frequent and robust, and were accompanied by action plans that were specific and meaningful.

This requirement was met within timescales. We gave an area for improvement on quality assurance to ensure these improvements are sustained.

Met - within timescales

Requirement 2

By 3 March 2025, the provider must ensure that people are cared for by appropriately trained and supported staff.

To do this, the provider should ensure that the service supports workers with a robust system of training, supervision, and direct observations of practice to promote staff development.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019. 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' (3.14).

This requirement was made on 6 December 2024.

Action taken on previous requirement

As noted in key question three, there had been significant improvements made to the service's approach to staff development. The completion of training courses had increased from approximately 43% to almost 80%. The service had focused on supporting staff to complete important training courses to enhance their skills and practice. The service had completed regular observations of practice to ensure staff were implementing learning from training into their work with people. Staff received feedback on their performance, recognising good practice and identifying where standards could further improve.

There were more frequent team meetings and group supervisions which discussed staff performance, wellbeing, and outcomes for people using the service. It also offered opportunities for staff to provide feedback to management with their ideas for service improvement. Enhanced staff development and inclusion promoted better outcomes for people.

This requirement was met within timescales. We gave an area for improvement on staff development to ensure these improvements are sustained. We asked the service to continue to improve training compliance, team meetings, and more frequent one-to-one supervisions with staff to further enhance performance.

Met - within timescales

Requirement 3

By 3 March 2025, the provider must ensure that people are supported by the right number and mix of appropriately trained staff at all times.

To do this, the provider should ensure the service evidences the principles of the Health and Care (Staffing) (Scotland) Act 2019, which includes taking account of the views of staff and people experiencing care, and allocating staff efficiently and effectively to improve standards for people.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 6 December 2024.

Action taken on previous requirement

As noted in key question three, the service had improved its approach to determining staffing arrangements within the care home. A review of rotas confirmed there were sufficient numbers of staff on each shift to meet people's needs.

Staffing arrangements were now determined by a mix of a formal dependency tool as well as discussions with people, relatives, and staff. Leaders were more inclusive in their approach, and regularly discussed staffing arrangements with stakeholders to get their views on this important area. Staffing arrangements were discussed, and opinions recorded, daily through flash meetings. These are forums for representatives of every department within the care home to discuss the service and its priorities for that day.

This requirement was met within timescales. We gave an area for improvement to ensure improvements in staffing arrangements are sustained. We noted that these examples of greater inclusion were more evident on dayshift, and further work was needed to include the views of nightshift workers. We asked the management team to meet with nightshift workers more regularly, and complete observations of practice, to improve morale of workers and outcomes for people.

Met - within timescales

Requirement 4

By 3 March 2025, the provider must ensure that the service can evidence effective infection prevention and control measures to keep people safe.

To do this, the provider must ensure the service has comprehensive cleaning schedules, which are completed and regularly audited to ensure safe practice.

This is to comply with Regulation 4(1)(a) and 13(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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 6 December 2024.

Action taken on previous requirement

As noted in key question four, the provider had employed a new head of housekeeping who supported the service to introduce improved cleaning schedules. These are important documents that evidence how frequently the care home is cleaned. Schedules were now more detailed, highlighting where and when areas of the home were cleaned.

New audits had been introduced and completed. These were significantly more comprehensive and meaningful. Audits identified good practice and where the care home needed to improve, and had a full action plan with responsibilities and timescales identified, which supported improvement.

Observations of the service confirmed the care home was clean, tidy, free of clutter and malodour. Both communal areas and personal rooms were pleasant and comfortable. This promoted better outcomes and experiences for people.

Met - within timescales

Requirement 5

By 3 March 2025, the provider must ensure that the service has up-to-date and accurate daily recordings of people's experiences.

This is to comply with Regulation 5, 2(b)(ii) (Personal Plans) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state 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 requirement was made on 6 December 2024.

Action taken on previous requirement

The service had improved its daily recordings of people's experiences. There were now clear recordings of important issues such as people's continence care, food and fluid intake, and management of skin integrity. This helped to keep people safe and well.

Staff now ensured they completed a written summary of people's day, highlighting key care tasks completed and insight into people's wellbeing.

This requirement was met within timescales. We gave an area for improvement to ensure improvements in daily recordings are sustained.

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 promote people's health and wellbeing, the service should ensure that people's goals and wishes are identified and monitored in personal plans. This will develop a more person-centred and outcome-focused service culture.

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

This area for improvement was made on 6 December 2024.

Action taken since then

This area for improvement was not reviewed at this follow-up inspection, and will be assessed at the service's next full inspection.

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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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