

Ardencraig Care Home Care Home Service

15 Ardencraig Place
Castlemilk
Glasgow
G45 9US

Telephone: 01416 344 243

Type of inspection:
Unannounced

Completed on:
27 February 2025

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003015202

About the service

Arden Craig Care Home is registered with the Care Inspectorate to provide a care service to a maximum of 16 older people in the Dee unit and 74 adults with physical disabilities and mental health issues in the Tweed and Hampson units. The provider is Thistle Healthcare Limited.

The service operates from a purpose-built two storey building. The ground floor is made up of two units; one where care is provided to older people and the other for people who may have a diagnosis of alcohol-related brain damage (ARBD) or acquired brain injuries. The upper floor of the home operates as one large unit, where support is provided to people with ARBD.

The home is situated off a main road in the Castlemilk area of Glasgow and is nearby to shops, transport links and other public amenities. Accommodation includes single en-suite bedrooms, communal lounge and dining rooms. There are patio areas located at the rear of the property and an inner garden courtyard.

About the inspection

This was an unannounced inspection which took place between 25 and 27 February 2025. The inspection was carried out by three inspectors and an inspection volunteer from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 13 people living in the home and received feedback from 11 people living in the home through questionnaires issued prior to the inspection
- spoke with 18 staff including management
- observed practice and daily life
- reviewed relevant documentation
- spoke with three visiting health professionals and one local authority commissioning team.

Key messages

- People spoken with were overall positive about living in Ardencraig and about the care and support provided.
- Systems were in place to assess and monitor people's health and wellbeing needs.
- Meaningful interaction and stimulation could be better for some people living in the home.
- Sharing of communication and advice from health professionals and implementation by competent staff could be better.
- People and staff told us that there were enough staff on duty and that they worked well together.
- Some improvements in the use of the quality assurance systems in place were needed.
- Improvements in the maintenance, safety checks and infection prevention and control practice was needed to ensure a safe and clean setting.
- The facilities within the home and care records, including use of medication, should reflect the needs and promote positive outcomes for people living in the home.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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 well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People spoken with were overall positive about living in Arden Craig and about the care and support provided by staff, 'Been here for a while, it's really nice and staff are fine', 'We get everything that we need', 'Staff are good and I enjoy the outings'. We saw good rapport between staff and people, and staff were able to speak about the people they cared for. This showed that staff knew people well.

How people spend their day is important in maintaining people's physical and mental wellbeing. The service had two wellbeing co-ordinators, who supported people's involvement in the planned weekly and monthly activities and outings. People told us about enjoying keep fit, karaoke, bingo, baking, watching tv, playing pool in the games room, going out to the races and five-a-side football. We were also aware that some people had been involved in a community allotment and that they had donated their produce to the local community foodbank.

During our visit, we saw some people participating in activities and outings, such as cinema, karaoke and walking football. People, who were involved in the activities and outings, were positive about the choices on offer. However, some people told us that they felt bored and lonely and we observed a number of people wandering or sitting about the home with little sense of purpose. We were aware of plans, already in place, to provide training and guidance to care, domestic and catering staff about how they could be more involved in meaningful engagement with people living in the home. We felt that improved meaningful engagement with people had the potential to reduce stress and distress incidents and the use of 'as required' medication. We suggested that it would be good to see individual plans and goals for each person and staff supporting people to achieve these. We have made an area for improvement to continue the focus on meaningful engagement and positive outcomes being promoted for everyone living in the home (see area for improvement 1).

People have the right to appropriate healthcare. We saw that assessments and systems were in place to assess and monitor people's health and wellbeing needs. Management told us that they had identified the need to improve people's wellbeing through encouraging exercise and participation in smoking cessation programmes. Referrals to and input from relevant healthcare professionals such as, the care home liaison nurse, podiatrist, optician, community psychiatric nurse, speech and language therapist were evident. We saw appropriate management of skin issues including wounds, with use of barrier creams to prevent worsening of conditions and evidence of wound healing.

We saw good overview and management of people's weights. Staff were aware of people who were not eating as well as they could and we saw alternatives being offered. During mealtimes people were seen to enjoy meals and be supported where required. People were encouraged to be independent with helping themselves to drinks and clearing their dishes away, where able. A three weekly menu was displayed in the dining room and a daily menu was available on tables. We suggested that an alternatives menu could also be displayed and asked management to review the choice for people on modified diets. This would help to ensure that everyone had access to a varied diet.

During our visit, we spoke with three visiting health professionals. We received positive feedback about the management of wounds and nutritional care. However, all indicated that communication between staff and ensuring that relevant information was passed on could be better. Concerns in relation to staff not being aware of and people not receiving the correct level of modified diet or thickened fluids was also highlighted. In addition, we found inconsistent information recorded within some personal plans and the nutritional risk register. Management acknowledged these concerns and have since taken positive steps to address them. We have made an area for improvement to ensure that communication from health professionals is shared with staff and that staff have the relevant knowledge to implement their advice (see area for improvement 2).

Medication practice was found to be overall safe, although improvements with the recording of 'as required' medication was needed (see Area for Improvement 2, 'How well is our care and support planned?'). We were aware of some medication incidents but these had been managed appropriately and we asked management to ensure that stock was stored in expiry date order.

Areas for improvement

1. To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage, with people, effectively.

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

'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) and
'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).

2. To ensure that people receive the care and support that is right for them, the manager should ensure that any communication from health professionals is shared with staff and that staff have the relevant knowledge and competency to implement their advice.

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' (HSCS 3.19) and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, as while some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

People should have confidence that the service and organisation that they use are well led and managed.

There had been a couple of changes in managers since the last inspection, with a new care home manager and external manager now in post. It was evident that both managers were committed to making any identified improvements and were supported by a deputy and unit managers, who had been a constant within the home.

The service had a quality assurance system which helped with monitoring the quality of service provided. This included various audits and meetings. We saw minutes of recent clinical, development and risk meetings which gave management a current overview of the service and people's current needs. The external manager also provided regular support to the manager and carried out monthly quality check audits. However, it was not always clear how this information was used to improve the service and outcomes for people living in the service.

A self-evaluation had been completed, last year, and the new manager had started to compile a list of actions for them to progress. However, management acknowledged that the development of a service improvement plan and review of the self-evaluation was still to be completed. This would help the service to focus on areas of priority and reflect the improvements made to the service and people's outcomes.

We were not clear if regular and routine meetings happened within the home. Management told us that an iPad was available, at the entrance to the home, for anyone to input their feedback, however they acknowledged that recently this had not been working properly. Communicating with and gaining regular feedback from staff, people who live in the home, their relatives and regular visitors to the home, is key to providing a quality service which meets people's needs and improves outcomes.

As a result of the areas highlighted, we have made an area for improvement to ensure that people experience a service which is well led and managed, and which demonstrates improved outcomes for them (see area for improvement 1).

We saw that management had an overview of all accidents, incidents and complaints. There was evidence of appropriate reporting by staff within the home and by management to external bodies such as social work and the Care Inspectorate. We saw appropriate action recorded by management, some of which was delegated to relevant staff within the home. This helped to keep people safe and minimise recurring issues.

We saw that the service had received a recent Care Home Assurance visit from the local Health and Social Care Partnership (HSCP). The outcome of this visit had been overall positive, with a couple of areas highlighted and an action plan developed.

Areas for improvement

1. To ensure that people experience a service which is well led and managed, and which results in improved outcomes for them, the manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) an effective improvement plan is implemented to address any areas identified
- c) feedback from people who use, work within and visit the service informs the identified improvements
- d) the achieved outcomes and benefits, for people living in the home, are evident.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

Staffing levels were determined using a combination of people's assessed needs and management judgement. These were calculated on a monthly basis, and a daily allocation of staff was completed in each unit within the home. Staffing levels also took account of the life of the home and what people had planned, such as medical appointments or outings.

We discussed the new staffing legislation, with management, and the expectations around including staff, people living in the home and their relative's feedback, when deciding on staffing levels. We discussed how decisions about staffing could be clearly evidenced through minutes of meetings or by discussing with individual staff at their supervision sessions.

People and staff, we spoke with, told us that there were enough staff on duty and that they worked well together.

We saw that training compliance was at a high level. This included mandatory and induction training which helped to ensure that staff had the relevant knowledge to support people's needs. Staff were also supported to achieve their professional qualification. As previously reported, we had identified a learning need for staff in relation to modified diets and thickened fluids, and this was being addressed.

Management had identified the development needs of staff and additional training was being sourced. Internal champions were also being developed to ensure there was good and consistent practice throughout the home, such as moving and assisting. Champions will be tasked with reminding staff when training was due, to help maintain staff competency.

We sampled staff recruitment records and found recruitment practice to be safe. We made a couple of suggestions to ensure that the interview details and decision to employ were clearly recorded.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, as while some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

People who live in the home should experience a high quality environment. People told us that they were happy with the home's environment, décor and furnishings and were able to personalise their bedrooms. Recent decoration and new corridor flooring, throughout the home, was evident. However, whilst we found that the majority of areas were visually clean, tidy and odour free, we found a few communal bathroom and servery areas, that were in a poor state of repair. This meant that appropriate cleaning of these areas was difficult and had the potential to increase the spread of infection. We have made a requirement to ensure that these areas are addressed and maintained (see requirement 1).

Each unit had separate lounge and dining areas, which were bright and comfortable. People had access to a cinema and games room, and we were told that the development of a café area was also planned. Corridor areas were well-lit with contrasting handrails, allowing people to support themselves to mobilise around their unit. Seating areas were also provided, in corridor areas, allowing people to rest when walking around the unit or to sit and socialise with other residents. However, some people, told us that they 'didn't like people sitting waiting for cigarettes as this sometimes caused violence'. We reported this to management for them to address and monitor.

People had access to outdoor spaces, however both areas were regularly used by smokers and were not kept tidy or free from cigarette ends. We reported this to management for them to address. Although we were aware of plans for smoking cessation programmes and the development of a gym, to offer people alternatives to smoking and improve their health, everyone should have access to a clean and safe outdoor space. We have made a requirement to ensure that these areas are addressed and maintained (see requirement 1).

During our visit, we saw staff practice appropriate infection prevention and control within the home. This included domestic cleaning, use of personal protection equipment (PPE) and management of laundry. However, some practice concerns about the management of laundry and the use of red alginate bags was highlighted to us. We have made a requirement to ensure that these areas are addressed and maintained (see requirement 1).

We viewed maintenance and fire safety check records, and found some gaps that we viewed. During the visit, we also became aware of issues with lighting and the nurse call system. We discussed the immediate action being taken by management and the measures in place to ensure peoples' safety. We have made a requirement to ensure that these areas are addressed and maintained (**see requirement 1**).

The home had participated in the Care Inspectorate's improvement programme (CHIP), last year, and there was evidence of consultation with people, living in the home, which had resulted in improved facilities, such as the development of the cinema and games room. Work with advocacy and a mental health charity had also been undertaken in order to further improve the environment, and better support people living with ARBD in the home. However, we found that the development of a sensory, relaxation and therapy room as well as work to design the existing unit into three separate areas, to support people with different needs and pathways towards independent living, was still to be achieved. We felt that the development of aims and objectives for each group of people, living in the home, highlighting their specific care and support needs and goals, would help to underpin the changes needed. As plans had not yet been fully implemented and a longer timescale was needed to progress with the changes proposed, the previous area for improvement has not been met and will be reinstated (see area for improvement 1).

Requirements

1. By 25 May 2025, the provider must ensure that people live in a well maintained and clean home, and that good infection prevention and control (IPC) is practiced within the home. To do this, the provider must at a minimum:

- a) carry out a full environmental audit which reflects a plan of refurbishment and completion of priority areas
- b) ensure that all ongoing maintenance and safety checks are fully completed and any corrective action taken
- c) ensure that all staff take responsibility for maintaining cleanliness and practicing current IPC guidance

d) carry out regular monitoring and auditing of the setting, to demonstrate that appropriate maintenance and IPC standards are being achieved.

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 environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. In order to ensure that people living in the home are helped to realise what is meant by a high-quality environment, in relation to good practice and smaller group living, the provider and manager should continue to implement and develop the improvement plan.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7) and

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, as while some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. The home used an electronic personal planning system and as previously stated, we found inconsistent information recorded within some personal plans.

Most plans viewed, focused on what people could not do, rather than on what they could do and the support needed to achieve their goals, even if this was the maintenance of their current quality of life. We also found that not all plans contained relevant information in relation to people's preferences, life history, 'about me' or future care planning needs. Personal plans should always be reflective of people as individuals, evaluated and updated timeously.

We acknowledged that this differed from plan to plan and, while we saw regular reviews of care plans and risk assessments, we continued to find that some lacked person-centred detail, and the recording of what was a meaningful activity needed further development with staff.

As a result of the areas highlighted, the previous area for improvement has not been met and will be reinstated (see area for Improvement 1).

Some recently completed care reviews were seen, with people who live in the home, their relatives and social work involvement. However, it was evident that these had not been completed on a six-monthly basis and management were working to address this.

We reviewed the use of 'as required' medication and behaviour records, as part of supporting people with stress and distress. We saw that 'as required' protocols were in use, although it was acknowledged that not all 'as required' medication had a current protocol and staff were working on addressing this.

Protocols reflected the circumstances in which 'as required' medication would be given. However, we had difficulty in finding a record of the interventions used prior to 'as required' medication being administered and the outcome or effectiveness of 'as required' medication following administration. We also found that behaviour forms were not fully completed, and were not always clear about the reason for 'as required' medication administration. As a result, we have made an area for improvement, to ensure that clear and relevant records are kept in relation to how people are supported with stress and distress, including when 'as required' medication is administered (see area for improvement 2).

Management indicated that more training on diversion techniques, communication and de-escalation had just started. As previously reported, we felt that improved meaningful engagement with people had the potential to reduce stress and distress incidents and the use of 'as required' medication.

Areas for improvement

1. To ensure that personal plans support good outcomes for people, the provider and manager should ensure that:

- a) each person has a plan that is reflective of them as an individual
- b) evaluations are regularly and appropriately recorded
- c) reviews are used to reflect on people's outcomes and that action points are recorded to support follow up
- d) all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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
'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. To ensure that people with stress and distress are well supported, the manager should ensure that clear and relevant records are kept in relation to:

- a) strategies or interventions used prior to 'as required' medication being administered
- b) reasons for giving 'as required' medication
- c) outcomes and effectiveness following medication administration.

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 provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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 wellbeing and ensure they experience interventions that are safe and effective if receiving 'as required' medication, the provider and manager should ensure that relevant records are kept in relation to:

- a) the reasons for giving 'as required' medication
- b) the outcome and whether the medication has been effective.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 4 October 2023.

Action taken since then

We reviewed the use of 'as required' medication and behaviour records, as part of supporting people with stress and distress. We saw that 'as required' protocols were in use, although it was acknowledged that not all 'as required' medication had a current protocol and staff were working on addressing this.

Protocols reflected the circumstances in which 'as required' medication would be given. However, we had difficulty in finding a record of the interventions used prior to 'as required' medication being administered and the outcome or effectiveness of 'as required' medication following administration.

We also found that behaviour forms were not fully completed, and were not always clear about the reason for 'as required' medication administration.

As a result, this area for improvement has not been met and will be rewritten to reflect all the areas highlighted. See 'How well is our care and support planned?', area for improvement 2.

Previous area for improvement 2

In order to ensure that people living in the home are helped to realise what is meant by a high-quality environment, in relation to good practice and smaller group living, the provider and manager should continue to implement and develop the improvement plan.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7) and
 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 4 October 2023.

Action taken since then

The home had participated in the Care Inspectorate's improvement programme (CHIP), last year, and there was evidence of consultation with people, living in the home, which had resulted in improved facilities, such as the development of the cinema and games room.

Work with advocacy and a mental health charity had also been undertaken in order to further improve the environment, and better support people living with ARBD in the home.

However, we found that the development of a sensory, relaxation and therapy room, as well as, work to design the existing unit into three separate areas, to support people with different needs and pathways towards independent living, was still to be achieved.

We felt that the development of aims and objectives for each group of people, living in the home, highlighting their specific care and support needs and goals, would help to underpin the changes needed.

As plans had not yet been fully implemented and a longer timescale was needed to progress with the changes proposed, this area for improvement has not been met and will be reinstated. See 'How good is our setting?', area for improvement 1.

Previous area for improvement 3

To ensure that personal plans support good outcomes for people, the provider and manager should ensure that:

- a) each person has a plan that is reflective of them as an individual
- b) evaluations are regularly and appropriately recorded
- c) reviews are used to reflect on people's outcomes and that action points are recorded to support follow up
- d) all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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
 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 4 October 2023.

Action taken since then

The home used an electronic personal planning system and we found inconsistent information recorded within some personal plans.

Most plans viewed, focused on what people could not do, rather than on what they could do and the support

needed to achieve their goals, even if this was the maintenance of their current quality of life. We also found that not all plans contained relevant information in relation to people's preferences, life history, 'about me' or future care planning needs.

We acknowledged that this differed from plan to plan and, while we saw regular reviews of care plans and risk assessments, we continued to find that some lacked person-centred detail, and the recording of what was a meaningful activity needed further development with staff.

As a result of the areas highlighted, this area for improvement has not been met and will be reinstated. See 'How well is our care and support planned?', area for improvement 1.

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 well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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